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# THE MEDICAL CIRCULAR

## AND General Medical Advertiser.

No. 1, NEW SERIES. }  
No. 27.

WEDNESDAY, JANUARY 5, 1853.

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# The Medical Circular.

WEDNESDAY, JANUARY 5, 1853.

## OUR PAST.

It is well ordered, that at the conclusion of each year the duty should devolve upon each of us in our respective spheres to question the past, to marshal in array the acts and incidents of our career, and, profiting by experience, to lay down an improved scheme of conduct for future endeavour. Night, the half-brother of Time, does not throw his dark vesture over the past to conceal our acts; but rather that, like stars, they may shine with greater lustre for the exclusion from the field of view of all collateral objects. Thus every act stands forth a perpetual witness, either for us or against us, and well it is for that man who can face these witnesses, and with head erect, and conscience clear, call for judgment according to the evidence.

What have we done during the past year to benefit our brethren, to advance the cause of science, to disseminate useful information, to make knowledge cheap, and ignorance alone dear and unprofitable, to expose meretricious pretensions, and denude dangerous schemes of their false gloss; in short, to defend and promote all the real and vital interests of our brethren, to improve, elevate, and enlighten? Our pages will testify for us: the evidence is on record. A mere citation of the peculiar advantages offered by this journal, and of the various public questions which have engaged our attention will prove that we have deserved well of our brethren.

Before the 'MEDICAL CIRCULAR' was published, no provincial member of the profession could become the owner of a Medical Journal, if only for the purpose of obtaining intelligence of the most trifling piece of current news, without paying the large sum of *sevenpence* for the luxury—a cost that acted as a prohibition on the circulation of knowledge, that prevented thousands of medical men from seeing a journal even once in a year, and made science a privilege which only a highly-taxed minority could hope to enjoy. Now, for the *half* of that sum every medical man, however humble or hard-worked, may be the weekly recipient of a medical journal, and thus, by keeping up his knowledge to the level of current literature, qualify himself in the best manner for the performance of his responsible duties. We have broken down a monopoly, and made knowledge as free and cheap as the present state of the law will permit. Is not this a great boon? Do we not deserve the gratitude of our brethren for our adventure?

The readers of the 'Medical Circular' have been supplied with a 'MIRROR' of nearly all the scientific articles of interest or importance that have appeared in the quarterly, monthly, and weekly medical journals during the year. This department has involved considerable labour; for even those articles that have not been quoted required to be read, lest anything should be omitted that deserved to be recorded; hence the actual length of the 'Mirror' but imperfectly represents the toil and time that have been expended upon its

preparation. That our selections have been judicious is proved by the fact that other journalists, imitating our plan, have been guided in the formation of their abstracts and periscopes by what they have read in our journal; that they have been honest is certain, since scarcely one complaint has been heard, while commendations have been numerous; and that they have given general satisfaction to the writers themselves is also evident, inasmuch as these gentlemen have frequently manifested as much anxiety to have their articles quoted in our 'Mirror' as to procure their publication in their original form in one of our contemporaries.

The 'Medical Circular' has also published the "INDICES" of all the medical journals; a copious "BIBLIOGRAPHY," with "REVIEWS" of New Works immediately after their publication, thus affording to our readers a complete view of and an accurate acquaintance with British Medical Periodical Literature. Nothing of the kind had been attempted until the MEDICAL CIRCULAR was published; and at this time it is the only journal presenting these advantages.

The 'BIOGRAPHICAL NOTICES' constitute another important feature of the 'Medical Circular.' We anticipated that this department of our journal would awaken a lively interest; and we have not been disappointed. Portraits and biographical sketches of Mr Probert, Dr Neil Arnott, Dr Gideon Mantell, Dr Chowne, Dr Chambers, Dr Ashwell, Dr J. H. Bennett, Dr Tyler Smith, Dr Billing, Sir James Eyre, Mr Fergusson, Mr Erichsen, Sir Benjamin Brodie, Bart., Mr Brady, M.P., Dr Ogle, and other distinguished gentlemen, have already appeared, and we are happy to be able to state that portraits of other members of our profession, not less eminent, are forthcoming. We had no misgiving, when we commenced this department, of its success, and we have now no doubt of its utility. The numerous letters which we receive prove to us that the information conveyed in the course of these sketches is more readily acquired and retained than when presented in a more formal and systematic manner, while the lessons of practical wisdom which they teach are not so evanescent as the trite aphorisms of professed biographers are apt to be; but that, on the contrary, they are calculated, insensibly, to mould the plastic minds of our more youthful readers, and to inspire them with a love of science, and a devotion to duty, through which alone they can expect to confer honour on their profession or acquire credit for themselves.

Besides these salient points of interest, the 'Medical Circular' has given an ample record of all the "NEWS" current in the profession; it has offered ample scope for "CORRESPONDENCE" among its readers, and still further to develop the usefulness of this department, it has presented a column of "NOTES AND QUERIES," in which our friends, without formally addressing us as Editor, may interchange opinions and information. The success of this department, yet, however, scarcely sufficiently understood, is such as to be a source of much gratification.

Among other interesting articles, we must call the reader's attention to the erudite papers by Mr Farr, of the Registrar-General's Office, on the 'HISTORY OF THE MEDICAL PROFESSION,' and to the valuable contributions by Mr Verrall, on the "NATURE AND TREATMENT OF DEFORMITIES."



In our editorial capacity we shall not have been found wanting. We have not wasted our strength upon a variety of objects, interfering in everything, and succeeding in nothing; glancing, without a purpose, from one topic to another, indifferent about any, trifling with all, and benefiting none. Where we discovered an evil we denounced it, and we did not cease until we saw an amendment. Our censures have been neither timorous nor boastful, but sincere, and adapted to the exigency; hence they have commanded attention, and struck offenders with dread. In all questions of public importance in which we have interfered, the barb launched by the 'Medical Circular' has had the sharpest point, and sunk the deepest into the conscience of the adversary. We have not lispd our thunders with a maidenly reserve: witness for us the exposures of the misdeeds of the "New Equitable Life Office," and the unprofessional indecours incident to Mr Allsopp's "Beer Pnff." The managers of each of those unseemly quackeries answered our logic by repeated threats of an action at law, but we, feeling strong in our integrity, and in the justice of our cause, showed our contempt of their menaces by continuing our exposures. As we have not been daunted hitherto, the profession may receive an assurance that the 'Medical Circular' will ever be the bold and uncompromising reprover of wrong-doing, but that to be so, it will never engage its strength, or pledge its character, except in a good cause.

#### OUR FUTURE.

OUR FUTURE is clear; our course defined. The encouragement we have received emboldens us to give this journal a more important character, and, while retaining the special features which have hitherto distinguished it, to add other departments which will enable us to speak more authoritatively upon questions of social and general interest, than was formerly consistent with our plan. In short, LEADING ARTICLES will be henceforth introduced; and we trust that the tone and manner in which important topics will be discussed will render these articles deserving the regard of an intelligent, well-educated, and refined profession. We shall endeavour to avoid the two extremes of exaggeration and negation, each of which has characterised one or other of our contemporaries; and we shall treat every subject according to its merits, with an independence of judgment and honesty of purpose that will spurn equally to bow to foreign influence, to cloak misbehaviour, or to detract from the merits of any good and wise design propounded for the benefit of our profession.

Leading articles, in which *politics* were eschewed, would be an anomaly; and we consequently intend to give to such questions their due prominence. In discussing political matters we shall keep in view certain cardinal principles, of which long experience has proved to us the justice and the necessity, and from which neither solicitation nor animadversion shall tempt us to depart. We shall be the friends of a sound and liberal *preliminary education*; of a *uniform qualification* for all members of the profession practising in the United Kingdom, so far as it can be attained; of *equality of rights and privileges* as regards the practice of the profession, and claims for medical service; of a comprehen-

sive system of *registration*, and of an efficient legal *protection* of the qualified practitioner from the invasions of quacks and impostors.

Othersubordinate questions, hardly perhaps of less moment in relation to the due organisation and regulation of the profession, will be discussed, as occasion offers, in a just and liberal spirit; and we trust that we shall at all times command the acquiescence and support of our intelligent readers.

SANITARY QUESTIONS, as constituting one branch of medical science, not by any means the least interesting, under the denomination of *preventive medicine*, will also command our attention; and contributions on these subjects will be inserted with pleasure.

We also intend, in the course of the year, to publish REPORTS of cases from the SPECIAL HOSPITALS, which will doubtless constitute a department of unusual interest.

Two series of articles on QUACK MEDICINES and TOXICOLOGY are already announced.

We likewise purpose to add, from time to time, articles on MEDICAL TOPOGRAPHY—a branch of medical investigation of great importance, but hitherto much neglected.

These comprise only a portion of the subjects that have engaged our attention; but, as they are all in preparation, we announce them with confidence, and trust that they will form valuable additions to the multifarious information which our Journal already contains.

It will be our invariable aim to make the 'Medical Circular' the organ of an enlightened professional opinion, to assist through its pages to qualify and merge minor differences of judgment; to establish sound and wise fundamental principles for the government of our body; to elevate the moral tone, and facilitate the intercourse among our brethren; to aid in the cultivation and the distribution of science, and by the record of cases, interesting, new, or important, to improve the practice of our art; to lead the profession to higher purposes than a mere partisan spirit and warfare can ever accomplish; and to develop in the highest sense, and for the most beneficent uses, professional and public, the manifold capacities and applicable endowments of our most meritorious and honourable vocation. Those objects pursued faithfully and consistently, and with an abiding sense of our responsibility, will surely retain and extend the wide and liberal support it has already been our honour to receive.

#### HINTS FOR CORRESPONDENTS.

1.—*Be brief.* This is the age of telegraphs and stenography.

2.—*Be pointed.* Don't write all round a subject without hitting it.

3.—*State facts,* but don't stop to moralize, it is drowsy business. Let the reader do his own dreaming.

4.—*Eschew prefaces.* Plunge at once into your subject, like a swimmer in cold water.

5.—*Revise.* If you have written a sentence that you think particularly fine, draw your pen through it. A pet child is always the worst in a family.

6.—*Condense.* Make sure that you really have an idea, and then record it in the shortest possible terms; we want thoughts in their quintessence.

7.—When your article is complete, strike out nine-tenths of the adjectives. The English is a strong language, but won't bear too much "reducing."

8.—Avoid all high-flown language. The plainest Anglo-Saxon words are the best. Never use stilts when legs will do as well.

9.—Make your sentences short. Every period is a milestone at which the reader may halt, and rest himself.

10.—*Write legibly.* Don't let your manuscript look like the tracks of a spider half-drowned in ink. We shan't mistake anyone for a genius, though he writes as crabbedly as Napoleon.

Finally, to all who obey these injunctions, we will through our columns grant an immortality of a week. A special edict!



## Mirror OF PERIODICAL LITERATURE.

The index of this journal for the last year has informed our readers of the large number and great variety of subjects that have been noticed in this department. We have given the cream of medical periodical literature, and we trust have omitted little that deserved to be recorded. All the citations have been such as convey the substance of the articles to which they relate, so that while indicating the source from which a more extensive or minute acquaintance with any given subject might be acquired, we have been mindful of the wants of our readers, and ourselves supplied copious information both of a scientific and practical character. We now resume this duty.

(From the 'Lancet' of Dec. 25.)

### ON THE SPECIFIC GRAVITY OF CEREBRAL SUBSTANCE, AND ON ATROPHY OF THE BRAIN.

This paper—by Dr J. C. Bucknill—is an attempt to develop an important branch of pathology; but the inquiry is yet only on the threshold. Dr Bucknill thus sums up his investigations:

"The cases in the table were all of a chronic character; the specific gravity of the cerebrum ranged from 1036 to 1046. The table I published last year contained a few acute cases, and the specific gravity of the cerebrum ranged from 1036 to 1052.

"In the present table the average specific gravity of the cerebrum is 1040.9; that of the cerebellum, 1043. In three cases of general paralysis, the closing symptoms being convulsions and coma, the specific gravity of the cerebrum was 1040. In two other cases of the same disease, the closing symptoms being gradual failure of the powers of life, the specific gravity was 1036 and 1039. Similar facts in epileptic cases would appear to indicate that the specific gravity of the brain is higher when life has terminated in coma or asphyxia than when it has ended in syncope or asthenia. No. 930, an epileptic patient, died suddenly of syncope from disease of the mitral valves, and the specific gravity of the cerebrum was only 1037; in other cases of epilepsy, with final symptoms compounded of asphyxia and coma, the specific gravity has never been below 1040, and has reached 1049.

"In thirty cases cited, the average capacity of the cranial cavity for water at 60° Fahr. was 48.2 fluid ounces (apoth.); the average weight of the brain was 43.8 ounces (avoirds.)

(From the 'Medical Times and Gazette' of Dec. 25.)

### RECURRENT WATERY DIARRHŒA, WITH CHOLERAIC ATTACKS.

*Death without Re-action after one of these Attacks.—Atrophy (Cirrhosis) of the Spleen; Fatty Liver and Kidneys; Cystitis.—Uric Acid and Octahedral Crystals in the Blood.*

The article deserves to be read with attention; Dr Parkes, the author, thus expatiates on some of the more important points:—

"The most striking coincident conditions are certainly the state of the bile, and that of the liver and kidneys; still, the same conditions are often seen when the spleen is healthy. We cannot, at present, decide as to the connexion of the different morbid states.

"Had the condition of the spleen anything to do with the choleraic diarrhœa? To this question I am unable to return an answer. In Asiatic cholera the spleen has been found sometimes large, sometimes small, sometimes natural. Rokitsunsky alone, as far as I know, speaks of it as often atrophied. Reinhardt and Leubuscher, Raikem, Levy, and others, describe various conditions of the spleen. In my own cases, its average weight in eighteen European males dead from cholera was 6½ oz. At present, as far as I can

see, there is no evidence connecting the diarrhœa of cholera with any affection of the spleen.

"Neither have other forms of diarrhœa been supposed to depend in any way on the condition of the spleen; and at present I do not see that we should be justified in forming any conclusion as to the connexion between these coincident conditions, the inflamed and atrophied spleen, and the choleraic diarrhœa.

"We leave the facts of this case, then, unexplained, in the hope that, with the progress of observation, similar cases may be able to explain to us what is now so obscure.

"The third point of interest in the case was the origin of a loud but evanescent systolic murmur, heard at the point where the heart's apex was beating during the patient's first residence in hospital. After death the mitral valve was quite healthy. This could hardly have been a splenic murmur, as it was above the situation of the spleen, and as it would probably have been more continuous. Besides, it is yet unknown whether a contracted spleen can give a murmur; and, supposing that it was not of splenic origin, the case gives us an instance corroborating the conclusion derived from other similar cases which have occurred to us during the last year or two, that a murmur, not only at the base, but at the left apex, even when limited to this locality, does not necessarily indicate the least organic change in the mitral valve. It may be accounted for in several ways, and probably most often depends on temporary incapacity of the mitral valve, consequent on irregular contractions of some part of the walls of the heart. No positive evidence has, however, been adduced on this point, and this explanation is, of course, a conjecture. We have not time, however, to enter on this subject now, although it is one of paramount importance."

### ON THE USE OF TARTAR EMETIC IN TEDIOUS LABOUR.

An article is communicated on the above subject by Mr J. Stedman, of Havant.

We will cite one of the cases, exemplifying the practice:—

"Case 2.—Mary Gover, aged 24, strong, healthy woman. Sent for at 1 a.m. on the 21st of September. Found her sitting up, complaining of much pain, and surrounded by three women, who thought it was time I was sent for, as the pains were so strong. On examination, I found the os dilated about the size of a fourpenny-piece, and very rigid; pains were few and far between, and having scarcely any effect. I remained with her about two hours, just to please the anxious attendants, and then left her, and returned at 8 a.m. She had a great many very strong pains, (to use the expressions of the friends); and, on examination again, I found the os had certainly dilated a little, but a very little, and the edges were very hard and unyielding. I gave her ant. tart. gr. ¼, pot. nitratis gr. x., and repeated the dose every half-hour for three doses. The effect was magical; the edges of the os became soft and yielding, the passages moist with abundance of mucus, labour progressed rapidly, and, at about half-past 10, it was all over. The second dose of the medicine made her very sick, and she threw up a great deal of bile. Now, in this case there was nothing particular to call for interference; the woman had only been in labour eight hours, and, for a first case, was doing well, and would doubtless have done very well if I had waited patiently; but, knowing the advantages of the tartar emetic, I used my best endeavours to make a short labour out of a long one, and succeeded admirably."

Mr Stedman says that he has resorted to this practice for the last ten years, in numerous cases with great success, and never goes to a labour without the tartar emetic in his pocket.

The following articles are abridged from the 'Lancet' of January 1.

### ON DISEASES OF THE JOINTS.

Mr Solly has given an interesting lecture on this subject. The case under review had been partially reported in the 'Lancet' during the previous session, when it was hoped



the man would recover, but he subsequently fell off and began to sink. Mr Solly says—

"It was now very evident that the poor fellow was sinking rapidly into the grave under the profuse discharge of pus. That this purulent drain arose from a diseased cervix femoris, I had no doubt. I determined, therefore, to remove the carious bone, and on the 2nd of April I operated.

"My first incision commenced about two inches above the trochanter major, and extended downwards about seven inches, through the upper fistulous opening, and within two inches of the lower. I had to cut through a layer of dense brawny cellular tissue about three inches deep, before I reached the bone. A second incision was then made, about three inches in length, across the front of the joint, and in a direction transverse to the first, and joining it at the middle.

"The thick fibrous tissues connected with the upper extremity of the femur were then dissected away. I found the neck of the femur encased in a very firm and partially ossified capsule. On removing this, I felt that a portion of the head of the femur was soft and carious. I therefore proceeded to divide the neck of the femur by means of a circular saw, with a lever movement. By this the shaft of the femur was sawn through, just below the base of the great trochanter.

"Great difficulty was experienced in the removal of the head and trochanter from the firm adhesion which had taken place between them and the dorsum ili, and from the cartilaginous deposit which had commenced for the formation of a new acetabulum. After a good deal of dissection, it was, however, separated and extracted. The shaft of the bone below appeared to be free from disease. The surface of the dorsum ili afforded no evidence of disease in it. The acetabulum was much flattened, its edges partly removed, and its cavity in part filled by deposit, ossified only in patches, and not presenting the soft texture of carious bone, or permitting any indentation from the finger-nail. No vessel required tying, and but a few ounces of blood were lost. The edges of the wound were then brought together by five sutures and strips of isinglass plaster."

The patient died on the 16th day after the operation; a post-mortem examination was made, the principal points ascertained by which are indicated in the following remarks:

"Such, then, gentlemen, is the end of this sad, eventful history; but I think you will agree with me in considering it pregnant with interest and instruction.

"The only difficulty in the performance of the operation arose from the efforts set up by nature to form a new socket for the dislocated bone; and the extent of the new cup and capsule was so great that I certainly experienced considerable difficulty in detaching the bone from its second resting-place. I employed a circular saw, such as those found useful in section of the horizontal ramus of the face, for the division of the bone.

"My reason for preferring a circular saw, in these cases, is the smallness of its range beyond the bone to be divided. The longitudinal saw, however short it may be made, must pass more or less into the soft parts, unless you can completely displace the head of the bone before attempting to divide; but this is not always possible, and it was not so in this case.

"The handle of the ordinary circular saw works at right angles to it, and could not be used in operating on the thigh. I therefore got that ingenious anatomical mechanist, Mr Milligan, Mr Bigg's assistant, to put a long lever handle to the saw, and this answered the purpose very nicely. But, in a similar case, I should recommend a larger circle to the saw.

"The result of the post-mortem examination is peculiarly interesting and satisfactory, for it encourages the belief that had the patient not been cut off by erysipelas, the operation would have proved successful. The disease was limited to the head of the femur, but so extensive that nature could not have detached it from the sound bone under less than months of suffering, accompanied by such a wasting suppuration, that in all human probability he must have sunk before it could have been accomplished. The acetabulum

and the rest of the femur were sound, so that all diseased bone had been removed by the operation. All the viscera were healthy. The cough from which he had suffered was therefore, as we believed, only sympathetic. The only regret I feel with regard to the treatment is, that I did not operate six months previously, when I first believed that it was a fitting case for such practice. The powers which had been employed in the production of a new acetabulum for the diseased bone, would have been more usefully expended if that diseased bone had been removed; and the greatest difficulty in the performance of the operation would have been avoided—the tearing of the head of the bone from its new socket.

"The advent of erysipelas was one of those untoward events to which the wards of an hospital are always more or less liable, and had no relation to this peculiar operation; for, although our wards are now seldom visited by that fearful scourge, since the hospital has been thrown more open by the destruction of houses in the neighbourhood, still it will occasionally visit us.

"On consideration of all the circumstances of this case, I have no hesitation in telling you that they confirm my opinion, expressed in my last lecture, that excision of the head of the thigh-bone, in certain cases of morbus coxarius, it is a justifiable operation in surgery; but, if it is right to perform it, that it should be done early in the course of the disease."

#### ON OBSTRUCTION OF THE BOWELS.

Mr Phillips has delivered, at the Westminster hospital, a clinical lecture on this subject. After making a variety of desultory observations relating to the causes, seat, and symptoms of obstruction, Mr Phillips closes with these practical suggestions:

"When we are called upon to treat a case of obstruction of the bowels, we should first carefully examine externally the whole of those regions in which a protrusion of the abdominal viscera may take place.

"Supposing a tumour to be found, our difficulties may not be mastered, because there still remains the important question—Is that tumour the cause of obstruction? It is a question which has been often asked. It has often been answered in the affirmative; its contents have been exposed by operation, and in many instances it has been found to have nothing to do with the obstruction. Still, in the absence of any other apparent cause of the obstruction, we are justified in such a case in performing an exploratory operation.

"Supposing no such tumour to be found externally, we then examine carefully the state of the abdominal cavity. If a tumour be discovered within, it is often very difficult to determine what it is, and what connexion it has with the obstruction. Is it intussusception? Is it, as in Reybard's case, a carcinomatous tumour of the intestine itself? Is it an omental tumour pressing upon the canal, as in three cases that have happened within my own experience? Is it a foreign body within the canal, such as a biliary calculus, an intestinal concretion, a hair-ball, hardened faeces, a collection of fruit stones? These are questions of great importance, but of very difficult decision.

"If we are unable, by an ordinary examination, to detect a tumour or fulness, our investigation must be carried further, and we must explore the terminating portion of the canal. We must examine the rectum with the finger, and if we discover nothing by that means we must make a further examination with a long tube and injections; but, in using the tube, we must bear in mind that it may be arrested by the pouches and folds of a lax rectum, or by the promontory of the sacrum, or by an enlarged uterus; and while we think it is passing freely, it may be that it is only curling upon itself. Much care is necessary therefore in the performance of this kind of exploration; and at best it only indicates that there is an obstruction, but does not reveal its nature, nor the propriety of an operation. Then, with regard to injections, it must be borne in mind that although, when only a very small quantity is admitted, the presumption is that there is an obstruction near the anus, yet it may be that a



good deal of fluid may pass through a very narrow opening. When our minds are made up than an obstruction exists, but we are unaware of its seat or its nature, we first have recourse to medical means of relief. And here a perfect comprehension of what means may be properly had recourse to, is of the last importance; because I believe there is no class of cases in which the patient's sufferings are so much aggravated by indiscreet treatment, or I might say by the treatment commonly employed, as in those of intestinal obstruction.

"It is usual to employ, from an early period, the most drastic purgatives, such as croton-oil; and the common result is to aggravate the abdominal pain, and to induce the most distressing sickness sooner than it would otherwise happen. I am confident that, by abstaining from such means, as an ordinary rule, you will not lessen the chance of evacuating the bowels, and you will greatly lessen the patient's distress.

"When constipation has resisted ordinary means, I think the proper course to take is to exhibit one or two full doses of calomel with opium—say eight or ten grains of calomel and a couple of grains of opium—and to exhibit large emollient enemata every six or eight hours. If these means fail, I am accustomed to endeavour to affect the system with mercury, by giving a couple of grains of calomel every two hours, combining with it opium if there be much pain, and associating with it external inunction. Upon what principle this is done it may be difficult to explain, for it can hardly be expected to burst a band or to relax a cancerous contraction; but I believe, if the obstacle be a foreign body, it may be loosened by the increased secretion from the mucous surface; and if it be a recent adhesion, it may be softened and detached by mercurial action. Certain it is, however, whatever the *modus operandi*, that marked or even complete relief is often afforded upon the development of mercurial action in the system."

#### CASE OF GRANULAR SWELLING OF THE TESTICLE.

This is the subject of a clinical lecture delivered at the London Hospital by Mr Curling, who is well known for the attention he has bestowed on diseases of the testicle. The case is thus stated:

"J. S—, aged twenty-nine, a stoker, was admitted into the London Hospital, under the care of Mr Curling, in December, 1851, on account of a large granular swelling of the left testicle. It appeared that he had contracted syphilis about a year ago. There was a large dark-brown patch, covered with a thin scab, on the fore part of the left thigh, and a similar blotch in front of the left leg. He first noticed a swelling of the testicle about two months before his admission, the gland slowly increasing until it attained a considerable size before the integuments gave way, which occurred in about a month after the attack. On examination, the testicle was found greatly enlarged, and a fungus measuring no less than two inches and a half in length, and nearly two inches in width, projected in front of the scrotum. This fungus had a rounded surface, and was of a dusky red colour. It overlapped the thickened margin of the scrotum, especially at the lower part, where the skin seemed slightly to girt the neck of the swelling. He had been a strong muscular man, but was looking pale and out of health, and had lately lost flesh considerably.

"December 11th.—Mr Curling divided the integument girding the lower part of the fungus, by an incision an inch and a half long; dissected back a triangular flap of skin on each side, and excised some of the margin of the thickened and unhealthy integument. The solid nitrate of silver was afterwards applied freely to the surface of the fungus, and a thick dossil of lint being placed on the part, the integuments were drawn forward with slips of plaster. He was ordered a pill containing five grains of mercury, with a quarter of a grain of opium, night and morning, and to keep in bed; the application of the lunar caustic and dressings being directed to be repeated daily."

The operation was highly successful. We quote the following remarks upon the case:

"It can be clearly shown by dissection and microscopic

examination, that the projecting fungous mass, when of large size, as in the case now before you, is composed of the tubular structure of the testicle, and of lymph interspersed amongst the areolar tissue between the seminiferous tubes, together with ordinary granulations springing from the walls of those tubes which are near the surface. The smaller hernial growths, as you may perceive in this specimen from our Hospital Museum, consist simply of glandular structure extruded from the everted tunica albuginea, protected and coated on the surface with prominent granulations of lymph. In this thin section of the projecting fungus, you see that I can, with the forceps, draw out the delicate tubuli, and can show them to you as distinctly as in a recent testicle. In the preparation, you will observe that nearly the whole of the glandular tissue is exterior to the scrotum, the mediastinum testis being partly above the level of the integuments. It is clear, from this description of the pathological character of the disease, that the object of the treatment of the larger growths should be to obtain the absorption of the effused lymph, and, in all cases, to restore the fungus to its place within the scrotum, to reduce the granulations, and get the integuments to heal over the exposed and unprotected glandular structure. All those plans of treatment, by excision, ligature, or caustic, by which the projecting fungus is destroyed, instead of being repressed, were condemned by me, in my work on the Testis, published in 1843, as unnecessary and unscientific, and as being in effect but little short of castration. The treatment I there recommended, and have since pursued with uniform success, is precisely that adopted with so much advantage in the case just related: rest in bed—mercury in some cases, to obtain the absorption of the effused lymph—the occasional application of the nitrate of silver—and pressure by compresses and strapping, to compress the granulations. The success of the treatment depends very much on the care and perseverance with which the local pressure is applied, and the skin drawn over the swelling with the strips of plaster."

Mr Curling concludes with some observations on a late discussion on Fungus of the Testicle in the Academy of Medicine, Paris. He expresses his disagreement from M. Malgaigne relative to the alteration of tissue, or special fungus, described by that surgeon.

#### POPLITEAL ANEURISM, COMPRESSION OF THE MAIN TRUNK.

This case was originally under the treatment of Mr Poland in Guy's Hospital, afterwards of Mr Hilton. There were some peculiarities in its history. On the first application of compression there was considerable improvement, the sac became harder and smaller, but the pulsations persisted. On the 102nd day he left the hospital.

"One month after this, the tumour was found hard and firm, about the size of a chesnut, and had pulsation communicated to it by the artery. The swelling felt like a gland lying over, and being adherent to, the vessel; the pulsation not being the usual act of dilatation and distention, nor felt laterally, but only over the course of the artery. The sac was clearly consolidated by fibrinous deposits, but the artery was still pervious, not in the least obliterated, and it is very likely that the opening of the vessel into the sac was still patent."

Ten months after his discharge, while lifting a truss of straw, he felt something give way in the locality of the tumour, and presented himself with a second aneurism. Compression was again tried, and succeeded completely in twenty-seven days. We quote the following remarks:—

"This case naturally suggests remarks of the most important kind touching the treatment of popliteal aneurism by compression. It seems, in the first place, rather strange, that the cure which could not be obtained in the first portion of the treatment, by several months' perseverance, was accomplished, after the second admission, in less than three weeks. But as the aneurism was the result of an injury, it may be supposed that the opening in the popliteal artery communicating with the sac (probably situated on the outer side, where the pulsations and pain were always strongest),



was, by the long-continued pressure, much reduced in size, though not completely stopped up; whilst the fibrinous layers within the sac were getting firm and compact. After the patient had been attending to his work for about ten months, a sudden jerk produced inflammation and great disturbance in the artery and sac; rest and pressure were now again used, and perfect consolidation and obliteration took place.

"It is clear that this explanation cannot be supported by demonstrative proof; but if we may appeal to analogy, the correctness of this view will become apparent; and it is very likely that the vessel and aneurismal tumour would for a long time have continued to communicate, had the above-mentioned jerk not taken place"

From the 'Medical Times and Gazette,' Jan. 1.

#### LOCAL HYSTERIA AND CATALEPSY.

This constitutes the subject of an elaborate lecture by Dr Todd. The lecturer's observations refer to two cases that had been under treatment in King's College Hospital, the first of which we shall not describe; but the second is so interesting as to warrant rather a lengthened notice:—

"On June 5th, about ten o'clock in the evening (Dr Salter states), I was called to see a patient who had just been brought into the hospital by a policeman, who had found her speechless in the streets. I found a woman sitting in a chair, looking quite intelligent and coherent, although evidently in great excitement and distress: her expression was anxious, and she looked from one to the other in an inquiring and imploring manner; her teeth were fast clenched, and her lips parted. On being asked who she was, she shook her head; when asked what was the matter with her, she pointed to her mouth and masseter muscles; when asked if her jaws were locked, she nodded her head. I then tried with all my force to separate them, but could not; then I felt her cheeks, over the masseters, and found these muscles contracted into hard knots, which sufficiently explained the closure of the jaws. When questioned as to the cause of the tetanus, she clenched her fist and struck her left cheek, implying that she had had a blow there. I said, 'Have you had a blow there?' She nodded her head. We asked her if she could write. She shook her head, and clasped her hands in a despairing way. We then asked her if her husband had given her the blow. She nodded assent eagerly.

"By degrees, putting all sorts of questions, and getting nods or shakes of the head, as the case might be, I learned that she lived in the neighbourhood of London, that she had been struck there by her husband that day at two o'clock, and that the blow was the cause of the attack; also, that she was thirty-eight years of age. All these things afterwards proved to be true. While answering our questions as well as she could, she suddenly, and without any warning, slid from her chair in a state of apparently complete insensibility, and would have fallen on the floor had she not been supported. Then commenced a series of spasms more strange and horrible than can be conceived or described, tetanic and clonic, partial and complete, symmetrical and irregular, varied in every conceivable and inconceivable way. First she had opisthotonos, then she was thrown forwards, then she twisted round and writhed like an eel, then she would throw herself forward and raise herself into a sitting posture, then she would roll over and over, then a slow undulation or wave of spasm would pass over her from head to foot, producing different movements of her limbs as it passed down, like a dog dying of hydrocyanic acid poisoning.

"You might almost be led to think that this description is overdrawn, but I can myself bear testimony to the accurate statements of the facts, as I was present during the greater part of the time. Then, continues Dr Salter, 'the tonic spasm would suddenly become clonic, and she would throw out her arms, and draw them back with great force. The legs would be affected in a similar way, or drawn up to the body, so that the heels were close to the buttocks, or thrust stiffly out. When holding her hand she would suddenly

clutch mine with such force that I could not disengage it. Meanwhile, her face was undergoing all sorts of contortions, at one time expressing rage, at another intense fear, then a sneer, then a fixed and rigid stare; the eyes might be rolled upwards or downwards; the pupils dilated, and insensible to light: then the elevators of the upper lip and ala of the nose would jerk, perhaps on one side or both, exposing the teeth. The depressor anguli oris would draw one corner of the mouth down on the chin, or the platysma throw the skin into a state of rigidity;' but, as Dr Salter remarks, it is quite impossible by description to convey any accurate idea of the extraordinary contortions of the patient."

Dr Todd makes several admirable observations in the course of his lecture, showing how these hysterical affections are to be discriminated from tetanus, epilepsy, &c.; and he also points out the various forms which hysteria may assume. The patient, whose case has been first described, recovered in three or four hours from her fits, slept well, and left the hospital on the following morning:—

"Her paternal grandfather and paternal uncle had fits, and she was the mother of nine children, eight of whom died, seven of them in convulsions!"

#### REMARKS ON PROLAPSUS OF THE ANTERIOR WALL OF THE VAGINA.

A paper on this subject is communicated by Dr Golding Bird, with the view of showing that it is an occasional cause of fetid phosphatic mucous urine. Dr G. Bird remarks—

"It is by no means a very unfrequent occurrence for a physician to be consulted by females, (generally about their grand climacteric,) on account of their having great irritability of bladder, and the urine, when passed, being very fetid, and containing much ropy mucus. They generally complain of small quantities of the urine escaping on any sudden change of posture, or after violent coughing, and suffer no little distress from the offensive, fish-like odour which, in spite of every possible precaution, is observed to cling to them. It occurred to me several years ago, to observe that the cause of this state of urine was analogous—in some of the cases, at least—to that which exists in cases of enlarged prostate in the male. I mean a cause preventing the complete emptying of the bladder, and thus inducing the retention of a portion of urine sufficiently long to allow it to undergo decomposition. As no public notice has been taken of these really very distressing cases, I felt that an allusion to them might not be useless, especially as the mode of treatment is simple and successful.

"Almost the first case in which I recognised the condition to which I am alluding, occurred about eight years ago in the person of a stout, tolerably healthy-looking woman who had been the mother of several children, and had ceased to menstruate for three or four years. She complained of great sense of distress in the lower part of the abdomen, with weight and bearing down. Walking was painful to her, and she was almost constantly tortured with a desire to empty the bladder. The urine was very offensive, and contained a large quantity of dense, ropy mucus mixed with phosphates. Suspecting the possible presence of a calculus, I introduced a catheter, but little urine escaped, and no concretion could be felt. But, on examining the vagina, a large pink looking sac depended from its anterior wall, and almost separated the labia. She was indeed suffering from prolapsus of the bladder into a pouch formed in the anterior vaginal wall. By keeping the bladder emptied by the daily use of the catheter, the urine soon recovered its healthy appearance, and the mucus decreased considerably. The decomposition of the secretion in this vesical pouch had evolved ammonia, which had irritated the bladder and caused a copious secretion of mucus loaded with the earthy salts, from its lining membrane. I sent the patient to my brother, Dr Frederic Bird, as I believed no permanent cure could be obtained while the prolapsus existed. He applied the actual cautery to the anterior wall of the vagina, and the result was most satisfactory. After the slough came away, sufficient contraction occurred to prevent



the formation of the vesical pouch, and the patient remained free from the ailment which had so long distressed her. I have met with so many analogous cases, that I am persuaded of the possibility of tracing a very large proportion of cases of fetid phosphatic mucous urine in the female to the imperfect emptying of the bladder from prolapsus of the anterior vaginal wall. Every one is well aware of the frequency of enlarged prostate as a cause of this state of the urine in the male, and the circumstances to which I have now drawn attention will be found to be as frequent a cause of this state in the female. In more than one instance, I have seen complete prolapsus of the uterus produce a similar result, evidently by drawing the bladder out of its position, and thus interfering with its being perfectly emptied at the will of the patient.

"So far as I have seen, the ailment in question is nearly, although not exclusively, confined to females who are called upon for laborious exertion generally too soon after their confinements; or, in other words, to those who are most subject to uterine displacements. Certainly I have met with but very few cases in the higher ranks."

#### CASES OF POLYPUS UTERI COMPLICATED WITH PREGNANCY.

Under this title, Dr. Ramsbotham has communicated a series of papers to the 'Medical Times and Gazette.' In this number, some interesting cases are reported. The following practical suggestions deserve notice:—

"Few cases in obstetric practice produce more embarrassment than sudden and copious gushes of blood happening at such a distance of time from the birth of the child; and the rarity of the occurrence tends greatly to increase the anxiety created. Under such circumstances, especially if the uterus, as in the two cases referred to, is felt large above the pubes, occupying a portion of the abdomen, it may always be suspected that some solid body is contained within the cavity, either a blighted ovum or secondary fœtus, or a portion of retained placenta, or a very firm coagulum, or perhaps a polypus. An examination per vaginam should always be instituted; for if there be a polypus, it may have escaped from the uterus, and be lying in the vagina in a position favourable for its removal. Should that be the case, the sooner it is taken away the better chance will the patient have of ultimate recovery; and if the stem be thin, torsion may be sufficient to cause its separation; or it may require that a ligature should be passed around it in the ordinary way, and tightened daily until its attachment is destroyed. I should object, however, to any forcible attempts being made to break the stem by means of the fingers; and, unless it parted readily, should much prefer treating it by ligature, or perhaps by the knife.

"If nothing be contained within the vaginal canal beyond a quantity of coagulated blood, which we shall mostly find there, that should be removed, and, provided the os uteri will admit the passage of the hand without injury to its structure, I see no objection, even at this distance of time from the labour, to its being carried well within the uterine cavity, for the purpose of taking away whatever coagula or other removable mass may be there present. I think it of importance that the uterus should be emptied of all that can be obtained without running the risk of inflicting mischief on the organ.

"It is possible, also, that a polypus of greater or less size may be discovered, enclosed within the uterine cavity, but with a stem so thick that it could not be broken, except by violent efforts, as happened in Case 18, just detailed. It would then become a question whether it would be better to leave it, or to endeavour to pass a ligature around it at once. Having cleared the cavity of all the loose matters it contained, I should be disposed to leave the tumour undisturbed for the present, in the hope that the bleeding would cease, and in the expectation of being able to tie it at some subsequent period. Should the hæmorrhage, however, return, I should then make an attempt to remove it."

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Jaw, with two Engravings. University College Hospital: Large Congenital Tumour of the Skin. The London Hospital: Traumatic Abscess in the Brain. Hospital for Women: Cases of Ovarian Dropsy.—EDITORIAL ARTICLES.—Our New year.—REVIEWS.—Dictionary of Practical Medicine, &c. By James Copland, M.D., F.R.S. Principles of Human Physiology, with their chief Applications to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine. By William B. Carpenter, M.D., F.R.S., F.G.S. A Practical Treatise on Inflammation of the Uterus, its Cervix, and Appendages, and on its Connexion with Uterine Disease. By James Henry Bennett, M.D. Clinical Reports of Ovarian and Uterine Diseases. With Commentaries. By Robert Lee, M.D., F.R.S. The Journal of Psychological Medicine and Mental Pathology. Vol. V. Edited by Forbes Winslow, M.D.—REPORTS OF SOCIETIES.—Royal Society: The Solution of Urinary Calculi in Dilute Saline Solutions at the Temperature of the Body, by the Aid of Electricity. Medical Society of London: Hypertrophy, with Dilatation of the Left Side of the Heart, accompanied by Atheromatous Deposit in the Coronary Arteries and throughout the Aorta—Prophylactic and Curative Syphilisation. Retrospect of Practical Therapeutics.

**Dublin Medical Press.**—(No. DCCXXX. Vol. XXVIII Dec. 29, 1852.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: Dr Stephen O'Ryan, some Pathological Remarks on Chronic Enlargement and Induration of the Tonsils. Dr John Wilkinson on a Case of Successful Removal of a Foreign Body from the Knee-joint. Dublin Students' Medico-Chirurgical Society: Mr A. H. Taylor's Address delivered at the Opening Meeting.—ORIGINAL COMMUNICATIONS.—Sulphuric Acid in Dysentery. By George Ellis, M.D. Severe Cold as a Local Anæsthetic. By James Arnott, M.D., of London.—On the Nature and Treatment of some Painful Affections of Bone. By Langston Parker, Esq. Treatment of Aneurism by Galvano-Puncture.—SELECTIONS FROM MEDICAL JOURNALS.—Case of Combustion and Death of the Human Body in the Open Air—Spontaneous or not? By Dr Grigor.—REVIEWS.—Moral-Sanitary Economy. By H. McCormac, M.D.—LEADING ARTICLES.—The Medical Charities of Ireland. The Medical Periodicals. More about "The Great Chemist." The Mutual Benefit System. The Title of Apothecary.

NOTE.—Our BIBLIOGRAPHY will be published fortnightly: the first list for the year will appear in our next number.

#### BOOKS RECEIVED FOR REVIEW.

What to observe at the Bed-side and after Death in Medical Cases, published under the authority of the London Medical Society of Observation. London, John Churchill.  
The Right of Marischal College and University, Aberdeen, to confer Degrees, not only in Arts, as admitted, but in Divinity, Laws and Medicine, &c. &c. By One of the Professors. Lewis Smith, Aberdeen.

### REVIEWS.

*'Syphilitic Diseases; their Pathology, Diagnosis, and Treatment, including Experimental Researches on Inoculation, &c.'*  
By JOHN C. EGAN, M.D.

This work is likely to receive much attention from the profession. It exhibits a careful, pains-taking research and investigation, and considerable experience of the diseases of which it treats. The classification of the primary ulcers is that introduced by Dr Carmichael, which, in the author's opinion, is best adapted for a clear comprehension of their respective forms. The chapter comprising the author's Researches on Inoculation is highly interesting. Dr Egan's experiments are favourable to the opinion that there is a plurality of poisons, and they help to establish a broad difference between gonorrhœa and chancre; the virus of gonorrhœa never producing a specific ulcer by inoculation, that of the latter inserted beneath the skin during the stage of ulceration being generally succeeded by the characteristic pustule. The various anomalies are carefully explained.

Dr Egan has also employed the speculum to determine the question of the existence of granular erosions, and deeper ulcerations of the uterus, as a characteristic of syphilitic diseases. In this respect Dr Egan's investigations are at variance with received opinions. A new bone of contention is therefore thrown into the ring for future discussion.

The other portions of the work are exceedingly well treated, and contain many original observations. Dr Egan combats the universally prevalent prejudice in favour of mercury for the cure of syphilitic diseases, and does not hesitate to declare his opinion that all varieties of syphilis are curable without mercury. He qualifies, however, this opinion so far as regards the indurated primary sore and its

sequelæ. This is a considerable concession. On the whole this is a valuable work, creditable to the author, and calculated to fix opinion upon many obscure and difficult points in relation to syphilitic diseases.

*'Outlines of Military Surgery.'* By SIR GEORGE BALLINGALL.

In this work, which has attained its fourth edition, Sir George Ballingall has comprised the observations of a long life and large practical experience. For the last thirty years, also, he has lectured to the Class of Military Surgery in the University of Edinburgh, and has thus had ample time and opportunity to arrange his knowledge, to reject doubtful and erroneous opinions, and to sift, for the benefit of others, all that is truly valuable either in his experience, his reflections, or his acquisitions. Any eulogy of this volume is not required from us, as its merits are already extensively known and appreciated. The first division of the work relates to the formation, discipline, and economy of armies; the second, to surgical accidents and diseases; the third, to those endemic diseases to which troops are especially liable, and those semblances of disease which they are prone to feign. Every subject of interest relating to the medical service of the army is embraced in this volume, which is thereby constituted an indispensable manual for the military surgeon.

### THE ANATOMY OF QUACKERY.

QUACK MEDICINES,  
THEIR HISTORY, COMPOSITION, AND QUALITIES.

#### INTRODUCTION.

A celebrated continental philosopher once gave it as his opinion, that it is easier to deceive, than to instruct, mankind. Our own Southey, as great a sage as poet, has also pronounced "man to be a dupeable animal." Such is undoubtedly the fact, supported by the universal history of the human race; and which it would, therefore, be useless to attempt to gainsay. The South-sea bubble, the Mississippi Company, and more recently the Railway mania, are merely startling and exaggerated examples of the weakness, the confiding character, and the easy gullibility of the great WE—the public. The same aptitude for being deceived, and disposition to deceive themselves, is exhibited by individuals at all times and seasons;—in hygiene, as well as in pecuniary affairs and speculations. It is only when the ordinary channels and outlets for popular credulity and speculative confidence, are insufficient to allay the morbid irritability of a people, that they rush madly forward, induce a crisis, and suffer from a panic. At other times this weakness is indulged in a more temperate and less boisterous manner, but it is always active. The demands of human credulity and the love of self-imposed imposture and deception will never cease.

Among the various parties who exist on this easy gullibility of the public, there is none whose depredations are so baleful to society, and who have operated so extensively and so successfully, as the common QUACK, and the compounder of quack medicines. The evils inflicted by this class of imposters on the persons who become their dupes, have long been noticed and lamented over by the philanthropist and every honourable member of the medical profession. The extent to which the trade in nostrums has been carried in England, and the consequent amount of injury inflicted on society, may be estimated from the enormous sums paid annually to the government in the shape of stamp duty. Many of the principal nostrum-mongers thus pay from four to ten thousand pounds and upwards yearly. In return for these supplies, the authorities obligingly assist them in their business, by printing the names of the proprietors on the stamps they purchase. This is the encouragement and reward offered by the laws of England to Quacks and Quackery, and this is a specimen of the support and patronage which the medical practitioner, and the protection from imposture which the over-taxed masses receive in the England of the nineteenth century. The exchequer of this free and enlightened



country! is not ashamed to receive a portion of its supplies from pandering to the vices and impositions of every compounder of pills, plasters, and ointments, who may need its services. On the continent, the operations of the unqualified pretender, and the veritable quack, are restricted, nay, even prohibited by law. The sale of quack medicines is also under the like prohibition.\* This is common sense, honesty, and philanthropy. The government of this country have no such conscientious feelings. They are ready to give countenance to quackery, and assist at its orgies, in return for the ample revenue which they derive from the sale of medicine stamps and the duty on advertisements. Oh! tempora! Oh! mores! We blush for our fatherland, where such things are permitted; we sigh over the mischief thus sanctioned, nay, even encouraged—and we regret still more deeply the cloud of ignorance and delusion under which the people labor. Nor must the wrongs inflicted on the medical practitioner be forgotten or lightly passed over. We eagerly enquire,—When will the victims of imperfect legislation be rescued from their disabilities; or “an injured profession from its fallen state?”

The present position of the medical profession in England is far from that which both its merits and the importance of its mission deserve. Amongst its members are numbered many of the proudest ornaments of humanity;—many of the noblest embodiments of genius, philanthropy, and virtue;—many of the most brilliant examples of scholarship, industry, and self-sacrifice. Let us cast our eyes on every department of literature, science, and philosophy,—on the arts of life and civilisation,—on every pursuit and enterprise, tending to advance the knowledge and the moral and temporal well-being of our race, and from among their promoters, *who* stand forth so prominently, and in such numbers, as the members of the medical profession? And in the more onerous and retired duties of active life, *who* runs such real danger for his fellow men,—*who* exhibits such self-devotedness for his client, his friend, or his patron,—and who receives less comparative remuneration for the hazards which he runs, than *he* who visits, perhaps at midnight or at noon, within the tropics, or during a northern winter, the chambers of disease and suffering? And *who* is requited with such feelings of ingratitude when the crisis is over, or the health restored? The members of the other learned professions have a less arduous course to run,—less self-sacrifice to encounter, and a richer goal to reach. The one may be encouraged by the deep attention, the devout admiration, and the marked favour of a numerous congregation, or the smiles of his diocesan;—he can see his progress. The other may solace his labours by observing the unmistakeable effects of the power of his eloquence and erudition on the tribunals of his country, and he, also, may anticipate the results. They both may aspire to, and acquire, the two highest positions in these realms, and there are a multitude of less important dignities and emoluments to reward the talented and the persevering. But it is otherwise with the medical practitioner. To him, if he depend on his profession, the ban of slavery,—“*once and always*,”—seems, often, unfortunately to apply. He will never rise to be a Lord Chancellor, or a reverend Archbishop. He will never have the honour of representing Royalty, or be the owner of a mitre. His progress onward stops with a knighthood or a baronetcy! Perhaps he may be elected a member of the House of Commons, but the chances are against him. He is seldom a time-server, and his engagements are too laborious and too urgent to admit of their neglect. The dying man cannot stay till the morrow. Much indeed might be said on the present position of the medical faculty. There is no profession, trade, or interest, so little

\* Even our Scotch neighbours appear to manage these matters better than we do in England. A certain itinerant quack, Joseph Francis, alias Charles Murray, calling himself “Dr Murray, of the Drs Murray and Co. of London and Paris, and Physician-Aurists to the Royal Ear Infirmary,” was lately pounced on by the public prosecutor of Mid-Lothian, and committed for “falsehood, fraud, and wilful imposition,” and was only set at liberty on giving bail for 100l. We need scarcely add, that he immediately crossed the “border,” to practise upon the English, and was not forthcoming on the morning of trial.

cared for, or even so feebly represented in the British legislature as those of surgery and medicine.\* Happily the medical men of this country, independently of other worthy traits of character, are eminently distinguished by a devotion to their profession, and they merely desire protection and support in the legitimate and honourable performance of its duties. Their wishes and demands are both reasonable and just. Their chartered Colleges and Companies are supine, and indifferent to the interests of their members; whilst the existing laws are insufficient for their protection against the inroads of imposture and quackery. They ask for, and demand fresh legislation,—*so far*, and no further. Would that we could stir up the dying embers of common sense and justice into renewed activity, and, whilst bestowing a boon on one class, avert the miseries of another.

A correspondent in a recent number of our Journal, not inappositely remarks, that “it really appears that quackery increases in as great a ratio as population and general education.” This is an admitted fact, and grows out of the wrongs under which our profession labours, and to which we have already briefly alluded. We propose to address ourselves to every species and form of quackery in its turn, but for the present shall confine ourselves to an *exposé* of the quackery of the nostrum-mongers, under the form of a series of articles on the “History, Composition, and Qualities of Quack Medicines.”

#### THE MORISONIAN VEGETABLE UNIVERSAL MEDICINES.

##### MORRISON'S PILLS AND POWDERS.

If the visitor to the northern suburbs of this metropolis will take the trouble to accompany us through the New Road, we will show him, in passing Hamilton Place, a certain dwelling-house, of a rather respectable appearance, but exhibiting no claims to architectural beauty, and only remarkable for the large printed letters which it bears, informing us that it is the

##### “BRITISH COLLEGE OF HEALTH!”

Tread softly, gentle reader, and let thy thoughts be reverent. Thou now beholdest the head quarters, the pill manufactory and mint of Messrs. John and Alexander Morison, on whom the mantle of James Morison, the elder, the quack and hygeist (?), fell when he vanished Elijah-like from earth; not dying as ordinary mortals do, but being “spirited” into another state of existence, through the purifying influence of his own “Vegetable Universal Medicines.” Here are made

“Those wondrous Pills  
That cure all ills,——”

ALL, indeed, according to the wrappers that accompany them, that even the most enthusiastic and dreamy nosologist could possibly particularise or imagine. Hence, also, are issued those dangerous circulars, pamphlets and caricatures—those compounds of slander, impudence, blasphemy, and obscenity,—which seem to form a necessary portion of the Morisonian system, and frighten into purchasers and patients the nervous and the ignorant. The sun is up! It is still broad daylight. Our “weather eye” is open. We have “siller” in our pocket! Let us enter! We will purchase pills, powders, and pamphlets, and then adjourn home and examine them. “The wish is *father* to the thought,” and we may add, “to the *deed* also.” We make our purchases, and inquiries,—have a quiet chat on the “philosophy of the hygeist doctrines,”—listen to some amusing abuse of ourselves as members of the Medical faculty, and after being duly impressed with the vast importance of the last most marvellous “case of cure” from the Vegetable Pills, (twelve overnight, and fourteen the next morning, gradually increased to forty a day for a month), are ushered to the door in a manner that would do honour to Napoleon the Third, or the Emperor of China. “Good day, Mr Morison. Thou shalt see us again at ——!”

\* “There are at present only three medical men in parliament—Mr Hume, Dr Michell, and Mr John Brady. Mr Hume is only nominally a Surgeon.” Vide ‘Medical Circular,’ vol. i. page 440.



The so-called "Morisonian system of Medicine," (we should say *quackery*.) has been now so long before the public that the majority of our readers are doubtless acquainted with its history. We shall, therefore, be brief upon the subject. It is only interesting from exhibiting a very striking example of that easy gullibility of the public which is the keystone of the success of every fortunate impostor.

James Morison the elder, the originator of the scheme and medicines just alluded to, was a native of the bonnie land the other side the Tweed. According to his own statement he was the youngest son of an Alexander Morison, of Bognic, Aberdeenshire, and was born in the eventful year 1770. In early life he was a scholar in the University of Aberdeen, whence he removed to Hanau, in Germany, his studies being of an entirely *commercial* character, as he was intended for the "mercantile profession." After leaving Hanau he appears to have resided as a trader or a broker, both in Russia and the West Indies, and in the latter, we are told, acquired some considerable property. After some years his health failing, he returned to Europe; and soon after the termination of the war, we find him settled at Bordeaux. The cause of the latter was at first a matter of enquiry to us, but we find in 'Morisoniana,' that "the cause from the beginning of my disease," or rather, residence at Bordeaux, "was want of all rest and comfort, and *loss of fortune*."

To repair the latter were Mr James Morison's best exertions directed. His steps up the ladder were at first slow and cautious, but when on the ascent all his "frightful diseases" had vanished,—they had been superseded by the success of his pills. The future progress of Mr Morison, his establishment as a quack, his puffs, his pamphlets, and advertisements, and the doings of himself, his partners, and successors, are probably familiar to every one. The life of one quack is that of the whole tribe. It is merely the struggles of imposture to overcome and dupe the unsuspecting and ignorant. It may, therefore, suffice to say, that Mr James Morison departed this life, one day at Bordeaux, at an age *far from old*; but whether in the manner described by his friends, or from taking his own pills, to remove the "repletion consequent on the extended means of indulgence acquired by their sale" (as stated by another authority\*), we are unable to decide. Die, however, he did, after an illness, and in a manner on which the authors of 'Morisoniana' deem it prudent to be silent.

\* The account given in the text is that usually received, but the author of "Quacks and Quackery," London, 1844, says—"The man (if I do not greatly err) was originally only a barber, a penny shaver!" (p. 23.)

*To be continued weekly.*

The following are the established features which distinguish the MEDICAL CIRCULAR, and when upon any occasion they are departed from, we venture to affirm that our readers will be satisfied with the change:

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|--|----------------------------------|
| 1. Our Leader.   | 7. Medical Notes and Queries.    |
| 2. Indices of the Journals.  | 8. Controversial Correspondence. |
| 3. Mirror of their Contents.   | 9. Medical News.                 |
| 4. Bibliography—being a List of all Works published on Medicine and the Collateral Sciences. | 10. Obituary.                    |
| 5. Reviews and Notices of New Works.   | 11. Notices to Correspondents.   |
| 6. Biographical Sketches of the Profession, with a Portrait bi-monthly.                      | 12. Advertisements.              |

The CIRCULAR contains Forty-eight Columns of closely-printed matter, and the Contents above enumerated are as nearly as possible thus distributed:

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| 16 columns are free to advertisers, and under no circumstances will this space be exceeded. | 6 columns to Biographical Sketches and Portraits. |
| 2 columns to our Leaders.   | 1 column to Medical Notes and Queries.            |
| 8 columns to our Mirror.  | 6 columns to Controversial Correspondence.        |
| 1 column to the Indices.  | 3 columns to Medical News and Obituary.           |
| 1 column to Bibliography.   | 2 columns to Notices to Correspondents.           |
| 2 columns to Notices of New Works.  | —   |
|   | 48 columns.                                       |

Among the forthcoming Portraits will be those of the Editor of the 'Medical Circular,' the Editor of the 'Lancet,' Mr Lawrence, Mr Paget, Professor Owen, Dr Todd, Dr Forbes Winslow, Dr Carpenter, Dr Elliotson, Mr Bransby Cooper, Mr Coulson, Dr Waller, Mr Luke, Dr Rigby, Dr Marshall Hall, Sir James Clarke, Bart., Dr Copland, and numerous other gentlemen practising in Scotland, Ireland, and the provinces.

### TOXICOLOGY.

With the first number of the 'Medical Circular' for March it is also intended to commence a series of papers on the above important subject in all its bearings in connexion with the medical profession. The papers will embrace a full account of

### POISONS

(their history, chemistry, effects, antidotes, and tests, together with the appearances presented on *post-mortem* examinations in cases of poisoning, the preparations of the antidotes, &c.)

The arrangement and condensation of the subject will be such as to render it suitable to the wants of the busy practitioner and to meet the emergencies which frequently occur.

### THE MEDICAL DIRECTORIES FOR 1853.

IN consequence of the recent continued heavy rains, the working of most of the paper mills has been stopped. Owing to this circumstance, and the fact of there having been latterly a larger demand for paper than usual, we have experienced so much difficulty in procuring the quantity required for the Directories (upwards of 150 reams), that we have been reluctantly compelled to delay their publication, but as soon as ready they will be duly announced in the 'Medical Circular.'

\* \* \* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the M.S. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.

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PORTRAIT OF JAMES YEARSLEY, ESQ.

*From a Daguerreotype by Beard.*

### BIOGRAPHICAL NOTICES.

#### JAMES YEARSLEY, ESQ.

All honour, friends and readers, to the man that established the 'Medical Circular!' What a multitude of reasons for congratulation rise up at the mention of those two words! How much sound science, useful information, pleasant reading, courageous denunciation of imposture, liberality of thought, and glorious independence of class interests, moth-eaten prejudices, perverse bigotry, and literary envy, malice, and uncharitableness, do not those two words denote? More than that, how much perseverance, resolution, and—humbly let us say it—ability are not implied in the very existence of this Journal, in the face of the competition and antagonism by which it has been opposed? But it has triumphed over its open enemies, and imparted confidence to its lukewarm friends, and it now stands a monument to the courage and enterprise of its founder! May they live long together!

The profession will be doubtless curious to know some-

thing about the man whose sagacity has contributed so largely to supply their literary wants. This is a very natural desire, and we can see no reason why it should not be gratified. If a man has only once stuttered through a speech in Parliament, or hacked his sabre like Falstaff, and "swear he did it in fight," our contemporary, the 'Illustrated London News,' immediately puts forth his "picture in little," and we thenceforward reverence him as a "British worthy,"—the Demosthenes of the sewer, or the Alexander among Hottentots of his age! But literature avant! Those organs of public opinion through which reputations are made, are often regarded with jealousy, and the world is afraid to recognise that power to which it is compelled to bow. This is fortunately less the case among professions and persons of high literary culture, than among the general mass of society. Moreover, Mr Yearsley's claims upon the profession are not simply those arising out of the establishment of this periodical; he is also an eminent practitioner, and has introduced many important improvements in that



branch of art, to which his talents have been chiefly devoted. His name is familiar as a "household word," in the treatment of "Diseases of the Ear." The public consult him, and the profession approve the choice. He plucks the seal from the ear of the deaf, and we have heard those who had been condemned for years to isolation and silence, discourse eloquently on the success of his ministrations. A sketch of this gentleman will therefore have wide interest.

The subject of our memoir entered the profession at an early age, under the most favourable auspices for a future successful professional career. The leading Surgeon of his own county, Gloucestershire, was selected as his instructor. Mr Fletcher, as Senior Surgeon to the Gloucester County Hospital, was enabled to introduce those pupils who were consigned to his care to a fine field for the study and practice of Surgery, more especially as the operative department was not then as at present disseminated among village practitioners; for where is now the surgeon who would hesitate to amputate a limb, reduce a dislocation, or trephine the skull? At the time of which we are writing, all such cases were sent to the County Hospital; and therefore, no better field could be selected for the acquirement of a knowledge of the art of Surgery. Well assured that the knowledge of disease was best acquired at the bedside of the patient, the master issued his mandate to the pupil, that he was not to open a book on the subject of his profession for at least twelve months. To this bedside study of disease may be attributed the independent thought and action which Mr Yearsley has since exhibited. After his pupillage at Gloucester, he passed through his ordeal in London, as a student at St Bartholomew's, under Abernethy, Stanley, Earle and others, completing it with *éclat*, and qualifying himself at College and Hall for whatever might be his future calling. He had decided on a London career, when he received intimation of the accidental death, by drowning, of a Surgeon in large practice at Ross, in Herefordshire. In the brief space of eight and forty hours, his father had purchased for him the succession to the practice, and in an equally brief space of time, he was duly inducted into the daily routine of the duties of a country general practitioner. His reputation as the pupil of Mr Fletcher in the adjoining city of Gloucester, was sufficient to secure to him the whole of the *clientelle* of his predecessor, Mr Brooks, notwithstanding two other Surgeons of more mature age competed with him. For four years Mr Yearsley conducted this practice with remarkable success, until his health, never robust, yielded to the fatigue which it entailed; when by the advice of medical friends he took a partner, and temporarily retired. Returning with renewed health, he made another effort to endure the wear and tear of practice, but pulmonary disease again threatened him, and it was then thought advisable to retire altogether.

He took up his residence at his native place, Cheltenham, leaving his successor in possession of the practice. But Mr Yearsley's energetic mind could not long brook a life of idleness, and whilst at Cheltenham for his health, the surgeoncy of the parish, numbering 30,000 inhabitants, became vacant. He offered his services, and by the influence of his friends, though opposed by practitioners of long standing, he was elected by a large majority; and he remained in Cheltenham a year to fulfil the duties of the office. It may be mentioned that during that brief residence he succeeded in establishing an Eye and Ear Dispensary, and a Dispensary for the Diseases of Women and Children. In the latter he was assisted by Dr Boisragon and Mr Perrins, both of whom are since dead; but the Dispensary is still flourishing. Nothing short of a professional life in London, however, could satisfy the ambition of the subject of our sketch, though at the same time he well knew his incapacity for general practice. Resolving, from the uncertain state of his health, to pursue a speciality, and having already acquired a knowledge of Eye and Ear Diseases, he went to Paris to enlarge his information upon these subjects. His professional career then commenced in London, not auspiciously it may be said, when we mention that his first year's fees as an Ophthalmic and Aural Surgeon amounted to only

eight guineas and a half. But it happened that through family associations he made the friendship of Sir Matthew Wood, (father of the present distinguished lawyer, Sir Page Wood, M.P.), an influential member of the Corporation of London, who interested himself, and with Sir Chapman Marshall, then Lord Mayor, Sir Francis Burdett, and other friends, the Institution for the Ear, still existing in Sackville street, was established, for the better development of Mr Yearsley's improvements in Aural Surgery. Mr Yearsley was the first to introduce and specially write upon *Catheterism of the Eustachian Tubes*; and the public as well as the profession were startled by the announcement of a new mode of treating deafness, afterwards published in a pamphlet entitled 'Deafness successfully Treated through the passages leading from the Throat to the Ear.' The second year of Mr Yearsley's professional income, arising chiefly from the introduction of this novel treatment, amounted to one thousand guineas! With the advent of Mr Yearsley as an Aural Surgeon vanished the inane treatment of deafness by indiscriminate and injudicious syringing, the introduction of ear-drops, &c., &c.; for he soon showed, conclusively, how little could be done in the treatment of deafness by applications to the outer passages of the ear. To expose the absurdities practised in this department of the profession, Mr Yearsley published a series of periodical essays, entitled 'Contributions to Aural Surgery,' which vastly extended his fame and practice. Our space does not admit of our adverting to many practical improvements in the treatment of Aural Disease that he introduced; we will content ourselves with referring to the important discovery of the cotton-wool remedy, applicable to cases proverbially said to be incurable—namely, those in which the drum of the ear is lost, or more correctly speaking, the membrane of the drum of the ear. Profiting by the imperfect hint of an English gentleman who came from New York to consult him, he discovered that by the introduction of a small pellet of cotton moistened in water or in the saliva of the patient, and placed upon a particular spot at the tympanal extremity of the passage of the ear, in cases of perforation or total loss of the membrane the hearing was restored to a greater or less degree, so long as the piece of cotton was accurately adjusted on that spot. This remarkable fact has been confirmed by his success in a very large number of cases, the subjects of which are indebted to the degree of hearing they daily enjoy to this miraculous bit of moistened cotton-wool. The most disgraceful attempt was made to deprive Mr Yearsley of the merit of this important discovery. It has been called by a contemporary the *American* treatment, because that gentleman—as it now appears erroneously—stated that it was an American who consulted him, instead of a true-born Englishman still resident in this country. The spill of paper by means of which he stated to Mr Yearsley he sometimes temporarily regained his hearing, gave the imperfect hint which has been since so happily worked out to a systematic mode of treatment. In the same unscrupulous quarter the attempt was made to share with Mr Yearsley in the discovery, by inducing him to allow that glycerine was better than water or saliva to moisten the cotton, and finding that he would not sanction this humbug, the glycerine was boldly declared to be all-sufficient, and the cotton unnecessary!!!—See 'Lancet.'

But this monstrous quackery has at length exploded, and, therefore, like the recording angel we would willingly drop a tear upon the page and blot it out for ever.

From the date of Mr Yearsley's introduction of Catheterism to the present time he has enjoyed an uninterrupted career of professional success. The highest in the land, inclusive of royalty, have sought his good offices; and he has had the satisfaction of being complimented by a Queen for his professional candour, when, on being consulted by her, he declared there was nothing to be done beyond the judicious medical treatment to which she was then subjected by her Physician, Sir David Davies. "Tell Mr Yearsley," she said, "that I am much obliged to him for his candid opinion, some people would have tormented me with blisters and



other irritating remedies, and all to no purpose, I am quite sure." Mr Yearsley is a man of independent mind; he is not one to court and flatter. It is his pride to say that he never courted the favour of his compeers; nevertheless, when a good, sound, practical opinion is desired, that of Mr Yearsley is sought; and we suspect there are very few who resign themselves to the fate of a permanently hopeless deafness until the fiat of incurability has been pronounced by him. He has the boldness to advocate surgical operations on the throat in the treatment of deafness. He is superior to the meanness of succumbing to the prejudices and the fears of patients and their friends, by denouncing operative measures; but the writer of this memoir, who knows his practice well, can testify that his operations are never needlessly performed, and that the large experience of the operator enables him to predict with tolerable accuracy the amount of success which will follow his treatment. Excision of enlarged tonsils, or more properly speaking morbid growths from the tonsils, was an operation rarely performed until Mr Yearsley proved its perfect safety. This operation he has performed upwards of 3,000 times without a single accident, or injurious consequence to the patient. The caviller, the septic of the results of this operation, should read the arguments and facts adduced in its favour by Mr Yearsley, in his work on 'Throat Ailments.' His success in the treatment of throat disease has brought him largely in connexion with the professors of music, and he is Surgeon to the Royal Society of Musicians, the Royal Society of Female Musicians, and the Choral Fund Society. We are indebted to him for many novelties in instrumentation; his modification of the tympanoïre, introduced by Sig. Fabrizzi, is so important as to supersede, even in the opinion of Fabrizzi himself, the original instrument; his speculum auris, as affording more ready means for manipulating down the passage of the ear, must take precedence of all others; whilst as a mere speculum it is undoubtedly inferior to that of Mr Wilde. His nasal probe for de-obstructing the nose in cases of thickened mucous membrane, or diminished calibre of the nasal passages from other causes, is a valuable little instrument, which patients themselves can use. His elastic tube and bottle, by which water or medicated fluids can be successfully introduced into the upper portion of the throat, the mouths of the eustachian canals, and the convolutions of the nasal passages, is found most useful in cases of ozena and disordered conditions of the mucous membrane.

Though last not least we would call attention to his ingenious instrument recently introduced, the *Acoemeter*, for measuring the degrees of deafness under which his patients suffer, an instrument called into existence by the necessity of some means of testing the degree of improvement effected by the application of the hydrated cotton, in cases of diseased tympana.

It must be admitted from all we have said, that Mr Yearsley does not allow the grass to grow under his feet, more especially when we record, that to the enterprise of that gentleman, the profession is indebted for the 'Medical Directory,' a work which has been justly designated the great bulwark of the profession against quacks and quackery. And here again we have to denounce the meanness and cupidity of the glycerine conspirators, in attempting to profit by every good idea which emanates from the brain of Mr Yearsley, for we see announced a New Directory upon precisely the same plan, and affording precisely similar information as the existing work, professedly called into existence under the plea of omitting the names, the titles and distinctions of homœopathic practitioners, and nevertheless dishonestly including them.

The origin of the 'Medical Directory' may be thus briefly recorded. At the social board of Sussex House, Hammersmith, sat the host Dr Forbes Winslow, Dr Tyler Smith, and Mr Yearsley. The difficulty of distinguishing the qualified from the unqualified practitioner became the theme of after-dinner conversation, and the remedy suggested by the host was the publication of an index of the names and addresses of the London practitioners. Before the

evening concluded it was decided to carry out the scheme; the three friends agreeing to contribute each his portion of the labour of compilation. In 1845, the work appeared, entailing upon its projectors a considerable loss. Two of the parties were unwilling to incur further responsibility, and left it optional or not with Mr Yearsley to continue the speculation, on his agreeing to relieve them from their liabilities. This he did, with a repetition of loss. But failure only stimulated him to greater exertions, and he undertook an extension of the work to the provinces under the title of the 'London and Provincial Medical Directory.' His enterprise now was crowned with success—a success which no rivalry, especially when distinguished by meanness and dishonesty, can disturb.

Recently, in connection with that work, and as a necessary appendage to it, has arisen, as we have already said, the 'Medical Circular,' of which, Reader, you are perusing the 27th number, and if you have not read those which precede it, we heartily recommend you to lose no time in doing so, for no better instance of the tendency of the mind of the subject of our sketch to useful objects can be adduced:

"Si monumentum queris, circumspecte."

Mr Yearsley is, in short, possessed of great energy and resolution, as his various undertakings in life prove; a sound judgment and a clear perception of what is required for success. He is not easily intimidated, and once embarked in an enterprise is the last to draw back. He has a facility also in communicating his ideas in a clear, vigorous, and popular style; a qualification that has given extensive currency to the several treatises he has published on 'Aural Surgery.'

One word more on the *morale* of our friend before we dry up our pen. He is a very good fellow—if he will pardon the phrase—hospitable, generous, and kind to all connected with him, either in the way of business or friendship. If his proudest moments are those when a patient through his skill is enabled for the first time for many years to hear with surprise the ticking of a watch, or engage in the pleasures of conversation, his happiest hours are as certainly those when surrounded by his collaborateurs and the cares of the world put under his feet, discourse runs joyously on the unparalleled prosperity of the 'Circular,' and the numerous advantages which our discerning and generous professional brethren have experienced from its establishment.

#### TO THE MEDICAL TRUSTEES OF THE NEW EQUITABLE (?) LIFE ASSURANCE OFFICE.

GENTLEMEN,—Many months have now elapsed since I first ventured to address you on the unfortunate association of your names with this scheme of a family and its clique for the promotion of their own sordid interests, under the specious pretence of advancing those of the profession. The warning I then gave you in no unfriendly spirit you have, I fear, fatally for yourselves, disregarded. In the meantime the catastrophe which almost every prudent and independent man in the profession—having a knowledge of the selfish and overbearing character, as well as the whole antecedents of its principal originator—foresaw has been rapidly approaching; and now the disrapture has commenced! Private and internal dissensions have blazed forth into public quarrels and denunciations. The approaching storm already darkens the horizon—the crew are in a state of mutiny—whilst the captain, having in vain pointed out the breakers ahead, and entreated that the ship's course might be turned, has abandoned the helm and fled in dismay from the ship and its mutinous crew, whose headlong course to ruin he can no longer control; in other words, that which has been often rumoured has come to pass, viz. Dr Robert Lee *has resigned the office of chairman* (after having refused to affix his signature to a proposed report), withdrawn from the direction, and finally, having in vain sought for a purchaser of his shares from amongst the public, he has sold them, at a fearful discount, to one of the clique, the notorious jackal of the originator! and he now awaits, with vain regrets at his folly in having joined the scheme, and in profound alarm at the pecuniary liabilities he has incurred, the com-



pletion of the three years during which his responsibilities are continued, although no longer a director or a shareholder.

Now Gentlemen, I ask you, with such facts as these before you, how you can reconcile it to your feelings as men of honour and independence to allow yourselves to be used as "decoy ducks" to this huge scheme of family aggrandizement? If the offices you hold in this company involved you in a fair share of its pecuniary liabilities, the whole affair would be a very different thing. You might then be justly left to follow the course of your own judgment, without let or hindrance from any one. But as your responsibilities are only moral, you are justly amenable to public question and animadversion. I therefore now call you, on behalf of those who may have been duped, by the association of your names with this scheme, into becoming share or policy holders, to investigate the truth of the statements made with respect to Dr Lec's refusal to sign the proposed report as well as the truth of the reasons assigned for his total withdrawal from the company, viz. that the expenses incurred and incurring are and must be, if persisted in, ruinous.

These reports may be false, or the worthy Doctor may be labouring under a delusion. But as they undoubtedly exist, it behoves you to satisfy yourselves as to their truth or falsity, and having made this investigation, then, according to the results of your inquiries, either to withdraw your names from the concern or publicly pledge yourselves to the solvency of the office and the soundness (to the best of your judgments) of the principles on which it is conducted.

And now, Gentlemen, rely upon it there is no medium course for you, as men of honour and independence, to pursue—you must either withdraw, or so for the future identify yourselves with this company as to be prepared, as men of honour, to discharge the pecuniary liabilities it may incur. With a watchful eye towards the course you may think proper to adopt, I remain, your true friend, SCRUTATOR.

#### LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

##### QUACKERY.

"Shall I give o'er,  
Nor ever fools or knaves expose,  
Either in verse or humorous prose?"—SWIFT.

"I say, we must not  
So stain our judgment, or corrupt our hope,  
To prostitute our past-cure malady  
To empirics." —SHAKESPEARE.

"Bad men its instruments, weak men its prey."

The object of the following pages is merely to bring together in a slightly-connected form a number of the good things of others, culled from the impartial field of general literature, bearing upon that pest of society, *Quackery*. 'Tis better and easier to endeavour to laugh some of its numerous dupes and victims out of so egregious a folly, than to attempt to argue or bully them out of it. Few, with their eyes only open to the fact, are themselves exactly disposed to become "the tool which rogues do work with, called a *fool*," for 'tis "by fools that knaves fatten; every knave finds a gull." And so, we trust that a little ridicule upon a really ridiculous subject may be attended by some good results.

The appropriate name *Quack*\* has been given to a large class of persons, bold in the assertions of self-conceited ignorance or brazen impudence, in allusion to those sage birds that give forth that chatteringly-boisterous sound, while "greatly daring," they protrude their noisy defiance and vain-glorious boastings into our very faces. But, though quacks and quackery are to be found in almost every pursuit, profession, and line of life, they flourish most luxuriantly around the thresholds of the sacred temples of *Æsculapius*; so much so, indeed, that this title of opprobrium is nearly

\* *Quack* (*quacken*, Dutch, to cry as a goose or duck); to chatter boastingly, brag loudly, talk ostentatiously. A *Quack*—a boastful pretender to arts which he does not understand, as to physick; one who proclaims his own medical abilities in public places; an artful, tricking practitioner in physick. *Quackery*, mean or bad acts in physick.—JOHNSON'S DICTIONARY.

altogether confined to the impudently-ignorant pretenders to medical science. "For, if physic be a trade, it is *the* trade of all others the most exactly cut out for a rogue." These worthies are of Sganarel's opinion, in Moliere's 'Mock Doctor,' that "physic is the best trade of all, whither they do good, or whether they do harm. They are always paid after the same rate; they may spoil a man without its costing them anything. The blunder is not theirs—the fault is always in him that dies. In short, the good of this profession is, that amongst the dead there is an honesty, a discretion, the greatest in the world. You never find them complain of the doctor that killed them."

The character of the quack is thus quaintly but truly given by one of our good old writers:—"A knave is like a tooth-drawer, who maintains his own teeth in constant good eating by pulling out those of other men. He is an ill moral philosopher, of villainous principles and as bad practice. His tongue and his heart are always at variance, and fall out, like rogues in the street, to pick somebody's pockets. They never agree, but, like Herod and Pilate, to do mischief. His conscience never stands in his light, when the Devil holds a candle to him, for he has stretched it so thin, that it is transparent. He is very skilful in all the mechanics of cheating, and the mathematical magic of imposture. He will outdo the expectations of the most credulous, to their own admiration, as well as their undoing. He is like a pike in a pond, that lives by rapine, and will sometimes venture on one of his own kind, and devour a knave as big as himself. He will swallow a fool a great deal bigger than himself."

England has been well called by a German writer of eminence "*the Paradise of Quacks*," and truly, the inference must follow, that it is also the "*Ship of Fools*," for where the carcase is, there only will these vulture-ducks be gathered together. The celebrated Dr Mead, once passing the booth of a quack, in one of the most frequented London streets, asked its proprietor, as he stood in his doorway, how it was that he (Dr M.) with his diploma in his pocket, and his acknowledged learning, could scarcely obtain a single patient, while he (Mr Dosewell) had merely to advertise his nostrums and panaceas, and multitudes flocked to him, eager to purchase. "How many persons," replied Mr D., "have, do you think, passed by during the last five minutes?" "May be one hundred," said the doctor. "Well, then, ninety-nine of them are fools, and come to me, and one wise man falls to your share." Wherever these glorious ninety-nine are not to be met with, "Despairing quacks with curses fly the place."\* Well may we say with that "shrewd and knavish sprite," Puck, "Lord, what fools these mortals be!"

John Bull is well known to be a most *gullible* as well as *gulo*se animal; the capacity of his swallow is immense, and the quantity of pills and potions and such like, that he will gulp down, is to be exceeded only by the quantity of solid beef and pudding that he can cause to disappear in his cups of beer. The latter, indeed, he knows to be "right good stuff," the former, he cares not of what ingredients it consists, consoling himself with the reflection, that

"Where ignorance is bliss, 'tis folly to be wise;"

Pliny justly observes, "*Minus credunt quæ ad suam salutem pertinent, si intelligunt*,"—and the remark of Tacitus, "*Omne ignotum pro magnifico*," has now become a very proverb. Or, even should his optics be opened, and in some "lucid interval" he should fancy that the "nauseous draught" is some vile trash that will rather kill than cure, he still dribblingly drenches himself with the now perhaps daily dose, humming to himself, as the wry face gradually passes off,

"And sure the pleasure is as great  
In being cheated, as to cheat;"†

So true is it, that

"Man hates realities, and hugs the cheat,  
And still the only pleasure's the deceit;

or, again, as Hudibras tells us,

"The world is generally aver-e  
To all the truths it sees and hears,  
But swallows nonsense and a lie,  
With greediness and gluttony."

To be continued.



## CORRESPONDENCE.

## CORONERS' FAVOURS.

*To the Editor of the 'Medical Circular.'*

SIR,—I have been perusing the letter and editorial remarks under the head "Coroners' Favours," and it has suggested to me the question, Who pays the expenses of Coroner's Inquests? and who regulates the number of witnesses, and the amount of expense to be incurred in each inquiry? This question, however, might perhaps be answered by the more simple one of Under what Act of Parliament does the Coroner hold his court? For if the country "pays the piper," and the Coroner has the authority in every straightforward case to order a *post-mortem* and two guineas to a medical friend, I think the sooner some wholesome restraint is put upon Coroners' power the better; for I say it is quite preposterous in many cases—I should say in one-half, and the present for instance—to pay two guineas for a *post-mortem*, when every particular could be easily furnished by the family and medical attendant to satisfactorily register the exact cause of death, which is always the point at issue.

For my own part I would even go further; and in such plain cases as the present, I would dispense with an inquest, by making it compulsory on the medical man to swear to the correctness of his certificate before the Registrar of the district, which oath would be a sufficient guarantee against the possibility of any medical gentleman giving an informal certificate at the earnest entreaty of the friends of the deceased (to spare the publicity of an inquest), who probably might be good patients to him.

Were this the case, and inquests only held when the cause of death was uncertain, and then as a protection against violence and secret assassination, which I presume was the original object, Coroners' profits and patronage would sadly decrease, and no lucky friend or acquaintance of a Coroner would be enabled to pay his rent out of the two-guinea *post-mortems*.

But this would not be all. Might I ask you, Mr Editor, to attempt a calculation of how many thousands a year this would save Government, or what other channel furnishes the funds.

With regard to medical evidence, it is quite certain some general rule should be laid down, and that not at the suggestion of parties interested, but by those capable of judging and having no interested motives to influence their decision; for instance, I would have it explicitly defined in what cases *post-mortems* should be necessary. Secondly—who should make them? Whether the medical attendant, the surgeon nearest the spot (or the house where the court is invariably held), or one in rotation from the College list. Thirdly—Whether or no the medical attendant should be considered a necessary witness; for I say, as at present, it is a disgrace that the evidence of the regular attendant should be left out, as doubtless one whose statement and opinion would be the least worthy of belief. It is a personal disgrace to each member of the profession, as is likewise the system of giving *post-mortems*; and I am sure no medical practitioner, having any pretensions to either honourable or courteous behaviour, would accept the task which frequently takes from a professional brother his undoubted right, and makes himself a spy and a witness either for or against him.

If a few general rules, such as I have humbly suggested, were made applicable to usual cases, it would soon do away with the favours complained of, and, besides giving us our rights, would leave no room for complaint or secret jealousy one against another.

In conclusion, I will merely add, that if I have handled this subject ignorantly, it is from my ignorance of Coroners' law; but the sentiments that I have expressed occurred to me on the perusal of the correspondence in your 'Circular,' and those sentiments I shall adhere to until conviction is brought home by some one who will point out the error of my judgment and the perfection of the present system.—I am, &c.

INQUIRER.

London, 21st Dec., 1852.

*To the Editor of the 'Medical Circular.'*

SIR,—I perused your correspondent's letter, "Coroner's Favours," and, in expressing my own wish, doubtless express that of many of my professional brethren, viz., that as poisoning by tartar emetic is so very unusual, Mr Fenton should publish in your valuable paper the symptoms, together with his treatment, and that the gentleman who made the autopsy should favour us with the result of his *post-mortem*, which would be more edifying, and have far more beneficial results, than attempting to make a Coroner give up his patronage.

Should these gentlemen kindly favour us with their information on the case, I, as one still a student, beg to offer my best thanks.—I am, &c.,

AN OLD PRACTITIONER.  
Westbourne grove, 23rd Dec., 1852.

## MEDICAL NOTES AND QUERIES.

## QUERIES.

*Tapeworm.*—Can tapeworm be destroyed by the application of Prussic Acid to a portion of its structure?

In connexion with the above query I enclose the following extract from a newspaper of 1824; and beg to call the attention of your intelligent correspondents to this very interesting subject.

T. M.

11th December, 1852.

"The Effects of Hydrocyanic Acid on the Tapeworm.—A young child, three years and a half old, was found to have the tapeworm (*tænia lata*), for which Dr Gelnecke, of Stettin, employed the following treatment with success:—He commenced by allowing the child to eat, for two hours, as many strawberries as he liked to take, with which he soon afterwards passed by stool several pieces of the worm. D G. says, that in many cases he had derived great advantage from giving strawberries in cases of *tænia*, and that on one occasion he produced the discharge of more than twenty ell's of this worm. Three days after having taken the strawberries, the child took, at six in the morning, one ounce of castor oil; at half-past six, at seven, and half-past seven, five grains each time of the powdered male fern root; and at half-past eight another ounce of castor oil. Then very copious feculent evacuations followed, and with them about ten inches of the tapeworm were expelled. The child was put into warm water, and the worm laid hold of. They then put some hydrocyanic acid on about four inches of the worm, which made a great struggle to get again into the rectum, but as it was held strongly, it could not, and about an ell and a half more came out: in about another half hour the child had another copious evacuation of feculent matter, with which the worm was completely discharged, then quite dead. The end of this worm was as if twisted, and of a great size; its head was rather of a reddish colour, and about the size of a grain of wheat."

## Obituary.

October 23—ROWLAND AGAR, Esq., Staff Assistant Surgeon, at Tangalle, Ceylon. The deceased was stationed at Hambantotte, but having for a long time suffered from fever, was advised to change his residence, but while on his way to Galce expired.

November 8—HENRY DEANE, Esq., Assistant Surgeon of the Bombay Army, at Bombay, having been employed in the service nearly five years.

10—PETER GRAY, Esq., Surgeon of the 2nd Battalion Artillery, at Fort George, Bombay. The deceased was the son of a well known and much respected Scotch clergyman, of Bombay, entered the service in 1831, and in 1846 became Surgeon to the Marine Battalion, and afterwards received his army appointment. He was admired for his intelligence by those who knew him, and not less beloved for his kindness and affability. A wife and large family are left to lament the loss of a husband and father, who, as years rolled on had become increasingly dear to them.



Through the decease of the above, C. R. O. Bloxham, Esq. senior Assistant Surgeon to the 2nd Grenadier Guards, and who has been engaged in the service thirteen years, will, obtain his Surgeoncy.

Dec. 2.—**WILLIAM WILLIAMS**, Surgeon, of Llandover, South Wales, aged 65 years. The deceased was a student at St Bartholomew's Hospital, under Abernethy, and a favorite pupil of Brookes, for whose lectures he often prepared anatomical demonstrations. He received his diploma from the Royal College of Surgeons in 1810, and subsequently passed the Army Board with the intention of joining the troops engaged in the Peninsular war. The death of an old established practitioner at Llandover, changed the bent of his inclinations, and he relinquished the prospect of military service for the less stirring but equally arduous duties of a country surgeon. During more than forty years with unwearied devotion and energy he exercised his profession among the wild hills and valleys of his native land, frequently travelling twenty or thirty miles a day on horseback, a mode of conveyance which he retained to the last. In 1835 he fell and fractured the neck of the thigh bone, according to his own opinion, within the capsular ligament, although after two months' rigid confinement upon Amesbury's fracture bed, his recovery was complete. Could his view of the ease have been verified by a post-mortem examination, it would have supplied an interesting fact in surgical experience. With the exception of a few papers on difficult operations communicated to various medical journals, his avocations left him no leisure for authorship. Still his ardour in literary and scientific research continued through life, unabated by mental or physical exhaustion, and unimpaired by the approaches of disease and age. At length exposure to the night air of a damp climate brought on attack of spasmodic rheumatism, accompanied with diseased heart. He persevered however in the labours of active practice, assisted by his son, until six weeks before his death, which was ultimately caused by effusion of water on the chest. His memory will be long cherished with reverence and affection by his family, and with respect and esteem by his patients and friends.

24.—**SAMUEL BARWICH BRUCE**, M.D., M.R.C.S. 1814, and L.S.A. (of Ripon, Yorkshire), at Victoria square, Grosvenor place. The deceased was born January 8, 1786, the second son of Mr Barwich Bruce, and grandson of the Hon. J. O. Bruce, of Gartlett, Clackmannan, who was for some time Judge of the Court of Common Pleas in Barbadoes. Dr. Bruce entered the service in 1804, served under Nelson in 1805; was present at the capture of the Danish Islands of St Thomas, St John, and St Croix, in 1807, at the siege of Fort Desaix, Martinique; the capture of Les Saintes, Guadaloupe; the bombardment of the French fleet in 1809; the capture of Guadaloupe and adjacent Islands in 1810. Dr Bruce took part in the Peninsular war in 1813; the American war in 1814 and 1815; and was present at the seven actions before New Orleans, and at the capture of Fort Boyer; also in the Netherlands under Wellington, at the battle of Waterloo, and the capture of Paris. The deceased was many years Surgeon to the Ripon Dispensary; the Government Inspector of Mills and Prisons for the Ripon District. He was a Fellow of the Royal Medical and Chirurgical Society, and a Member of the London Society. He died suddenly after an apoplectic seizure, on Friday, the 24th December, having nearly reached the age of 67. Dr Bruce was greatly distinguished in his profession, and much esteemed by his friends, who will sincerely deplore their loss, more especially as his death was so unexpected.

### MEDICAL NEWS.

**ROYAL COLLEGE OF PHYSICIANS.**—At the quarterly meeting of the Comitia Majora, held on Wednesday, Dec. 22nd, the following gentlemen, having undergone the necessary examinations for diploma, were admitted Members of the College:—Dr Snow Beck, 9 Langham place; Dr Robinson, Newcastle-upon-Tyne; Dr Whitley, 33 King street, Borough. Also, Dr Powell, The Mauritius, was admitted an Extra-Licentiate.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 23rd, 1852: John Lock Bailey, Cambridge; John Wickham Barnes, Bath; Henry Bullock, Reading; John Davison, Wolsingham; James Sherwood Dodd; William Henry Folker, Oxford; Peter Pinyon, Ashburnham, Sussex; John Augustus Sommers, Liverpool; George Terry, Northampton; Thomas Wild, Ramsbottom, Lancashire.

**ROYAL COLLEGE OF SURGEONS.**—The additions erected upon the site of Alderman Copeland's extensive premises are all but completed, and will soon be ready for the use of the members. By these improvements the Library and the Museum of Anatomy will be greatly enlarged.

**EPIDEMIOLOGICAL SOCIETY.**—At the ordinary meeting to be held on Monday, January 3rd, 1853, at the house of the Royal Medical and Chirurgical Society, 53 Berners street, at half-past eight P.M., a paper "On the Relations of Vaccination and Inoculation to Small-pox," by Dr Waller Lewis, will be read.

**THE COLLEGE PETITION.**—A very pretty song, having this title, has been just published by Purday, St Paul's churchyard, the profits accruing from the sale of which are to be applied to the support of the "Medical Benevolent College." We can assure our readers that the air is simple and sweet, and accompanied with very suitable verses. This song should be a prime favourite of every son and daughter of Esculapius.

**CENSUS OF THE UNITED STATES.**—The population of the United States has increased 337 per cent. during the last fifty years. In that same period the population of France has increased but about thirty per cent. The population of the United States is now increasing at the rate of about three per cent. per annum, while that of all Europe is increasing at about the rate of one per cent. per annum. The census returns indicated that, of 24,000,000 of people, only 2,250,000, or less than 10 per cent., were born in Europe—or, in round numbers, 1,000,000 in Ireland, 500,000 in Germany, 250,000 in England, 100,000 in Scotland and Wales, half as many in France, 150,000 in Canada, and 100,000 in all other countries. Of the total population the deaf and dumb are 9,717; the blind, 9,702; the insane, 15,768; the idiotic 15,706. Of these the coloured deaf and dumb are but 632; coloured blind, 1715; coloured insane, 612; coloured idiots, 1476. That is to say, the coloured persons afflicted with these various infirmities are fewer in proportion to their numbers than the whites. Of paupers the census reports only 134,972 as having received public charity during the year preceding June, 1850, and only 50,353 as actually receiving a subsistence from the public on the 1st of June in that year. Of these nearly three-fourths (36,916) were natives.

**THE LIABILITY OF MASTERS TO PAY FOR MEDICAL ATTENDANCE.**—Penrith County Court, Wednesday, 16th December. Before T. D. Ingham, Esq., Judge. Drs Jackson and Wickham v. Nelson.—In this case the plaintiffs are Drs Jackson and Wickham, of Penrith, surgeons, and the defendant, Mr Nelson, of Hornley Hall, a farmer. The action was brought to recover a bill for attending defendant's servant. Mr Bleaymire appeared for the plaintiffs, and Mr Harrison for the defendant. Joseph Wickham, M.D., on being sworn, said he was requested by defendant's servant, who came to his (plaintiff's) door with a horse all covered with foam, to go immediately to defendant's servant, who was killed to all appearances, if not killed outright. He (Dr W.) attended him until he was better. He saw Mr Nelson, and he (Mr N.) sent his servant for more medicine; almost every time he (Dr W.) went, he (Mr N.) was present, and asked him invariably when he was coming again. Plaintiff farther stated that his partner, Dr Jackson, had met the defendant, and told him that he (Dr J.) thought that he (defendant) was liable to pay the bill; but Mr Nelson thought that the parish, or, in fact, anybody but himself, might pay it. Henry Jackson, father of the boy, had seen Mr Nelson after the accident, who said that a medical man had been there, and that he would take care the lad



wanted for nothing. Mr Harrison said the boy was well attended to. Mr Bleaymire thought that Mr Nelson might as well say that the parish ought to pay for the attendance in the house, as for the attendance of Dr Wickham. Mr Harrison then quoted the authorities to which he had previously alluded, viz., *Connaught v. Thompson*, *Sullivan v. Norman*, *Cardigan and Payne v. William Smith*. His Honour remarked that a case of this kind depended in the first instance upon the orders given by the master. Dr Wickham: Your Honour, it would make no difference to me who gave the order; in a case of that kind I would be compelled to attend under any circumstances. Judge: Yes, I am quite aware of that, Dr. Wickham; but it is a pity you did not send in your bill sooner. Defendant said he was not at home when the accident happened. He frequently saw Dr Wickham during the time he was attending his servant; however, he never gave him any reason to suppose he would pay for his attendance. If Dr Wickham had said that he expected him (defendant) to pay, he would immediately have called his own medical man. His Honour took time to adjudicate.

[There is not a class of professional men more hardly used than medical men. Dr Wickham must rise out of bed, or from a comfortable nap on the sofa, when Mr Nelson's servant galloped up to his door with the information that a boy had been killed. He must use up his horse-flesh in galloping to Hornley Hall. He must take every pains to save the boy from the death which, without medical aid, awaits him. The lad recovers, and the master pays him two half-year's wages, but the poor Esculapius who has used up both his own flesh and that of his steed, is entirely forgotten. If the master did not think himself liable, why not mention the circumstance to the boy when he paid him his wages? However, it appears to us that there are some parties who look upon doctors as very useful men in certain cases, but never take the doctor's drugs, attendance, and horseflesh into account; doubtless regarding their services as so good, and so nearly allied to that of blessed spirits, that if they don't pay them God will.]—Reporter's note, extracted from the 'Kendal Mercury,' Westmorland.

[We shall be glad to be made acquainted with the judge's decision, to complete the case. Masters are not required by law to pay for attendance on their servants, domestic or otherwise, unless they gave a special order, or a distinct admission of liability was made in a manner that could not be disputed—as, for example, before witnesses.—Ed. 'Medical Circular.']

**DR FITCHE'S ABDOMINAL SUPPORTERS.**—We have lately had submitted to our inspection the above useful invention. It is constructed on scientific principles, and appears to be peculiarly adapted to the purposes for which it is designed. It can be worn not only without discomfort, but with real pleasure. We would especially recommend it to the notice of the profession, as well as to those of the public requiring such support.

**FRENCH MEDICAL STATISTICS.**—The *Gazette des Hôpitaux* states that in France there are 11 217 physicians, 7,221 *officiers de santé*, and 5,175 *pharmaciens*. These numbers give one medical attendant for every 1,940, and one *pharmacien* for every 6,914 of the population. What is singular is, that the richer departments have fewer doctors than the poorer; thus, in those of the north, there is one practitioner for every 2,496 persons, while in the south there is one for every 1,619. It is still more singular, that there are nearly 600 towns or communes with populations varying from 2000 to 8000 souls, which have neither medical practitioner nor *pharmacien*.

**HANDSOME TESTIMONIAL TO ROBERT STARLING, ESQ.**

Kent, to hand him a very handsome present of plate, of the value of upwards of 120*l.*, subscribed for by his neighbours and friends, as a mark of their high opinion of his professional talent, and private worth. The party afterwards sat down to a splendid dejeuner, provided by Mr Starling, and

the whole of the proceedings were conducted and terminated in a manner highly agreeable and flattering to all present.

**NORFOLK COUNTY LUNATIC ASYLUM.**—Dr Foote, Assistant-physician to the Wilts County Asylum, has been appointed Resident-physician to the Norfolk County Lunatic Asylum.

**DR R. D. THOMSON.**—GLASGOW TOWN COUNCIL, Dec. 23, 1852.—A recommendation was submitted from the Committee on the Churches, to the effect that the Council should pass a vote of thanks to Dr R. D. Thomson, for the important services he had rendered to the public, in having been the original projector of the record of births, marriages, deaths, and causes of deaths in Glasgow, and having furnished, with considerable trouble to himself, meteorological observations to be published with the reports. The recommendation was very heartily adopted.

**APPOINTMENTS.**—Dr Wadham, Physician to the St Marylebone General Dispensary, was elected, on the 23rd Dec., Assistant-physician to the Hospital for Consumption and Diseases of the Chest.

### NOTICES TO CORRESPONDENTS.

**Q.Q.**—We have made a special complaint to the authorities at the General Post Office, respecting the charge of 1*d.* which has occasionally accompanied the delivery of the 'Circular' to some of our Town Subscribers, all of whom we beg to assure that the blame does not rest with us, the regulations of the Post Office having in every instance been complied with. It has arisen entirely from the negligence of some of the officials, but we are assured that it shall not occur again. Should it, however, prove otherwise, our subscribers will oblige by paying the 1*d.* and immediately communicating with us, when we will call the attention of the Post-office authorities publicly to the matter. We beg to thank Q.Q. for his kind and polite letter.

*To the Editor of the 'Medical Circular.'*

**SIR,**—I have read with inexpressible pleasure the announcement of your intention to grapple with and expose the gang of vile Jew Quacks who infest this metropolis. Your self-imposed task is indeed noble! but at the same time most arduous, and even gigantic, so deep-rooted is this monster evil. However, the endeavour alone must earn for you the thanks of every honest man, whilst, should your attempt meet with success, it is no exaggeration to say, you will merit a nation's thanks. For if, as we are told that in barbarian times of rude magnificence and public virtue, he who saved the life of even one of the humblest of Rome's citizens was deemed worthy of a civic crown, what ovation shall not he, in these days of civilisation and intelligence, be deemed worthy of who shall succeed in uprooting and utterly destroying the fearful system of fraud and terrorism hitherto so shamefully and successfully carried on by the Perrys, the Curtises, the Brodies and others equally notorious and not less infamous?—a system which carries its MORAL poison throughout the whole kingdom and into the very centre of our family circles by the too complaisant or venal assistance of the public press. A system which, by thus bringing into our homes the class of advertisements on which it thrives, at once grossly outrages the modesty of our wives and daughters. A system which, in too many instances, lures and consigns our youths to a premature death, the victims of a loathsome disease. A system which, in other instances has been known to inflict madness on those who have unfortunately believed the horrid descriptions and denunciations contained in the so-called "Works" of these miscreants. A system which has in other cases, from a like credulity, doomed too many victims to a LIVING DEATH, more hideous and terrible than even madness, and more hopeless than death in reality.—Nay, so boundless has been the despair of some of these unfortunates that there is too much reason to fear they have even sought relief from their imaginary diseases in a suicide's grave. Such, Sir, is an imperfect epitome of the consequences of the system you have undertaken to expose, and which I trust you will utterly exterminate. But patent as these consequences are, the schemes of the quacks are so completely organised that, as I have already remarked, the attempt to uproot it is gigantic. You must consequently not merely appeal to the members of the medical profession to aid and second your noble intentions, but you must also claim the general co-operation of the public, and further evoke the able advocacy and assistance of that honourable portion of the public press who have already shown their sense of this nuisance by excluding this class of advertisements from their columns. This is no class or purely professional question; it is, on the contrary, one involving the highest considerations of public morality and health; consequently it will be, in my humble opinion, a fatal error to restrict its discussion within the comparatively narrow bounds of purely medical considerations. The subject is not even solely one of universal interest, as far as our own country is concerned; it is one of wide-world interest and importance, as I shall have occasion in some future communication to show, when referring to the almost incredible extent of advertising pursued by these vagabonds, both in our colonial possessions and in foreign countries. As it is my intention, should you think this communication worthy of a place in your columns, to give your readers a full history of the past career of these impostors, together with an account of their



mode of operating on the fears of their dupes, in order the more completely to fleece them, I shall conclude this letter by respectfully suggesting to you some points which I venture to think will be found essential to the successful conclusion of the campaign you have announced against the self-created M.D.'s, "consulting surgeons," and so forth. Now, Sir, there is not one of these men who are legally entitled to assume the distinctive titles of M.D. or Surgeon; and there is only one of them that has the slightest grounds to hold himself out as a medical man, in consequence of being a member of the Society of Apothecaries. Whence then arises the marked success, in a pecuniary sense, of these arrant quacks, seeing that, with the exception of one of them, they have not the slightest pretences whereon to found a claim to be considered other than base pretenders to medical knowledge and titles? Why, the mystery is solved in a few words. Their success (pecuniary) is the sole result of their continued system of wide-spread advertising; therein lies the whole secret of their successful career of imposture. Now, if you would expect a triumphant termination to your war with this frightful evil, you must convert the means which they so adroitly employ to have credulous dupes into "consulting" them into an engine for their destruction. Thus, as they address themselves in their advertisements, to "Parents and Guardians," and to all classes labouring under any one of the diseases the pretended use of which is made the basis for their frauds and exactions, so must you, by advertisements addressed to the above classes, through the medium of the newspapers, call their attention to the exposure you intend to make of this vile system of imposture. I therefore say to you, ADVERTISE! ADVERTISE! In whatever newspaper you may see their advertisements, be it your care that one of the "Medical Circular," announcing the exposure of these men, is also inserted, so that the bane and antidote may be in juxtaposition, and the suffering public thus have at least a chance of escaping from the fangs of these miscreant quacks.—I am, &c.,

AN ENGLISH PICKFORD.

Mr Wm. THOMPSON.—Your inquiry has been already answered, so far as our information will enable us to do so. Ninety-eight Assurance Offices have closed during the last seven years; but we cannot tell whether the office named is in a solvent condition or not. We repeat that the New Equitable was formerly known as the "Industrial Sick," and grew so very sick, at the time, of what the late Theodore Hook called a consumption of the chest, that it quickly gave up the ghost, leaving behind it the memory of a very bad repute, which it is not likely lose in its new avatar as the "New Equitable." Dr Robert Lee has resigned his office in the New Equitable, at a great sacrifice of money.

MEDICALS, M.R.C.S., &c.—These and several other gentlemen, some of whose communications are inserted in this number of the "Circular," have written to us with reference to Mr Wakley's omission to summon the attending surgeon at inquests, and his practice of giving the duty of performing the *post-mortem* to other practitioners. We have already condemned this most injurious and insulting custom, and are glad to find that our sentiments meet with so ready a response. We are unable, however, to publish all the letters on the subject that we have received.

M. B. LOND. sends us the following quizzical rhymes on the Lizars v. Syme quarrel:—

Quoth Lizars to Syme, "You're a butcher outright,  
To cut for a stricture you say you go through."  
"Your strictures," cried Syme, in a rage, "are so tight,  
That if you're not civil I'll quickly cut you!"  
Then Lizars, affrighted, the lawyers consulted;  
They laughed at the joke, and Syme was not mulcted.

JUVENS.—The salt of sorrel is the super-oxalate of potash. "Formation" is a term used to describe a sensation resembling the bite of an ant. It is a symptom of an eruptive disease.

W. C., M.R.C.S.—If you will kindly draw up your case of Bulimia in terse language, we shall be able to find room for it. Dr Mortimer has related a case in the philosophical transactions of a boy who had so ferocious an appetite that he actually ate his own flesh—a self-consuming cannibal. He managed to fill his stomach with 64lbs. of food a day; but he did not retain it long. Another case is related by M. Fournier of a youth who could eat in twenty-four hours a quantity of beef equal to the weight of his own body, and he once devoured, in seven minutes, a dinner prepared for fifteen Germans. A few such men would breed a famine. The excessive sweating observed in your case is not unusual. Much of the excess of food is eliminated in this manner.

A SUFFERER.—Avoid the whole trifle of "Silent Friends." None of the fellows are members of any of our medical or surgical colleges. It is our intention to commence the New year with a series of original articles, which we flatter ourselves will inflict a death-blow on this monster evil.

\*\* The following brief account of two idiots has been forwarded to us by an esteemed correspondent:—John and Sarah Wynch, five children, two of them, boys, are deaf and dumb—in fact, unclean idiots. They have very large heads, and are of short stature. The eldest, nine years old, has the head of an old looking man, with a sort of down or soft hair on the upper lip and chin, long whiskers, and thick short hair all down the spine. His head is twenty-one inches in circumference; nineteen inches and a half from the root of the nose to the first cervical vertebra; thirteen inches and three quarters from one ear to the other across the head. His height is three feet six. The other boy is seven years old, deaf, dumb, and an unclean idiot; hairy like his brother, but does not look quite so old. His head measures twenty inches in circumference; eighteen inches across from the root of the nose to the first vertebra; and twelve inches and three quarters across the top of the head, from ear to ear. His height is three feet four inches. They are well formed in other respects. The mother had

one boy born before these, perfectly intelligent and well-formed, and has had two since, natural in every respect. W. COLLINS.

Harlow, Dec. 21, 1852.

Dr H. D. SMITH.—You are in error with respect to the communication referred to. It was printed almost *verbatim* from your own MSS., as you will find if you have retained a copy. Nothing important was omitted of the nature alluded to: and the alterations requested by private note were duly made. At the same time it must be understood that we exercise a discretion on these points.

#### To the Editor of the 'Medical Circular.'

SIR,—Will you be pleased to notice in the forthcoming number of the 'Medical Circular' for the new year, the position in general of the Poor-Law Medical Officer in England,—the average amount of salary, the mode of payment, and the proportion of it paid (if any) out of the consolidated fund. Anticipating a wide-spread circulation in Ireland of "a medical journal permanently enlarged without increase of price," and that too without prejudice to our own excellent "Press," I, as a member of a body anxious to promote the honour and dignity of the profession in Ireland, in the persons of the medical officers of the institutions established under the lately enacted Medical Charities' Act, will feel obliged for the above information, with the view to make use of it, if necessary, in any step that we may take to better the condition, in many instances very anomalous, of the aforesaid officers.—Your compliance will much oblige your obedient servant,

A Member of the Standing Committee on Medical Charities in Ireland.

[1st. With regard to position, the medical officer is subjected to a board of guardians elected by the parishioners in vestry, with a right of appeal to the Poor-Law Board. He is thus obedient to two powers, and rarely gets justice from either. The board of guardians grind him down to save the rats, and the Poor-Law Commissioners grind him to keep on good terms with the guardians. 2nd. The salary varies from 3d. to 14s. per case, is sometimes paid by contract, and sometimes by case. There is no uniformity. 3rd. About 70,000*l.* a-year are paid for salaries out of the consolidated rate.—Ed. 'Med. Circular.']

MR BERNARD CONWAY (Leamington Spa).—Erasmus Wilson's 'Treatise,' Burgess's 'Translation of 'Cazenave,' and 'Schedel's' work, Neligan's work, &c.

MR ROBERT C. BROWNE (Tamworth), J. BLACK, M.D., &c.—Communications received, with many thanks for good wishes.

DR HENRY BENNET—communication received

ANTI-ALL-HUMBING.—We inserted in "Medical notes and queries" of last number so much of your letter as can be published with propriety in that department. Your suggestion that "Somebody should try an action in the County Court against Allsopp and Co. for defective measure," is good—and why not do it yourself? Buy a quart bottle of bitter ale and take it into court in evidence. Follow up your precept by example, and we shall be happy to record the issue.

DR EVANS.—We are not in the habit of inserting in our journal letters previously published in other journals unless they should possess general interest. We regret that in the present instance we cannot comply with Dr Evans's request, but shall be happy to publish any communication from him on the subject referred to, which he may be disposed to forward to our office.

(A correspondent has sent us the following statement of the depressed condition of the medical officers acting under the Medical Charities' Act in Ireland.)

#### To the Editor of the 'Medical Circular.'

Such is the destruction wrought on the medical staff of dispensary officers of Ireland by the modus operandi of the Medical Charities' Act, that in justice to our families, we must deny ourselves even the solace of a medical journal. The salary—for which I must work night and day, keep a horse, pay a groom, and be my own compounder, bleed, cup, extract teeth and children—is, what think you? just 55*l.* per annum. Comment would be superfluous.—I am, &c.,

V. McS., M.D., Medical Officer of the Dispensary Department under the Medical Charities' Act.

Co. Cork, 8th Dec. 1852.

#### To the Editor of the 'Medical Circular.'

SIR,—Why do the Court Guides distinguish the physicians and not the surgeons? They place the physician A. B., M.D., but the Surgeon, A. B., Esq. I consider, with many of my brethren, it should be A. B. Physician, A. B. Surgeon, or else esquire them both. In looking over our Medical Directory I find such a variety of the M.D. order, from all parts of the globe, that it is too bad. I may farther remark that our country is the only one where we have the tonialism of cash. In all other countries we have an universal examination, an universal degree, an universal title.

Dec. 12, 1852.

I am, &c., N.

M. S. DREW (Northampton).—Your letter came too late for insertion in this number, but shall appear in our next.

M.R.C.S. (Paddington).—Letter received, and shall be attended to.

P. L.—We can strongly recommend Mr Hooper's invalid mattresses and cushions.

COMMUNICATIONS RECEIVED.—J. Cruickshank, Esq. (Edinburgh), J. Still, Esq. (Glasgow), Dr Bryant (Finchley), D. Macintyre, Esq. (New Pittsigo), J. Langdon, Esq. (Bampton), Dr J. Smith (Newcastle, Ireland), H. Williams, Esq. (Thrapston.)



## MR HOOPER'S IMPROVED INVALID WATER, OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See 'THE LANCET,' Jan. 25, 1851.)



**CUSHIONS for BED-SORES**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

JOHN HARVEY, NEPHEW AND SUCCESSOR

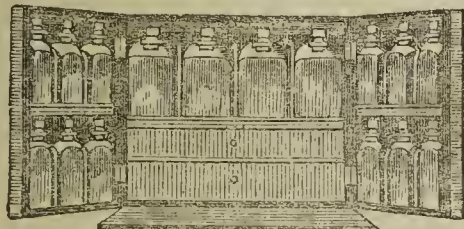
TO THE LATE

**ANDREW SPRINGWEILER,**

No. 2 Duke street, Smithfield, London.

### Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament. EMIGRANT CHESTS, &c. for all Climates.

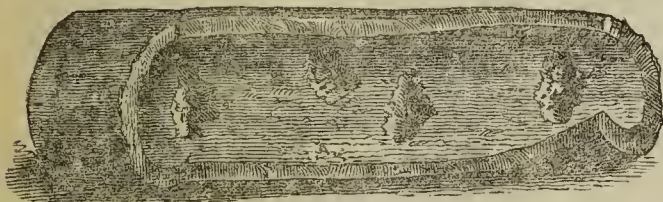


Chemical and Plate Chests, Toilet, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c. &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

It having been reported that the business has been removed, J. H. begs to inform the Medical Profession that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

### WATER POISONED BY LEADEN PIPES.



Section of a Lead Pipe taken up from a well on the grounds of Mr Dick, of Bonchurch, Isle of Wight. Vide 'Expositor,' Aug. 7, 1852.

### Durability of Gutta Percha Tubing.

—Many inquiries having been made as to the Durability of Gutta Percha Tubing, the Gutta Percha Company have pleasure in giving publicity to the following letters from parties who have had it in use for a considerable length of time.

FROM SIR RAYMOND JARVIS, BART., VENTNOR, ISLE OF WIGHT.—Second Testimonial.

March 10th, 1852.

"In reply to your letter, received this morning, respecting the Gutta Percha Tubing for Pump Service, I can state with much satisfaction, it answers perfectly. Many Builders, and other persons, have lately examined it, and there is not the least apparent difference since the first laying down, now several years; and I am informed that it is to be adopted generally in the houses that are being erected here."

FROM C. HACKER, ESQ., SURVEYOR TO HIS GRACE THE DUKE OF BEDFORD, WOBURN PARK.—Second Testimonial.

Office of Works, Woburn Park, January 10th, 1852.

"Gentlemen,—In answer to your inquiries respecting the Gutta Percha Tubing for Pump Suction, I find that the water has not affected it in the least, although it will eat lead through in two years; we have adopted it largely, being cheaper than lead, much easier fixed, and a more perfect job."

N.B. The Company's Illustrated Circulars, with instructions for joining Tubes, &c., and for securely attaching Gutta Percha Soles, will be forwarded (post free) on receipt of three postage stamps.

THE GUTTA PERCHA COMPANY, PATENTEES,  
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VICHY, and other Mineral Waters. ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial Patronage.

The success which Struve and Co.'s Artificial Mineral Waters have obtained, owing to their perfect identity with those of the natural springs, has induced several parties to imitate their Labels and Stamps, to buy up their bottles and fill them with spurious imitations, selling them under the general name of "Brighton Seltzer," "Brighton Fachingen," &c., an analysis of some of which has shown an utter disregard to their true chemical composition, and a total absence of iron in the professed chalybeates. They therefore respectfully request the public to observe carefully that the name of "STRUVE," is on the label, as well as on both sides of the Red Stamp, over the Cork, which has the words "Royal German Spa, Brighton," beneath the Royal Arms.

Orders for Struve's Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street, London, and by numerous other respectable houses in London and the provincial towns, where a printed account of the waters prepared at Struve's Establishment may be obtained gratis.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Hospital Sulphate of Quinine, Pure

CRYSTALLISED, prepared by  
EDWARD HERRING,

for the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

It was originally introduced for the use of Hospitals, Dispensaries, and Public Charities; but its PURITY AND GREAT REDUCTION IN PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the processes of manufacture will therefore be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each, capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,

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October 23, 1852.

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turers of the PATENT HORSE-HAIR FLESH GLOVES, STRAPS, BATH GLOVES, FRICTION FOOT-MATS, &c., are grateful to Members of the Medical Profession for their favourable estimation and very general recommendation of these Patent articles, which are the only effective dry frictions for removing the effete epidermis, freeing the pores, equalizing the circulation, and promoting a generally healthy state of the system.

Manufactory, Islington-place, Park-road, London. Sold by Druggists throughout the kingdom.

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EXTRACT of INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his

LIQUOR TARAXACI and MEDICINAL EXTRACTS,

Prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropi Belladonna, Cytledon Umbelliferus, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

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HOWARD, Surgeon-Dentist, 52 Fleet street, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, wires, or ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the originals by the closest observer; they will never change colour or decay; and will be found superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication. Decayed teeth rendered sound and useful in mastication.—52 Fleet street.

At home from Ten till Five.

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now greatly improved in purity and condensation.

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This excellent remedy, in addition to its extensive and increasing sale among the public, is now very largely employed in Dispensing; for which the cheapest and most convenient form is in the STONE JARS, half gallon, 5s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists.

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TERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cycloidal enema syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate street, City.

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CORSALETTI DI MEDICI. Far superior for health, elegance, and economy to any Stay or Corset before the Public. These unique articles of attire can be adapted with equal accuracy to every variety of female form; their beautiful resilient action, while conferring ease and pliancy in every movement, maintains the symmetry of their adjustment, and entirely obviates the evils arising from Stays and Corsets as usually worn.

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SURGICAL ELASTIC STOCKINGS and KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging; likewise, a Strong, Low priced Article for Hospitals and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric, ABDOMINAL SUPPORTING BELTS, for both sexes; those for ladies' use before and after accouchement are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices, on application, and the articles sent by post, from the Manufacturers,

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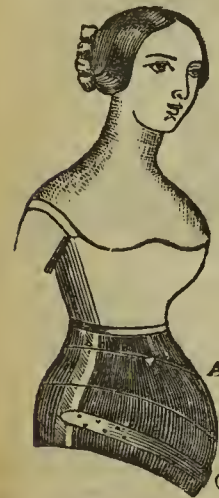
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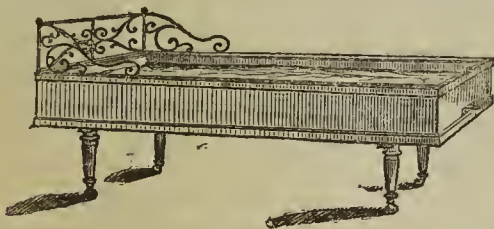
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No.	Hydrostatic Bed, with Castors, &c.	£ s. d.
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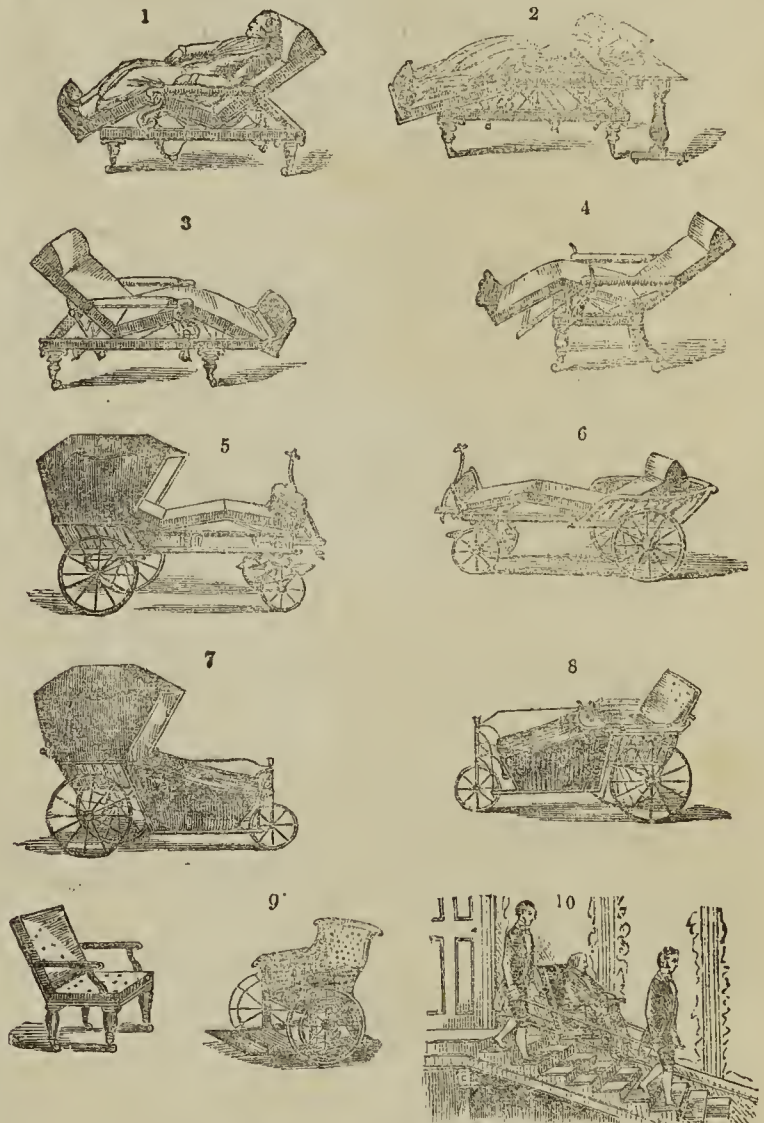
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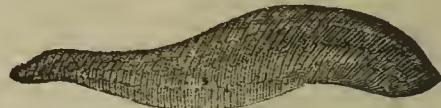
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THE  
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No. 28.

WEDNESDAY, JANUARY 12, 1853.

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## The Medical Circular.

WEDNESDAY, JANUARY 12, 1853.

### THE PRESENT STATE OF THE MEDICAL PROFESSION.

Previous to an examination of professional interests in detail, it may be expedient to survey the general aspect of medical affairs. Our columns have recently proved that much difference of opinion exists on the subject of professional government, discipline, and economy; and that persons equally observant and sensible may arrive at opposite conclusions, according to the point of view from which the question may be regarded. We do not profess to own any universal solvent of opinion, unless a determination to treat every subject in a spirit of equity shall prove to be such.

Divided into classes, each pursuing a different mode of practice, and remunerated in a different manner,—some affluent and independent, and cultivating with zeal the higher branches of science; others dragging a weary life under the yoke of penury, and compelled to sacrifice the luxury of study to the necessity of living; many residing in large cities, where the evils of competition are mitigated or averted by the privilege of labouring in a wider field; others pursuing their avocations in the smaller villages, and subjected to all the harassing incidents which an active competition invariably begets, and which in many instances are aggravated by the intrusions of empirics and pretenders, it cannot excite surprise that the members of our profession should exhibit much variety of opinion upon what would otherwise appear to be a question of the utmost obviousness and simplicity.

In science it cannot be contested, that the profession has within these few years made rapid advances, and that at this moment we have a splendid augury of future success in the large number of able and accomplished men who are devoting themselves to the discovery of new truths, and to the enlargement of the boundaries of our art. Every lover of humanity must rejoice at the new resources that have been put into our hands for the relief of suffering. Every friend of his profession must feel proud at the reflection that among all the varied departments of social life none have contributed so largely as the medical profession to the removal of domestic evils, and to the inauguration of a new era of moral and social progress. Sanitary science, which comes with a new mission of goodness to mankind, and whose office is to raise up and redeem those whom a perverted civilisation has demoralised, originated among the thinkers of our profession.

The educational status is also much improved. For this we are indebted primarily to the Society of Apothecaries, secondarily to the University of London, and to the emulation induced by its high curriculum and trying examination

among the teachers of our hospital schools. The rivalry maintained by the provincial schools has been also productive of the best results. Viewed in these relations, everything is satisfactory, and challenges commendation. The examinations at the medical licensing establishments, at any rate, are carried as high as experience proves to be expedient, and if the College of Surgeons is still reluctant to enforce a high test, it is obvious that a respect for the dignity of the College will eventually compel its Council to marshal themselves on the side of improvement.

The reorganisation of our scholastic system and the activity of our teachers constitute the most auspicious signs of our age, and guarantee to us and to our descendants that medical research shall hereafter flow uninterruptedly with a full and strong tide, one of the noblest tributaries of the broad stream of universal science.

Hitherto we have described in rosy tints; more sombre hues must now shade the picture. The preliminary education of students is very defective, and requires improvement. The apprenticeship system—a relic of the days of semi-barbarism, must be modified or abolished. Less of the shop and more of the science should characterise the educational course. The practice of the profession is full of incongruities, hardships, and difficulties. We do not allude to the division of practice into classes,—physicians, surgeons, and general practitioners, as we consider this arrangement to be a necessity, and that it has not yet reached its limit. A higher education, a more cyclopædical information, and the necessity of greater practical proficiency, will involve a more extensive speciality of practice. We believe the hope of a complete amalgamation of classes to be utopian. Our remarks chiefly refer to the competition in practice; to the lowness of remuneration for medical services, whether public or private; to the irregular and legalised poaching of advertising quacks, and to the more insidious encroachments of homœopaths, hydropaths, mesmerists, and the rest, who do not attack individually, but in organised masses, and who affect the externals of science.

The fee of the physician is now practically divided under the influence of competition, and it is very improbable that the immense incomes formerly made by a few leading physicians will be again received. The world of London is indeed richer, but it is more than ever quack-ridden, and the economy of medical practice, or rather the system of medical prescribing, is undergoing a rapid transformation. How the financial condition of the profession will be affected by the change is yet to be proved. We are not above adverting to these considerations, and we think that the boast of ignoring them is silly and insincere.

It is the general practitioner, however, that chiefly suffers from the results of competition. We do not believe that the regular ranks of the profession are so overcrowded as they were a few years ago; the higher standard of education, and of the qualification to practise required, the opening of other avenues for the occupation of youth caused by engineer-



ing enterprise, tended to diminish our numbers, and though the latter cause does not operate to the same extent as formerly, yet we still derive the advantage of the temporary derivation from our ranks. Notwithstanding these considerations, the difficulties of "getting on" in practice are a constant complaint, and young men know not where to establish themselves with a reasonable prospect of success.

Hence it is that the line of demarcation between the professional man and the chemist and druggist is not yet strictly defined in many quarters of our large towns. Perhaps such a consummation cannot be realised until the wants of the public shall be supplied in a different manner, and a system of payment by fees or for advice has been universally adopted. Far are we from blaming those individuals who are rather the victims than the promoters of the system, for we are sure that they would rejoice equally with us if they could be emancipated from the drudgery of the service in which they are engaged. Rash innovations, however desirable in themselves, are always injurious in their immediate operation.

Fortunately for young men of enterprise, a new world is opening for the exercise of their talent and exertions. Australia beckons to England and invites her supernumerary population. In that land every industrious man will find something for his hand to do, in his vocation. An idle man will not succeed there nor anywhere; his sloth will be sure to cleave to him here; but *there*, animated by livelier hopes, he may possibly strip himself of the incumbrance. Where tens of thousands of persons are flocking by the month, disease must follow in their footsteps, and the services of the medical man must be as necessary as those of the tiller of the soil, or the grinder of corn. However happy the climate, exposure, irregularity of living, and imperfect house-accommodation, must generate disease. Man ever has and ever will be the author of his sufferings.

Our home-loving youth would, therefore, do well to discard their doubts and anxieties, and explore this new land of promise with a view to a profitable employment of their skill in a country where it is much required, and would be highly appreciated.

## Mirror OF PERIODICAL LITERATURE.

(From the 'British and Foreign Medico-Chirurgical Review.')

### ON CRISES AND CRITICAL DAYS.

A very elaborate essay on this subject has been published by Dr L. Traube of Berlin, and reviewed in the 'Medico-Chirurgical Review.' The author has carefully observed the progress of a large number of febrile cases, and recorded the results. From these analyses he has drawn certain important conclusions on the nature and phenomena of fever. We quote the following:

"I. Fever consists essentially in an increased temperature of the blood.

"II. The change from the abnormally increased to the normal temperature takes place either abruptly (within 12—36 hours), or gradually within a larger or smaller number of days.

"III. The more rapid decrease of temperature is very often accompanied by considerable perspiration, less frequently by urinary sediments of lithates. In some cases both phenomena appear after the decrease of temperature, in others they do not appear at all.

"IV. With the abrupt decrease of temperature, leading to recovery, a speedy and considerable diminution of the abnormal frequency of the pulse is almost always coincident.

"V. The sudden decrease of temperature may take place ere the process of inflammation, which was accompanied by the decrease of temperature, has ceased to spread.

"VI. In protracted acute diseases, where the abnormal

heat gradually disappears, towards the end the type of the fever becomes frequently that of the febris hectica, that is, the temperature is, during the period of remission, almost normal, or even abnormally low, but is considerably increased during that of the exacerbation of the same day.

"VII. If in acute diseases the abrupt sinking of temperature, leading to recovery, begins, as it generally does, within the first fortnight, then it is always either on the third, or fifth, or seventh, or ninth, or eleventh day, that this occurs.

"VIII. Not rarely during the decline of acute diseases, on the fifth, seventh, ninth, or eleventh day, a sudden and remarkable sinking of temperature spontaneously takes place, which, though not leading immediately to recovery, is followed by a considerable and permanent decrease of fever. Never, as yet at least, have I met with such an occurrence on one of the intermediate *EVEN* days.

"IX. If during the decline of an acute inflammation attended by fever the increase of temperature is disappearing abruptly, and if it began to do so on one of the above-named days (§ vii), the process of inflammation at the same time ceases to spread.

"X. The inflammation can, however, continue (though generally only for a short time) after the disappearance of the abnormal increase of temperature, in that part of the organ which was already previously affected, and in this continuance may remain a predisposing cause for a later spreading of the inflammation.

"XI. The abrupt disappearance of the increase of temperature (within 12—36 hours), in the decline of acute diseases, is in many instances not immediately succeeded by the normal degree of warmth, but by an abnormally low one, which only gradually passes into the normal state. The same is very often observed concerning the frequency of pulse.

"XII. There are probably two kinds of critical excretions: (a) such as form the cause of the sudden disappearance of fever, (b) such as are to be considered as the mere consequence of this disappearance.

"XIII. There are *REMEDIES*, by which the abnormally high temperature and the symptoms dependent on it can be considerably diminished; among the remedies, whose action I know by my own experience, I consider as such, Bleeding, Digitalis, Calomel (in large doses), and Water, provided its temperature be lower than that of the body. But never have I observed that these remedies were able to induce a complete crisis on a non-critical day. Bleeding I have seen several times followed by a complete crisis, when it had been instituted shortly before or at the commencement of a critical day.

"XIV. By the frequency of the pulse we often cannot judge of the intensity of the fever (pyrexia). Sometimes I have found the former abnormally increased with normal temperature, at other times normal or even abnormally low with increased temperature; and thirdly, I have often observed a considerable evening exacerbation of the temperature, when at the same time the frequency of the pulse was only so slightly increased that the difference between this and the morning pulse was scarcely perceptible (p. 35)."

(From the 'Monthly Journal of Medical Science.')

### CASE OF ACUTE RHEUMATISM, SUCCEEDED BY CHOREA AND AFFECTION OF THE HEART.

Although the occurrence of chorea after acute rheumatism is now generally known, yet some obscurity still hangs over the chain of causation. The author, Dr J. Warburton Begbie, does not presume to offer a satisfactory explanation, but his observations on the case are interesting. He observes:

"This case is similar to many others which have been placed on record, and is, with one point of difference, the same as more than one case alluded to by Dr Kirkes, in his most interesting papers on this subject, the only dissimilarity being that the evidence of affection of the heart, though looked for during the rheumatism, was not detected, but became established about the time of the recurrence of the chorea. I had indeed come to the conclusion that happily



the heart had escaped implication in the disease. The case is interesting, from the speedy manner in which the choreic affection succeeded the declension of the rheumatic. There is one question of great interest to which I should wish to draw the attention of the Society, and that is, The association of disease of the heart, unattendant on rheumatism, with the nervous disorder. I think that the evidence of some affection of the heart will be found in many cases of chorea. In Dr Kirkes' analysis of thirty-six cases, three were of this nature. In some cases the cardiac affection will no doubt be found to be inorganic—functional derangement merely—attended by a murmur with the heart's first sound, heard most distinctly over the upper sternum, propagated in the cervical vessels, and in all probability associated with the so-called venous murmur, in the neck. Further, the general appearance and symptoms of such patients point to the probable dependence of both nervous and cardiac affection on a disordered state of the blood, in short, on anæmia.

"But apart from these, there is another class of cases, in which the evidence of organic disease of the heart, independent altogether of rheumatism, is quite as marked as its functional derangement is in the former. I remember to have seen one such well-marked case under the care of Dr Paterson, now of Tiverton, in the Royal Infirmary, an account of which, with Dr Paterson's concurrence, I afterwards published. The patient, a boy of seven years of age, was admitted into the hospital, suffering from a first, but very severe, attack of chorea. Immediately on his admission, a loud musical murmur was detected accompanying the first sound of the heart, heard most distinctly towards its apex. Neither in this boy's history, nor in that of any of the members of his immediate family, which were carefully inquired into, was there any account of rheumatism. Under treatment the chorea speedily subsided, and after a residence of nearly a month he left the hospital, the cardiac murmur remaining as before. Scarcely six weeks thereafter the little boy died suddenly, sitting at his tea-table—he dropped down dead. Unfortunately, I was unable to obtain an examination of the body; but the manner of the death certainly corroborated the opinion formed from the observation of the symptoms and physical signs of disease during life."

"The case I have now related certainly goes to establish the correctness of Dr Begbie's theory, that the morbid condition of the blood, which gives rise to rheumatism, also gives rise to chorea. The child had inherited from two generations the rheumatic diathesis, and only became a sufferer from chorea on the declension of a rheumatic attack. Assuredly no other theory which has been advanced so simply or correctly explains the now frequently-observed facts of one member of a family being affected with chorea, another with rheumatism, and perhaps a third being the subject of both affections. But I acknowledge, with Dr Kirkes, that there still exist several very interesting circumstances, which require more attention and investigation, before the association of these two diseases shall become thoroughly understood."

#### POISONING WITH ARSENIC.

Dr Douglas Maelagan contributes an article on Toxicology, detailing a case of poisoning with arsenic, in which death occurred after seven days, and minute quantities of arsenic were detected in the viscera. The following observations especially deserve notice:

"Upon the above case I beg to offer one or two remarks. First as to the symptoms. It will be observed that there was a marked intermission in the course of M'Vey's fatal illness. He had no vomiting, at least to any severe extent, during the Wednesday and Thursday, but on the Friday morning vomiting recommenced. Of course the natural explanation of this was, as implied in the indictment, that the woman had access to the deceased all this time. But, in the first place, there can be no doubt that intermission of symptoms generally, and of vomiting in particular, does occur in cases of arsenical poisoning. There was a good exemplification of this in the instance of the girl Davidson, formerly reported by me ('Monthly Journal,' January 1852),

whose vomiting diminished on the fourth day, was trifling on the fifth, was absent on the sixth, but returned, accompanied by purging, on the night of the seventh. In this (Davidson's) case, for reasons assigned in my account of it, there could not have been a repetition of the dose, and yet there was, on these days, distinct improvement in the general symptoms, and a temporary cessation of the vomiting."

"The next point on which I would offer a single remark is, as to the organs in which the poisons could be detected in largest quantity. There is no doubt in my mind, from the examination of a good many cases, that where the quantity of arsenic left in the system is but small, the liver holds the first place, and the kidney the second, as the organs in which the poison is most likely to be found. My friend Dr George Wilson, in an interesting paper on the chronic poisoning of horses by lead, has pointed out the spleen as the organ in which, in these animals at least, the lead can be most readily detected ('Monthly Journal,' May 1852). Dr Wilson, in calling the attention of physiologists and medical jurists to this question, restricts his remarks to lead. It does not appear to apply to arsenic. In M'Vey's case, and in another, where I examined both liver and spleen, the latter organ in the one instance yielded none, and in the other very little, of the poison, whilst it was in both readily found in the liver. I should have thought that the fact, that the liver afforded the best chance for detecting arsenic was pretty generally known; but that little attention has been paid to this has been proved to me by the fact, that, in a large proportion of cases submitted to me for analysis, the liver is not sent till specially asked for.

"Lastly, I beg to call attention to the procedure followed by Dr Anderson and myself in this case for the detection and identification of the arsenic. I allude to the collection of the arsenic, where the quantity is very minute, in small glass tubes, from Marsh's apparatus, and the proving of its real nature by sublimation within these tubes at a regulated temperature in the oil bath (vide 'Monthly Journal,' Nov. 1848, p. 290). To me this process has proved so simple and so easy of execution, so delicate in the results obtained by it, so advantageous in excluding the necessity for any chemical re-agent whatever, for distinguishing arsenic from antimony or from anything else, and also in affording, when tubes of equal size are used, so easy a method of determining approximately the proportion of arsenic in different articles examined, that, in operating on small quantities of material, or where little arsenic is present, I have of late always in practice adopted it in preference to any other."

(From the 'Lancet,' Jan. 1st.)

#### ON CERTAIN IMPORTANT POINTS IN THE CHEMISTRY AND PATHOLOGY OF THE URINE.

Dr A. Hassall has communicated a valuable paper on the subject of *the principal tests employed in the detection of sugar in the urine*. After submitting urine, and its constituents, to the action of a great variety of re-agents for the purpose of determining the value of Trommer's test, and finding that it was liable to failure, under certain conditions, he remarks:

"On referring to my notes, I observed that in those cases in which the test was most successful, the urines were of low specific gravity, and were but slightly acid or even alkaline; while, on the other hand, the urines in which it failed were of high specific gravity, and usually strongly acid.

"It therefore occurred to me, that the condition of the urine as to acidity was at least one of the causes of the failure of the test. Acting on this idea, I rendered the urine alkaline previous to the addition of the copper, and subsequently added the alkali in very large excess. Since I have adopted this plan, I have but seldom failed to detect a very small quantity of sugar, even when purposely introduced into the urine.

"In testing urine, therefore, for sugar, if acid, as it almost invariably is when that substance is present, it should be first rendered alkaline, and after the addition of the copper, a large excess of potash should be employed. The quantity of



sulphate of copper to be used is in general about two drops of a saturated solution; but when it is suspected that the amount of sugar present is very small, a much less quantity even must be employed.

"When the liquid to be tested is not very acid, does not hold many salts in solution, and when the sugar present is very small in amount—some minute fraction of a grain—a very small quantity of potash and copper, especially the latter, will be required."

Not less interesting are Dr Hassall's observations on the *Silver Test*, the value of which he thus disproves:

"This test has been brought under notice more particularly by Dr Bence Jones, who has given the following account of it:

"The reduction of oxide of silver by grape sugar and cane sugar is beautiful; and though not quite so easy a test as the oxide of copper test for diabetes, yet it may be often used as an additional proof where any doubt exists. A saturated solution of nitrate of silver is made; a few drops of this are to be placed in a test-tube, and a single drop of caustic ammonia is to be added; if a brownish oxide of silver falls, a single drop of the suspected urine is to be added, and the test-tube is then to be heated, and the contents to be well shaken. In a few seconds the sides of the tube will be coated with silver, and the metallic lustre will be seen. The carbon of the sugar will take the oxygen from the oxide of silver. Carbonic acid and metallic silver will be produced."

"It would be evident on consideration, that this test is similar in principle to the copper test, its operation depending upon the reducing powers of the sugar.

"Further, it is nothing more than the application, on a small scale, of a process extensively employed in the arts in the silvering of glass.

"Between the salts of copper and those of silver there is this obvious difference—that while the first form staple compounds, the affinities which hold the others in combination are but feeble, so that slight disturbing causes are sufficient to determine their decomposition. It was this consideration which induced me to regard the silver test with some degree of mistrust, and which direct observation and experiment have but served to confirm.

"After the very favourable account given of this test by Dr Bence Jones, the reader will be surprised to learn—

"1stly.—That following closely the directions indicated in the above quotation, a metallic crust will frequently be formed from urine which does not contain a trace of sugar.

"2ndly.—That the same result very commonly ensues where water alone is used.

"3rdly.—That the nitrate of silver, ammonia, and urine or water, may be mixed together in almost any order and in any proportions; the brown oxide of silver may be even re-dissolved in the ammonia, and the quantity of urine increased from a drop to a drachm; and yet in many cases, on the application of heat the metallic crust will be deposited on the sides of the tube.

"4thly.—That what is a common and frequent result, the test being employed in the ordinary manner, may be made a constant one by a particular application of the flame of the spirit-lamp. Thus, if the flame be carefully managed so that it is applied wholly to that part of the test-tube which contains the fluid, and does not extend beyond it, no metallic crust will form in water or non-saccharine urine; but if, on the other hand, the flame touches not only that portion of the tube which contains the liquid, but extends to the part also which is immediately over it, there will ensue a rapid deposition of the silver. Now, in the case where a few drops of fluid only are used, as recommended by Dr Jones, this nice adjustment of the flame is not an easy matter, although it becomes sufficiently so when the quantity is increased to a drachm or more, in which case the crust may be formed or not, at will, according to the position in which the tube is held over the lamp.

"Seeing then, that a slight variation in the position of the flame, attended of course by a corresponding alteration of temperature, is sufficient to occasion the reduction of the

silver, it is evident that this test, as proposed by Dr Jones, ought to be discarded, as it is not merely useless, but is liable to mislead."

(From the 'Med. Times and Gazette,' Jan. 1st.)

#### ON THE OBLITERATION OF VARICOSE VEINS AND THE SOURCES OF DANGER INVOLVED IN THAT OPERATION.

This forms the subject of a clinical lecture delivered by Mr Henry Lee, at King's College Hospital. Mr Lee remarks:—

"On Monday last I drew your attention to the mode of operating for the obliteration of varicose veins, and to the sources of danger involved in that operation. I explained to you that the operation which I performed consisted of two parts, viz., 1st, that of introducing a needle under the trunk of the vein to be obliterated, and leaving it there for a few days; 2ndly, at the expiration of that time, when the blood on either side of the needle had become coagulated the operation was completed by dividing the vein by a subcutaneous incision. This latter part of the operation I have now performed.

"The first effect of the formation of such a coagulum is to prevent any hæmorrhage, in case the vessel should be subsequently divided by ulceration or by other means. It also serves the very important office of preventing any fluids from passing along the canal of the vessel, which might prove prejudicial to the system. But a coagulum of this sort is not to be regarded in its mechanical relations alone. It is not a simple plug of foreign matter; it is still a part of the living being, and capable of undergoing many and most important living changes. Some of these are engendered within the confined blood itself, while others are common to it and the surrounding parts."

Mr Lee continues with some observations on the coagulation of blood, and of the effects on the blood when the coagulum in the vein is either absorbed or organised by a healthy process. We shall not refer to this portion of the lecture more minutely. In case, however, the coagulum should undergo a morbid decomposition, Mr Lee makes these remarks with reference to his operation:—

"The first question which we naturally ask under such circumstances is, supposing there to be some unnatural fluid in the vein, how is that to be got rid of? If there be an external opening in the vein, it may escape in that way; and this is what happens when a wound made in bleeding opens again, and allows the grumous dark-coloured contents of the vein to escape. But it often happens that morbid matter may be retained in a vein where there is no external opening by which it can escape. It is natural to suppose, that, under such circumstances, it would find its way along the channel of the vein into the general circulation; and this, in reality, occasionally happens, and doubtless affords an explanation of the sudden, severe, and even fatal symptoms which have sometimes followed an apparently trifling operation on a vein. It is for the purpose of avoiding any such accident that I have adopted the plan of operating which I have described. I have thereby the means of ascertaining, before any opening is made in the vein, whether the blood has its natural power of coagulating, and whether the channel of the vessel is closed. If this be the case, a portion of fibrine may decompose in a vein, or purulent secretions may be introduced into it, and only a local irritation will be produced, unattended with any serious symptoms. But should the canal of the vein not be closed, and these same morbid products find their way through it into the general circulation, the most alarming symptoms will result. Some fifty or sixty years ago, when the operation of tying varicose veins without any previous preparation was in vogue, it occurred to Sir E. Home to have a private patient on whom he performed the operation of tying the saphena vein. Symptoms of typhoid fever set in, and terminated fatally in two or three days. About the same time, two other cases occurred in St. George's Hospital, where, after the operation of tying the saphena vein, similar symptoms manifested themselves, and the patients narrowly escaped with their lives."



The following experiments are interesting :—

" Having obtained some fibrine quite firm, and free from any colouring matter, I allowed it to decompose till it became fluid. A small quantity of this was mixed with some recently drawn blood, and in less than two minutes the mixture had formed a uniform soft coagulum. This experiment was repeated upon some blood drawn from a healthy horse, with a similar result. Now, these experiments show that the action of putrid fibrine upon the blood is similar to that of pus. If pus be mixed with recently drawn blood, it will have the effect of coagulating it in about two minutes; but if injected into a vein, the conglutination will take place almost immediately. This is known by the thickened and cord-like feeling of the vein, and by the circulation through it being obstructed. It is evident that the effect of such an action must be to prevent the morbid matter from passing into the circulation. The putrid fibrine or the pus unites with the first portions of blood with which they come in contact. They form with it a coagulum, which adheres to the sides of the vessel in which it is contained, and effectually seals it against the entrance of any further portions of morbid matter. The irritating substance is thus fixed and localized to that portion of the vascular system, where it is first formed; and, although it may produce a considerable amount of irritation and suppuration here, yet, if the coagula formed be sufficiently firm, the system will be preserved. A local inflammation alone will be produced, and the poisonous effects of the morbid matter will not be felt by the constitution."

The various symptoms following the introduction of vitiated fluids into the blood are then carefully pointed out.

#### AFFECTIONS OF THE BRONCHIAL MUCOUS MEMBRANE IN CHRONIC RENAL DISEASE.

A communication on the above subject has been published conjointly by Dr George Burrows and Dr Sehouse Kirkes. After remarking on the occurrence of affection of the mucous membranes during the progress of chronic renal disease, they observe :—

" The constant discharges which in some cases take place from the bronchial and intestinal mucous surfaces, do not usually leave any structural changes discoverable in these membranes after death, but occasionally, as in Case 6 ('Medical Times and Gazette,' vol. v, p. 377), there is distinct evidence of ulceration of the intestinal mucous membrane, usually of a dysenteric kind, and affecting the large intestine. It may admit of question whether the dysenteric ulceration in such cases is a mere accidental complication, independent of the primary disease of the kidneys, or, as seems more probable, results from the direct irritation of an unusual and probably acrid secretion continually eliminated from the affected surface.

" It is not common for both of the great mucous membranes to be simultaneously affected to any considerable extent in renal disease; for although each of them is usually somewhat disordered, yet, generally speaking, the principal mischief is limited to one, and rarely leaves it to attack the other. Thus, when the brunt of the affection falls upon the bronchial mucous membrane, it is unusual for it to leave this surface and attack that of the alimentary canal; and the same persistence of the affection in the membrane first attacked is observed when the alimentary mucous tract is the main seat of the secondary affection. When either mucous membrane is seriously affected, and free discharge takes place from its surface, it usually happens that the tendency of the disease to kill by dropsy or cerebral disorder is kept in abeyance, though death not unfrequently arrives in consequence of the prolonged distress and exhaustion resulting from the perpetual drain from the affected mucous surface and the attendant disorder of its own proper function as a respiratory or alimentary organ. It may be observed, too, that affections of the mucous membranes, especially of the respiratory tract, are not limited to any particular stage of the disease, being as common in a first attack of febrile dropsy, or dropsy after scarlet fever, as when the disease is thoroughly confirmed or advanced to its last stages."

A case cited in illustration of the views of the writers;

and the following comments indicate the points most worthy of observation :—

" The case offers a well-marked example of severe and somewhat protracted bronchitis, ensuing in the course of chronic renal disease, with proneness to relapse, and combined with pleuritic effusion, but gradually yielding to treatment, although on its subsidence the original disease of the kidneys remained still uncured, and will doubtless ere long bring the patient to her grave. It is worthy of note, that while the dyspnoea was so distressing, the cough and expectoration were comparatively slight, while the relief of the symptoms was nearly coincident with a free discharge of mucus from the bronchial tubes. The diuretic property of the soluble salts of potash and of spirits of nitre seemed to be productive of decided good in this case, increasing the secretion of urine, and causing a proportionate diminution in the anasarca, without giving rise to any of the injurious effects which sometimes seem to result from over-stimulating the kidneys in this disease. The advantage of counter-irritation of the skin, with a subsequent free discharge from the cutaneous surface, was clearly exhibited in the decided relief which each application of a blister to the chest afforded; and the comfort to her breathing which the nightly application of a warm linseed-meal poultice to her chest afforded during the time she was distressed with the dyspnoea, should not be lost sight of. It must be mentioned, too, that the chloric ether was of great use in allaying the paroxysms of dyspnoea; and of this the patient herself was so sensible, that, for some nights after their complete subsidence, she could not compose herself to rest unless she felt sure she had one of the ether draughts near in case a paroxysm should ensue in the night.

" In the case just narrated, the bronchial inflammation supervened on the renal disease some weeks after the apparent commencement of the latter. But, as already observed, the affection of the mucous or serous surfaces may occur at any stage of the disease. Very frequently an attack of bronchitis arises in advanced and long standing disease of the kidneys, aggravating the distress already induced by the various secondary disorders entailed by this disease, and occasionally putting the finishing stroke, as it were, to the patient's miseries. The wards and the dead-house of a large hospital equally testify to the truth of this. Not less frequently, perhaps, does bronchitis ensue at the very outset of the renal disorder, commencing almost simultaneously with the anasarca and febrile symptoms by which the attack of febrile or inflammatory dropsy is ushered in, and, combined perhaps with some oedema of the pulmonary tissue, constituting much of the patient's discomfort and anxiety, and explaining the cough, dyspnoea, and tightness in the chest, of which the sufferers from this form of dropsy so generally complain. It is as common, too, in the dropsy after scarlet fever, as in the simple form of acute dropsy; and what may be said of the symptoms and treatment of it in the one will apply almost equally well in the other."

#### LARGE PENDULOUS HYPERTROPHY OF THE SKIN OF THE BUTTOCK.—OPERATION.—RECOVERY.

This singular case was under Mr. Paget at St. Bartholomew's Hospital :—

" Squire Kay, aged 42, a carpenter, living at Bradford, in Yorkshire, was admitted on Sept. 18. He had come up to town with a view to having a very large tumour removed from his left buttock, which he stated had been gradually increasing in size for thirty years. On exposing the affected part, there was seen to be a huge pendulous growth attached to the nates by a long and flattened base, and overhanging the upper part of the thigh. It was very movable, and swung about with each motion of the body, in a manner very inconvenient to its possessor. The fold of skin by which it was attached extended obliquely across the nates from the anterior superior spine of the ilium to near the coccyx. The integument covering it was closely adherent, and had the appearance of being stretched and somewhat seamed. To the touch, neither lobes nor defined margins were detectible, the whole feeling as if consolidated



into one firm mass, some parts of which, however, were much more dense than others. With the fascia covering the subjacent muscles it appeared to have only very loose connexions. It had been increasing in size of late more rapidly than before, and the patient had become very anxious for its removal. When sitting, he was accustomed to place it under him as a cushion, but in walking it gave him great annoyance. He was a stout, somewhat bloated-looking man, accustomed to drink malt liquors very freely, and not at all a promising subject for an operation. Mr. Paget, having informed him that the excision of so large a tumour would be attended with a certain amount of risk, acceded to his wish to have it removed.

"On Sept. 25, chloroform having been administered, and the man placed on his face with the hips bent, the tumour was held upwards by assistants, and Mr. Paget commenced by making a curved incision across the whole extent of the under surface of its base. He next divided its cellular attachments to the subjacent parts, and then dissected off from its upper surface a large semi-lunar flap of skin, which done, the whole was removed. In the course of the operation, it had been necessary to suspend proceedings for a short time, as the patient's breathing had become embarrassed, and indeed almost suspended: by change of position, however, and by dashing water in his face, he was soon rallied. The condition appeared to have been caused by the influence of chloroform, exhibited whilst laid on his abdomen, a position unfavourable to the maintenance of respiration. But little hæmorrhage took place, and only five vessels required ligature. The wound made was of necessity very large, being sixteen inches in length; it was, however, abundantly covered by the flap of skin, which having been retained in position by sutures and compress, the patient was sent to bed. During the following week, he had considerable pyrexial disturbance, and sloughing of the edges of the flap took place, not, however, to an extent sufficient to interfere materially with the ultimate adjustment of parts. The healing process was slowly accomplished, and the patient has since returned home. Before the operation, it had been suggested that the tumour might prove to be a fatty one, which had been rendered more or less solid and fibrous by long-continued pressure. Dissection, however, proved it to consist solely of hypertrophied skin and subcutaneous areolar tissue. Its section exhibited a distinct layer of thickened epidermis, surrounding a thick firm mass of whitish and fibrous looking structure. It contained neither fat nor cysts."

(From the 'Dublin Medical Press,' Dec. 29th.)

#### SOME PATHOLOGICAL REMARKS ON CHRONIC ENLARGEMENTS AND INDURATION OF THE TONSILS.

A paper on this subject has been read before the Surgical Society of Ireland, by Dr Stephen O'Ryan.

The diseases with which Dr O'Ryan has found this affection connected are:

"1st. Struma in some one of its protean forms.

"2nd. Syphilis of some standing. Patients have usually laboured under it for a certain period, and have undergone incomplete or improper treatment.

"3rd. Mercurio-syphilis, or the cachexia presenting in persons who have taken mercury irregularly for syphilitic disorders.

"4th. Bronchitis of the chronic type.

"5th. Amenorrhœa in young females. This mostly functional disorder is, it is known, very prevalent in all large communities. In Dublin it is extremely common among the working classes or tradespeople, especially the milliners, and I have very often seen it present this local manifestation of enlarged and indurated tonsils."

With respect to treatment the author advises the employment of the "liquid nitrate of mercury." He observes:

"This active salt has been frequently employed with success as a topical application in another affection, the hypertrophy with or without ulceration of the os tincæ, and with more than local effects, for it has been absorbed,

and produced beneficial results throughout the general constitution.

"It has occurred to me, that a topical remedy of a nature to be absorbed, might be found to occasion a healthy change in many of those hypertrophied tonsils

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mere common-place system of "puffing them off" been adopted, they would doubtless have soon fallen into the shoal of other nostrums, and have acquired little sale or notoriety. James Morison was, however, an acute and persevering man, largely gifted with all those qualities which would ensure success in his dishonourable calling. He thought long, and at length discovered a "short cut" to the temple of fortune, less laborious and more congenial with his feelings than the dull routine of ordinary trading. A discovery must be trumped up, a series of specious assertions must be based thereon, and called a "theory;" and on this rotten foundation a pretended system of medicine must be founded, beginning with self-evident truths, and ending with false but plausible deductions. In this way James Morison and his successors have attempted to show that Morison's pills are the true and only panacea, or universal medicine, capable of supplanting every specific and simple of the 'Materia Medica.' The absurdity thus called a "system" was made for the nostrums. The latter were not the offsprings of the pretended "system."

Here is a specimen of the eloquence and logic which is printed on every piece of paper issued from the Morisonian pill-shop:

- "All animals consist of *fluids* and *solids*!"
- "All embryo animals consist *entirely* of fluids."
- "The chief fluid is the blood, from which all others are derived."
- "Blood forms the body—*air* gives it life."
- "All constitutions are radically the same."
- "All diseases arise from impurity of the blood."
- "All diseases arise from *one* source, and therefore require but *one* medicine."
- "Proper purgation by vegetables is the only effectual way of curing *all* diseases."

"This vegetable purgative must be capable of being digested, and mixing with the blood, so as to rid the body of all superfluous humours (disease)."

This panacea "was discovered by James Morrison in the composition of his vegetable universal medicine."

Now here is veritable humbug. A collection of propositions and predicables, of assertions and inferences collected together to make "confusion worse confounded"—to bamboozle, delude, gain the confidence, and make patients and customers of the credulous and unsuspecting. Verily there never were more plausible and self-confident men than the Messrs Morrison!

Such being the system (?) what must be the medicines of which we are told "thirty years' use has proved the efficacy and virtue in the cure of disease," which, "being composed *entirely* of medicinal herbs, are harmless to the most tender age and the weakest frame, under every stage of human suffering; being the most *pleasant* and *benign* in operation of any ever offered to the world."

Let us untie our parcel—let us open the boxes and examine these "innocuous," yet "energetic" medicines. We have done so, and we are almost in surprise to find the lengths which an unholy cupidity can lead men in the paths of mendacity and deception. Messrs Morison,—Baron Munchausen can hold the belt no longer. There! take it, it is your due. Not one particle of an herb can we detect in any of your nostrums, which we find to consist of stinking aloes, drastic gamboge and colocynth, and *mineral* saline matter.\* These are the "harmless medicinal herbs" and "innocuous vegetable ingredients," adapted to "the weakest frames" and "earliest ages," of which "*no fear need be entertained of large doses.*" No fear, Messrs Morison, when you give a delicate girl of eighteen six of your No. 1 Pills and six of your No. 2

\* *Morison's Pills No. 1* consist of equal parts of aloes and cream of tartar, made into a mass with either mucilage or syrup. *No. 2 Pills* consist of 1 part of colocynth, 2 parts of gamboge, 3 parts of aloes, and 4 parts of cream of tartar, made into a mass, as the last. They are both divided into three-grain pills, of which each thirteen penny-halfpenny box contains 4 dozen. The *Aperient Powders* consist of equal parts of cream of tartar and sugar, with a little powdered cassia to flavour. Dissolved in water, they form "a glass of lemonade in the morning" (Morisoniana).

## THE ANATOMY OF QUACKERY.

QUACK MEDICINES,  
THEIR HISTORY, COMPOSITION, AND QUALITIES.  
No. II.

### THE MORISONIAN VEGETABLE UNIVERSAL MEDICINES.

Continued from page 10.

The "Morisonian Medicines," professedly the "inventions" of James Morison the elder (alluded to in our last Number), have in reality a much higher antiquity than the end of the eighteenth century. They had been previously frequently used in various cases in which purgatives of the kind were indicated, and had already formed the substance of the nostrums of more than one quack. The immediate source, however, from which Mr Morison borrowed both his ideas and formulæ is said to have been Dr Hamilton of Edinburgh. The manner in which they both fructified in the hands of their new possessor, is worthy of a passing notice. Had the



alternately every day for three weeks, and afterwards increase the dose to thirteen daily; and when the poor sinking girl attracts the notice of her neighbours, who "crave a doctor for her," you push down her throat a second dose of eight of No. 2. *No fear*, Messrs Morison, when you give a poor wretch at Cerne Abbas eight pills daily for a month, and then increase the daily dose to forty pills, which were continued for months longer; or, when you give a poor master of a vessel twelve of No. 2 at eight; a second twelve pills at six the next morning, and a complement of a dozen more within an hour afterwards, and whom your Sunderland agent very kindly persuades into making a *small* purchase of 3*l.* worth, just "for his private use." *No fear*, Messrs Morison, when you kindly patronise a poor woman at Pentonville on the condition that she comes publicly to your shop and swallows any amount of pills which you choose to give her, and which you thereupon munificently bestow in doses of *eighty* daily, without *curing* her "leg," but astonishingly lessening the quantity of flesh on it. *No fear*, Messrs Morison, when on the cover of your pamphlet of new cases for 1851, of which the one before us is marked "*the eightieth thousand*," you direct "in all kinds of fevers, pleurisies, inflammations, hooping-cough, measles, smallpox, apoplexy, epilepsy, faintings, colic, indigestion," &c. &c., "from ten to fifteen pills, or *even more*, of No. 2," the dose to be "repeated every twelve hours." *Fie! Fie upon ye!* According to *one* of your own statements, your physis is of the most *energetic character*—according to another, it is *destitute of virtue*—which is right? For our own part, we would not give it to a *dog* we valued, still less a fellow-being.

It may be unnecessary to tell the profession the gross inconsistency and danger of the statements made by the Messrs Morison, and already alluded to. It is a well-known fact that large doses of Morison's pills *have frequently proved fatal*, and the deaths of some of their victims have formed the subject of judicial investigation. To the public, however, it may be otherwise, and a brief notice of the chief articles that enter into their composition may, therefore, be serviceable.

Aloes is a useful purgative, and well adapted for cases of costiveness, where there is a deficiency of bile and a torpid action of the large intestines and the uterus; but should be avoided in a vast number of diseases, and in pregnancy, &c. According to Fallopius, of 100 persons who used aloes as a purge, 90 were affected with hemorrhoids (piles). Dr Fothergill tells us that "piles, strangury, immoderate discharges of the menses, racking pains in the loins, and other similar complaints," have been frequently brought on by the use of aloetic medicines. Dr Wedekind has asserted that aloes often act as a stimulant to the sexual organs. Although we do not agree to the full extent with all the opponents of aloes have said against it, which, when properly administered, is, doubtless, a valuable medicine; yet we think sufficient may be gleaned from their opinions, as well as from general experience, to show that it is unfitted for being used as a *universal* purgative; and that, under many circumstances, its administration may be dangerous.

Of gamboge it may be said, that it is a *powerful drastic cathartic*, frequently exciting vomiting; and in large or long-continued doses inflammation of the whole intestinal canal. Dr A. T. Thomson denounces it as "a powerful irritant poison, when administered in large doses; and from the violence of its operation and the griping it occasions, even in moderate doses, it requires to be exhibited with caution." An estimate of its character may be formed by the non-medical reader, when he is told that its dose is from two to five grains, combined with some other medicinal, to correct the violence of its action.

Coloclyth is a more powerful drastic cathartic than even gamboge. Even in small doses, when administered alone, it produces the most serious consequences, frequently ending in inflammation of the bowels, liver, and kidneys, and even death. According to Orfila, one or two drachms applied to cellular tissue of the interior of the thigh produced death within twenty-four hours. It is only used in combination, like gamboge.

Even the bitartrate of potassa (cream of tartar), is not

to be played with. In excessive doses it produces inflammation of the stomach and intestines, and its frequent use, even in smaller quantities, disorders the digestive functions. A case is recorded by Mr Tyson, in which a man, to relieve the fit of drunkenness, swallowed about four tea-spoonfuls of this drug, and *died in consequence, on the third day*.\*

The other ingredients in the Morisonian medicines are of a more harmless character, being only used as the "constituents," to give them a commodious form.

On the system of purgation so strongly advocated by the Morisons, we beg to append the following warning from the pen of an eminent physician, lately deceased.—"Independently of the irritation which cathartics keep up in the intestinal canal, they tend to impair the digestion by causing the secretion of hasty, and consequently, *imperfectly* formed bile. They are, indeed, often the cause of dyspepsia and indigestion; and diseases of the heart sometimes arise from their continued employment."† To this the Morisons reply, "Doctors have hitherto made it their business to frighten people about purging themselves; it is the only way of curing diseases!" Is it?

So much for the assurances and assertions of Messrs Morison, and the qualities of their "universal medicines," which "act *merely* as cleansers of the whole human machine, and can never do harm, but are sure to do good." And here let us ask, What are these medicines fit for? The answer is, That they are purgatives, only adapted to *certain* cases, and are dangerous in others. No. 1 is a mild aloetic pill, of little activity. No. 2, a compound aloetic pill, of a most drastic and dangerous character, and liable to vary in strength, from being prepared in large quantities at a time, which precludes the possibility of that perfect distribution of the active ingredients through the whole body of the mass, which can be done with smaller quantities. We thus meet with instances of two samples of the same quack medicine possessing quite different degrees of strength.

Before bidding adieu to Messrs Morison we must make some comments on the bundle of pamphlets, circulars, and caricatures of theirs which lie before us. *Here* is the book of "New Cases for 1851." What does it contain? Besides a vast deal of trash in the shape of abuse of the qualified practitioner, and puffs of their pills and powders, we find "cases" of—"bilious fever, typhus fever, scorbutus, ulcerations, urinary obstructions, ague, dropsy, stomach disease, abscesses, asthma, cholera, chest complaints, congestion of the brain, cough, palpitation of heart, epileptic fits, erysipelas, fistula, debility, glandular disease, gout, insanity, liver complaint, neuralgia, tic-douloureux, putrid fever, syphilis," &c. &c., all cured (?) by large doses of Morison's pills. But this is nothing compared to the cases reported in 'Morisoniana,' which begin with "Acidity of the Stomach," and end with "White Swellings and Worms." Many of these cases are supplied by Messrs Morison's own agents. We must say that the whole of them appear to us to be *deficient* in those external marks of authenticity and plausibility which are required to render certificates of any class of value. We feel convinced that an active man, with a few pounds in his pocket, might collect an equal number of equally strong "cases of cure" for any quack in the kingdom in the course of a few weeks.

'The Hygeist and Medical Reformer,' a monthly publication, professedly sold for a penny, but in reality circulated gratis, intended to puff the Morisonian medicines, requires a passing notice. It resembles the other prints that emanate from the same source, and is only remarkable for the "distorted" quotations from various Medical Journals, and the absurdities and blasphemy of Mr McKinnon, of Cape Breton, with which its pages teem. No wonder it is given away! Who would buy it?

Says Johnny to Alex., "A plan in my pate is,  
To give the 'Hygeist' to the public gratis."  
Says Alex. to Johnny, "'Twill do very nicely,  
For that will be charging its value precisely."  
'Punch' slightly altered.

Of the caricatures we can only say that they are more disgraceful to their authors than to the parties they profess to

\* 'Lond. Med. Gaz.' vol. XXI, p. 177. † Dr A. T. Thomson.



satirise. Their obscenity and allusions are calculated to disorganise society, and their authors appear proper objects for the exercise of the vocation of the Public Prosecutor. No. 9 is as dirty a thing as ever came out of Holywell street.

But we have said almost enough of the Messrs Morison and their "universal vegetable medicines." The subject is a sickening one, and the success of this quackery truly degrading to humanity. The boast that it has "propagated itself, not only in Europe, but in every country of the Eastern and Western Hemispheres;"—"That it has stalked over the Uralian mountains, the Himalayas, the Andes, and the stony mountains of North America, and yielded a plenteous harvest," IF TRUE, merely shows the pushing and money-making spirit of its promoters, and perpetrates a bitter sarcasm on our species. Certainly the quackery of the Messrs Morison has never been equalled since the time of the wily Dr Solomon, of Balm-of-Gilead notoriety. Not only do they deluge the country with books, pamphlets, circulars, show-cards, and dirty pictures, but they assume the language and demeanour of a public body. During the period of the Great Exhibition the Messrs Morison invited some of their agents to town, to have a quiet chat on business and to join them at a dinner. Soon after a pamphlet appeared giving a very pompous account of "a general meeting of the Society of Hygeists, and the leading members of the British College of Health." The account of the proceedings is excessively amusing. The tradesmen who act as agents for the sale of the pills unanimously voted Mr John, their master, to the chair—sundry speeches were made, in one of which the chairman endeavoured to justify the deceptive title of "British College of Health," which they had given to their house and pill shop in Hamilton place; after which "the meeting adjourned, and the members partook of a sumptuous entertainment, in which the more substantial viands of old England were not unaccompanied by the delicacies of the season, the entertainments provided being such as an alderman might have envied;" to these the hygeists present, nothing loath, "gave immediate and hearty attention." We should say, no doubt of it; judging by the appearance of some of them "before and after." Can humbug go much farther. In the hands of the modern quack it really appears that it can. Instead of letting the memory of the old Morison sink into the same obscurity that enshrouds that of his victims, his sons and successors have seriously announced it as their opinion that he is "worthy of immortality!" These parties have been long endeavouring to get up a monument to Mr James Morison. Their success may be estimated from their subscription lists. In the hotbed of Morisonianism (Exeter) this consists principally of pennies and twopences collected from the lowest and most ignorant classes in the neighbourhood. Up to the present time they only amount to about four guineas. Here is a monument to quackery!

So much for the Messrs Morison's publications, pills, and "cases." The subject is rich in incidents, and we might amuse our readers with many strange anecdotes did our space permit. Some of these are so absurd, and exhibit such an intense degree of Morisonian fanaticism, that were they not well attested, they would appear incredible. The case of a man who employed his cook half her time in preparing, clarifying, and evaporating a decoction of the pills, until they were again obtained in a solid and a very concentrated form, of which he took an almost unlimited quantity, and in consequence lost his life, must be in the recollection of every one, from having at one time formed the subject of newspaper information. Another similar case came under our notice. It was that of a person connected with the press, who adopted the plan of taking nightly ten or twelve of the No. 2 pills, until it grew into a habit, and he could not possibly do without them. Like the smoker, dram-drinker, and opium-eater, he was wretched without his usual excitant.\* Three or four years passed away, the habit increased, the dose followed in proportion, our friend was gradually sinking from absolute exhaustion owing to the continual state of

purgation under which he suffered. At length he sank rapidly—he was dying. His last effort was to swallow *more pills*, part of which remained in his mouth subsequent to his dissolution. There is no limit to human gullibility and confidence.\* A more rational application of these pills is that adopted by the hopeful scion of our house, who has made them into cakes for water-colour drawing. The one, We observe, he has marked—"Morison's brown, No. 1;"—the other, "Morison's yellow, No. 2." A wise dog, he!

In conclusion, we may observe, that though the Morisons have run a profitable career, their success has not been unattended with some losses, some lawsuits, and some little disagreeables arising out of the proceedings on some coroners' inquests. Their differences with Mr Moat, and their Chancery practice, must have given them some little care and trouble. The salutation of "*here comes Morison, the quack*," is not a pleasant one, but then, blessed martyr, either one of them is "*willing to undergo some persecution*" in the sale of his pills. The latter will continue and the Messrs Morison will thrive until a wise legislature shall wash their hands from all complicity with quackery;—until our public bodies shall cease, for gain, to allow the walls of our Royal Exchange and other buildings to be polluted with quack show cards, and professed notarial attestation in their favour from distant portions of the empire; until the legal profession, and the public service, shall be closed against empirics; † and until the people themselves shall be wise enough to avoid the unqualified pretender, and the trash compounded and sold under the denomination of quack medicines.

But we are tired of Messrs Morison, and therefore bid them "*good night!*"

*To be continued weekly.*

#### ON THE NATURE AND TREATMENT OF DEFORMITIES.

(No. VII.)

BY CHARLES VERRAL, Esq., M.R.C.S.,  
Surgeon to the Free Hospital for Deformities of the Spine,  
Feet, Chest, and Limbs.

Having in my last communication treated of Genu Valgum or knock-knee, and having very briefly, yet I trust to a certain extent explicitly, pointed out its nature, symptoms, and general characters, as well as the treatment requisite for its removal, it now becomes my duty to draw attention to that almost opposite condition of the lower limbs, recognised under the name of *genu extrorsum*, or outward inclination of the articulation of the knee-joint.

Amongst the squalid, poorly-clad, and ill-fed children of this and other large cities, this is also a very common variety of deformities, its victims almost equalling in point of numbers those that we last treated of.

I have already observed that genu extrorsum is, as far as appearance goes, the natural opposite condition to genu valgum—we shall find by inquiry, however, that the nature and symptoms of the two affections are characterised by features widely different, for whereas we saw that the latter deformity was essentially one in which the knee-joint itself was extensively involved—so we shall discover that the former is simply a curvature of the shafts of the longbones, the articulation of the knee being as a rule entirely uninfluenced.

\* His widow, on announcing his death to a friend, expressed her firm belief, that had he only *swallowed* the pills, he would have recovered; and she still believes so.

† This document hangs on the north walls of the Royal Exchange, on the right of the statue of her Majesty. It professes to be on behalf (NOT BY) 10,000 people in Cape Breton, who are votaries of Morison's pills. An opinion of its value may be formed when it is stated by Messrs Morison themselves, that "the 'Times' newspaper positively refused to publish it, although they had taken the money for it, viz., 6l." It appears to be a plausible document got up at the instance of a Mr McKinnon, Messrs Morison's agent at Cape Breton.

‡ We understand that brother Alexander is a Captain in the Army; that brother James is a barrister, and John an attorney; whether practising or not we cannot say. Such is the power of lucre.

\* "The stomach and bowels never get wearied with these pills; on the contrary they *delight* in them."—(Morisoniana.)



A very brief examination of the knee-joint is sufficient to convince the mind that it would be almost a matter of impossibility to have any great degree of change taking place in the relative position of the articular surfaces of the external condyle of the femur and the outer half of the head of the tibia. The direction in which the superincumbent weight of the body is transmitted, the depth of the articular cavity, the excessively firm and resisting structures, both tendinous and ligamentous, which are placed at the outer side of the knee, all serve to render much displacement here impossible; hence it is that even in the most severe of those hideous cases of "bowed" or "bandy" legs, which occasionally come before the eye, the knee-joint is found preserving its due integrity, although from the altered direction into which it has been brought, its motions are occasionally, nay almost invariably, found to be curtailed and limited.

The true nature of genu extrorsum, then, is the following:—In the first place, there is one general and uniform outward curve of the tibia—and possibly the fibula also—from just above the situation of the ankle-joint to within an inch or two of that of the knee; and secondly, the head of the femur is thrust more deeply, as it were, into the cavity of the acetabulum—the consequence of these conditions is, that the knees are widely separated from each other—whilst, too, almost invariably, the ankles remain close together—the effect of which is to produce that arched appearance of the leg so extremely unsightly.

Patients afflicted with a severe grade of genu extrorsum have a very conspicuous and awkward gait, locomotion being mainly performed by violently rolling the body from side to side—a natural provision for the due preservation of the centre of gravity. The height, too, of those who suffer from this distortion is frequently very greatly diminished, the figure presenting a peculiarly grotesque and dwarfish appearance.

Genu extrorsum is entirely a non-congenital affection, the causes giving rise to it being purely of a mechanical nature. In every nine cases out of ten its origin may be dated to that period of infancy when the child commenced to get upon its feet. At this particular epoch, from some one or several of the various causes which give rise to emaciation and debility in the infant, the system is much weakened, and as a consequence the bones are wanting in their due proportion of earthy matter, and being thus totally unequal to resist the mechanical effect of the superincumbent weight of the body, they yield beneath it, and ultimately assume that curved appearance already alluded to. I have heard it said that genu extrorsum may attack persons who have passed the period of puberty; my own experience, however, can furnish no instance of this kind; of the numerous cases which it has fallen to my lot to treat, all, without an exception, were cases which had arisen during infancy.

The treatment of genu extrorsum is, in the child, a matter of no very great difficulty, further than that it requires considerable patience and attention both on the part of the medical superintendent as well as that of the nurse or parent. From what I have already said it will be gathered that the general health of the little patient is almost invariably disordered. The first indication, then, will be to take measures for improving the foundation, as it were; for this purpose gentle alterations and mild unirritating aperients should be administered, with a view to improving the condition of the various secretions, after which gentle tonics, such as the various preparations of iron—the pulv. cinchonæ—in some cases the ol. jecor. aselli will be found highly beneficial.

As regards the mechanical part of the treatment, the simplest means will suffice; the constant use of a common wooden splint, well padded, and extending from just above the inner side of the articulation of the knee-joint, to somewhat below the malleolus internus, will of itself very frequently be productive of the best effects. The mode of applying it is this: Secure it firmly at its upper and lower extremities, when it will be found that a considerable space exists between the centre of it and the shaft of the tibia; the

object to be attained, is very materially to decrease the size of this space, which will be done by the employment of webbing-straps passed over the convex portion of the curved leg, and gradually tightened, so as to draw the bone up towards the splint.

Another method of treatment is that by boots and irons. A pair of well-fitting and tolerably stout boots, having attached to them an iron support, jointed at the ankle, and extending up above the knee, are constantly worn, until, by increased growth and strength, the bones are sufficiently strong to bear the weight of the body. It will be found, that on some patients it is more easy to keep the splints constantly applied, on others the boots and irons. As regards my own opinion as to which is the best, I have frequently adopted this plan, with entire satisfaction to myself. During the time that the patient is moving about or standing—in fact pretty much all day—I allow him to wear the irons; whilst, at night, and during other periods of repose, I direct that the splints may be applied. In addition to this medicinal and mechanical treatment, much may be effected by judicious dieting; and where it is practicable, by removal to the sea-side. Benefit will also result from bathing the limbs in either cold or tepid salt water, having them well rubbed afterwards.

Such is the treatment I adopt with complete success, both in hospital and private practice: a steady perseverance in it will certainly result in the restoration of the great majority of those cases which are susceptible of improvement or restoration. Of course, in the case of adults, where the bones have become hardened, all treatment will be utterly unavailing. Not long since a tailor came to me with genu extrorsum of both extremities. He was most pressing and solicitous that I should undertake to relieve him; he was willing to be subjected to treatment of whatever kind, so that he might only have a fair prospect of recovery. I, of course, told him that benefit had now become out of the question, and declined to advise any course for him to adopt, upon which he left me, vowing that he would yet seek relief somewhere.

I once heard a surgeon say in a lecture—and one too who should be well acquainted with these matters—that a somewhat similar case happened to himself. He examined the patient's knees, and found them perfect both in form and function: nevertheless, at the urgent request of the patient, he was induced to divide the tendons of the semi-membranosus and semi-tendinosus muscles, and then, by means of instruments, forcibly to alter the position of the joint. Comment upon such practice would be superfluous.

It occasionally happens that, in the same patient, one limb is affected with genu extrorsum, and the other with genu valgum, when a very odd appearance is imparted to the patient's figure. In such cases, too, it generally happens that the malady is further complicated by the presence of lateral curvature of the spine. A very remarkable instance of this kind is now under my care in the Hospital, in the case of a young girl, aged fifteen years. Of course, under such circumstances as these, the peculiar affection of each limb will be treated after the manner already detailed for these separate conditions; whilst the lateral curvature will be dealt with by the highly effective means I shall have to allude to at a subsequent period.

The next paper will contain some brief remarks upon the remaining deformities of the knee-joint, with possibly some account of those distortions which are found affecting and involving the hip.

3 Weymouth Street, Portland Place.

\* \* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.

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## BIOGRAPHICAL NOTICES.

SIR WM. BURNETT, Knt., K.C.B. &amp; K.C.H.

Very few men have filled a public office with more general satisfaction than the subject of the present sketch; and there are few offices which it would be more difficult to fill with credit than that of Director-General of Naval Hospitals and Fleets. A severe training in active service during our last great naval war, and a gradual rise through the various responsible offices of medico-naval administration, have made Sir William intimately acquainted with the condition of the service over which he now presides, and the possession of a sagacious understanding and temperate character have enabled him to administer the affairs of his department with a skill and success that do not always await the acts of supreme authority in this country. Perhaps the most difficult and delicate duty that has devolved upon him since his possession of office was that of obtaining an improved status for naval assistant-surgeons; and although there were arrayed against him the immobility of civil administrators, the prejudices of old navy officers, and the indifference of Parliament, yet his perseverance and earnestness in this cause have at last prevailed, and the members of that branch of the service owe to their chief a large debt of gratitude for his exertions. It was remarkable that during the whole time that the grievances of the naval assistant-surgeons were discussed, not one voice was raised against Sir Wm. Burnett—a tacit recognition of the interest he was supposed to take in the service; but the praise he in reality deserves for his indefatigable representations in behalf of his oppressed brethren, has not yet been duly acknowledged.

There are some juvenile scribblers in the press, who, knowing only some half-a-dozen names current in our weekly literature, and imagining that these represent the entire science of the profession, are in the habit of descanting on the inexpediency of men being retained in high office who are not illustrious in some philosophical pursuit, and who, in the infallible judgment of these critics, do not adequately represent the science of medicine in the European world. It is very certain that either the seductions or the duties of high office are apt to withdraw men from studies purely scientific, and that there are few individuals who retain their love of laborious research, after the Circean cup of power has been presented to their lips. The best men, therefore, are apt to backslide from their first professions under such temptations.

The qualities, however, for a successful administrator are not always those that lead to distinction in the walks of science; and it might not happen that a man who had attained reputation as a physiological chemist, or a brilliant operator, would shine equally in a ministerial capacity. To Sir Wm. Burnett no such objections apply. Eminent as an administrator, he is not less distinguished for past services as a naval surgeon, and for present sympathies in the cause of science. His affections towards his profession have not been petrified by office. Even, lately perceiving the advantages of the chloride of zinc as a disinfectant, he immediately introduced it to general notice, and has thereby established strong claims as a public benefactor. Her Majesty's Fleets will, doubtless, experience the advantage of so powerful a disinfecting agent.

Sir William Burnett was educated at Edinburgh, and entered the profession as assistant-surgeon in the year 1795, and became full surgeon in the year 1799. His admirable qualifications were soon discovered, and in 1804 he became an hospital surgeon. In 1810 he was appointed to the important office of Physician and Inspector of Hospitals of the Mediterranean Fleet. The professional skill, business-like ability, and temperate judgment he manifested in these offices, led him to higher honours; and in 1822 he became a Medical Commissioner of the Navy, and he was appointed Physician-General of the Navy in 1832.

Sir William was present at all the great naval actions

that illustrate the history of his time. He was with Jervis at Cape St Vincent, and with Nelson at the Nile and Trafalgar. Few naval surgeons can point to nobler services, or present stronger claims to the justice of the Government for the distinguished office he now holds. Would that it could be said of all, as of him, that he is worthy of his honours. Sir William has also exhibited some familiarity with the pen, and he is the author of an essay "On Mediterranean Fever," of an "Official Report on the Fever in the Bann Sloop of War," "On the Fever at Chatham," and various other literary and scientific productions.

Scotland has the honour of owning Sir William as one of her sons. He was, and still is, despite the prejudice of increasing years, a tall and fine man, with a good presence and carriage. Until within these few years at any rate, he was still erect, and seemed to defy the assaults of that adversary which no strength of constitution and no defensive art can successfully repel. As our narrative proves, Sir William must be verging close upon eighty years of age; yet his affections and his intellectual faculties are sound, and he performs satisfactorily the duties of his office. The pursue will, however, eventually launch his dart, and when he does so, he may stop for a moment to reflect that he has not often laid low a better man.

JOSEPH BURNS, ESQ.

JAMES BRYANT BURRIDGE, ESQ.

J. T. ROBERT BURROUGHS, ESQ.

PHILIP BURROWS, ESQ.

GEO. BURROWS, M.D.

Dr Burrows is, perhaps, the most complete representative of conventional physic of his time. Not without liberal impulses, he is animated by grand ideas of his order, and is more exclusive than is consistent with the antecedents of his name, or with the present requirements of the profession. His personal qualifications are considerable, and have acquired for him an influential voice in the counsels of the College of Physicians. The amiable negatives of that august body have by a species of electric affinity seized upon one of their colleagues of a more positive character to become their exponent to the profession and the government, of their feelings and policy. Dr Burrows is the man for this office, and very fairly reflects the Conservative character of the body he represents. We believe, however, that this gentleman has been misrepresented; and that he is not by any means so illiberal as our contemporaries a few years ago tried to make the profession believe. An untimely expression of opinion exposed him to the indignation of his class and the censures of the representatives of the press, and compelled him to make reparation in a manner the least agreeable to a man so proud and contemptuous as his enemies averred. His official position in the College overbore on that occasion his personal character, and he rashly committed himself to expressions of which his better judgment did not approve. He apologised, and was excused; and so will we excuse him in the hope that his sagacious mind will see the necessity of advocating a more comprehensive reform of the profession than he has yet contemplated.

Dr Burrows is the son of that estimable general practitioner and medical reformer, Dr G. Mann Burrows, the Chairman of the Committee of Associated Apothecaries whose exertions obtained the Act of 1815. Let the memory of the father's services inspire the son in all his efforts for the reconstruction of the profession. The father was no lover of class prejudices—no adherent to antiquated usages—but a wise, independent, and honest man, who regarded the interests of sections subordinate to the interests of the mass, and who strove to raise the respectability of the entire profession by extending the benefits of a superior education and higher social position to the humbler members of the body. The College of Physicians repudiated the design; will the College of Physicians of our day do likewise? It is curious that the father was the plaintiff, and



that the son is the defendant in the great cause which from that time to this has been under trial before the professional tribunals.

The subject of our sketch was educated at Caius College, Cambridge, and graduated as B.A. in 1825. He stood high in the mathematical tripos of honours, and was elected Fellow and Mathematical Lecturer of his College, which latter appointment he soon resigned from preference of an active professional life. He subsequently resorted for his medical education to St Bartholomew's Hospital, where he studied anatomy and physiology under Abernethy; surgery, as dresser to Mr Lawrence; and medicine, as clinical clerk and assistant to Dr Latham. Two consecutive years were then spent at the continental schools of medicine, &c.; six months at Paris, in the dissecting rooms of M. Breschet and in the wards of La Charité and Hôpital des Enfants; twelve months were then spent in Italy, six of which passed in the study of anatomy and physiology under the immediate direction of Professors Scarpa and B. Panizza. He afterwards travelled six months in Germany, spent chiefly at Vienna and Berlin, but visiting all the principal universities, baths, and watering places. On his return he obtained the degree of M.D. Cantab., and the license of Royal College of Physicians in 1829, and was admitted a Fellow of the College of Physicians in 1832. Dr Burrows was appointed to deliver successively the Gulstonian, Croonian, and Lumleian Lectures at the College, all of which were published in the 'Medical Gazette' between 1834 and 1843. He has been elected Censor of the College four times, and has been also four times elected on the Council, of which he is now a member. Having always taken an active interest in endeavours to obtain a new charter on an enlarged basis, in accordance with the views already promulgated by the Council, he has been frequently nominated to act on deputations to confer with Government and various public bodies on this subject. His general policy in reference thereto we have already indicated.

Dr Burrows was elected Assistant Physician to St Bartholomew's Hospital in 1834, and full Physician in 1841. In 1836 he was appointed lecturer on the "Principles and Practice of Medicine," and has the honour of addressing one of the largest medical classes in the metropolis. He is also Fellow of Medico-Chirurgical Society, and has been twice a member of Council, late Treasurer, and thrice Vice-President of the same society.

He has published papers on the "Transactions of Medico-Chirurgical Society," several in the 'Medical Gazette and Medical Times,' and extended articles on hæmorrhages, and some minor articles in the 'Library of Medicine,' by Dr Tweedie.

In 1846 Dr Burrows published a valuable work on "Disorders of Cerebral Circulation, and on the Connexion between Diseases of Heart and Brain." He was elected Fellow of Royal Society 1846.

Dr Burrows is a fine man, with locks of questionable beauty as regards their colour—a colour usually described as "auburn" by fond mothers and affectionate wives. Though not a favourite with his class for reasons independent of his professional qualifications, he lectures well, and is a good practitioner. He is possessed of a sound judgment rather than brilliant talents. Notwithstanding his aberrations on the subject of medical politics, he is likely to make way eventually in West-end practice; and there are few men in whose professional knowledge and skill we should be more disposed to rely.

He resides at 18 Cavendish square.

WALTER BURROWS, ESQ.

WM. BURROWS, ESQ.

WILLOUGHBY MARSHALL BURSLEM, M.D.

The subject of this notice was educated generally at Etou, professionally at the University of Edinburgh, where he resided three years previous to his graduation at this seat of

learning in 1839. He held the appointment of Dresser and House Physician in the Royal Infirmary of Edinburgh for a period of two years. In March 1840 he obtained the diploma of the Royal College of Surgeons of England, and shortly afterwards paid a visit to the French metropolis, where he remained throughout the following winter session assiduously studying the practice of the different hospitals, but more especially that of Professor Cruveilhier at La Charité, and of Professor Chomel, at the Hotel Dieu, and attended two clinical courses on auscultation by Dr Guenean de Mussy, Professor Chomel's interne, also the practice of the Hospital des Enfants Malades, under Messrs Guersent and Becquerel. In 1842 the doctor returned to London, and a few years afterwards received the appointment of physician to the Blenheim-street Dispensary, to which institution he has now for several years past been senior physician. In 1846 Dr Burslem became a member of the Royal College of Physicians of London, and shortly afterwards was appointed physician to the Chelsea, Brompton, and Belgrave Dispensary; two years later he received the same appointment to the Margaret-street Dispensary for Consumption and Diseases of the Chest, and subsequently was appointed to the Lung Dispensary. The two last appointments he has now resigned. These particulars will show that Dr Burslem's opportunities for observation have been great, and these he has cultivated with a mind of a very philosophic order, and with an ardour that a love of his pursuit could alone engender. If he now narrows the circle of his public experience, it arises, we are happy to say, from that of his private and more pecuniarily lucrative department increasing; and we need hardly say how such a man, and such men, who has and have so laboured, deserve the confidence of the profession and the public. Dr Burslem's favourite subject of investigation, both in Paris and London, has all along been the treatment of phthisis: and on this subject he has recently contributed to our literature a well-digested volume, intended to demonstrate the utility of emetic treatment in the early stages of the fatal disease, conjointly with cod-liver oil and a nourishing diet, and the importance of attending strictly to points connected with the menstrual period—too often the precursor of this disease in females. Having very recently recommended this work very heartily to the attention of our readers, we need not enter here more fully into its merits.

## REVIEWS.

*A Brief Statement respecting certain Recent Advertisements in regard to Bitter Beer.* By Henry Allsopp.

What? not dead! We do not know how many Allsopps there may be, but we thought we had killed them all long ago,—and decently buried them too, as became a generous adversary. Yet here again is Henry Allsopp—if no ghost—a positive instance of literary resurrection, whimpering as ever at the "vexatious attacks" still carried on against him, repining over the lost "enjoyments of private life," casting abroad charges of "jealousy," "calumny," "slander," and all uncharitableness, and baring his back to our thongs as if he delighted, like a penitent friar, in the process of flagellation.

It is hardly worth our while to waste time on this little pamphlet, for if Mr Allsopp is not, as he professes he is, disgusted with the subject, we are sure that our readers must be tired of its reiterations. Besides, we do not desire to crucify our antagonist anew. Mr Allsopp, like a true Briton, does not know when he is beaten; or rather, knowing it, he will not confess it. You may hit as hard as you like, but "he will never say die." He has withdrawn his advertisements; but what of that? He has only changed his tactics, and intends to carry on a war of pamphlets, so long as he can find anybody who will waste powder upon him. Notoriety he will have, at whatever cost. The name of "Allsopp" has haunted the broad pages of the daily and weekly press for three months, until we are actually scared at the view of it. We had thought that we had



at length lost sight of him. But, alas! "hope told a flattering tale." Our tormentor stares us in the face again, as boldly and unblushingly as ever! There is no understanding it—unless he be the veritable "Flying Dutchman" of the press. Like his prototype, no shot can sink him, no storm ever shattered his sails; the hurricane for a time sweeps him from sight into the trough of a sea, or hides him in a water-spout; and you think you are rid of the nuisance for ever, when, lo! something on the horizon troubles the vision—a cold sweat breaks out, for it is too true, there is Allsopp, or the "Flying Dutchman" once more! We wish we knew some charm to exorcise this troublesome companion; for really, if we do not soon disenchant him, there will be no peace for our souls, any more than for his. It is becoming a very serious matter, and if this persecution continue, "bitter beer" will be found to have an ingredient of bitterness in it of which we are only now becoming sensible. Instead of supporting it will surely be the death of us, and then Mr Allsopp will have provided a *bier* for the support of our bodies which no puffing will make popular; and by that time perhaps he will begin to repent of his *undertaking*.

Mr Allsopp thus refers to our exposures of his "Gigantic Beer Puff."

"I will make no reference (and straightway makes one) to the already repudiated attacks of a junior medical newspaper. The good sense and the right feeling of justice which must invariably, sooner or later, affect all gentlemen educated in a profession requiring both an earnest seeking after truth and acumen in its examination, have, at last, eventuated in their withdrawal of the charge of unfair intention insinuated against me. The sudden inflation of the circulation of the number of that journal, which contained the charge in question, and the marvellous number of advertisements, which at so large and unusual an expense announced the appearance of that charge, I can set down to their proper account."

If Mr Allsopp will kindly point out the passages in which we accused him of "unfair intention," and those in which we withdrew the charge, we shall feel obliged to him, — much more so indeed than we are for the indirect compliment with which he ingeniously introduces the assumption. The last sentence of the foregoing quotation contains one of those enigmatical speeches that the learned editors of the Talmud alone could be expected to solve. It is too deep for our powers of divination, but we beg that Mr Allsopp will not write another pamphlet to explain it.

*An Introductory Lecture delivered at the Opening of the Medical Session in Marischal College and University, Aberdeen.* By Geo. Ogilvie, M.D.

The author urges upon students, in this brochure, due attention to moral duties as one of the chief ornaments of the medical character. The improved organisation of our Metropolitan Hospital schools is adverted to, as supplying a want long felt, and as calculated to raise the character and improve the habits of the student. Dr Ogilvie occupies the larger portion of his lecture with observations on the presumed infidelity of the followers of medical science; and points out the order in which its truths have been occasionally perverted.

*An Essay on the Poison of the Cobra di Capello.* By JOHN COCKLE, A.M., M.D.

The object of Dr Cockle's Essay is to inquire how far the symptoms produced by the virus of the serpent is reconcilable with the hypothesis of a decomposition of the blood. He supposes that this venom is of an opposite type to arsenic, the former being *septic*, the latter *antiseptic*. The pamphlet comprises much of what is known on the subject, and offers suggestions that may yet lead to more definite knowledge.

*A Letter addressed to Jas. Syme, Esq.* By FRANCIS BURDETT COURTENAY, M.R.C.S.

Mr Courtenay is very wroth with Mr Syme, and not without reason, because the latter gentleman is said to have sup-

pressed various facts relating to a case of Stricture, formerly under Mr Courtenay's care, and for the cure of which the operation of perineal section was performed by the Edinburgh Professor. In consequence of the disingenuousness of Mr Syme or his advocates, Mr Courtenay considers that his character might unfairly suffer, and he now comes forth to defend himself in a pamphlet, through which the whole profession may become acquainted with the merits of the dispute.

The patient in question was sent to Mr Syme by Mr Courtenay for the purpose of being operated on according to Mr Syme's method of perineal section. The operation was performed, and the case subsequently published by Mr Syme as a cure, and, of course, a brilliant testimony to his surgical skill. This was unfortunate, because if it should turn out that the case was a failure there was one pair of sharp eyes in London at any rate that would be sure to discover the mistake, and the gentleman owning them would exercise his undoubted right to divulge the truth or not, for the benefit of science, as might seem to him fit. It so happened that while Mr Syme was publishing the case as a remarkable instance of the success of his operation, Mr Courtenay was holding it up as a melancholy instance of its failure. Thereupon the "Edinburgh Monthly Journal," in part the property of Mr Syme, attacked the character of Mr Courtenay, and this gentleman now puts in his rejoinder. We certainly think that Mr Courtenay has the best of the battle. His facts are conclusive, and his hitting is too direct to be agreeable to Mr Syme. Mr Courtenay, in a series of questions, embodying his summing up, thus attempts to crucify his antagonist.

1. Do you deny the truth of the patient's statement, contained in his letter of the 13th of June, as to your being compelled, an hour or two after the operation, to apply a ligature, in order to stop the hæmorrhage which had occurred? If you do not, will you then say why this circumstance was altogether omitted in your account?

2. How comes it that the circumstance of the patient's remarking that the instrument "jumped," is now for the first time permitted to "jump" out? As it now appears on your own admission, that the instrument "jumped," and "*did not pass smoothly along the urethra*," why did you then tell the patient, that the stricture was permanently removed? If the patient was sensible of the impediment and "jump," surely you, who vaunt yourself as so dexterous in the manipulation of urethral instruments, must likewise have been aware that the stricture was not completely removed. Speaking with all due humility, I would remark that I never yet had a patient who complained of an instrument's "jumping" without having myself been aware of the fact before he could mention it, and certainly, although I have had some little experience during the last twenty years in the manipulation of urethral instruments, I would not for a moment lay claim to the possession of the dexterity in their use which you arrogate to yourself.

3. Do you repudiate the letter of the 21st of July, wherein you recommend the patient to pass instruments "*once a week for three or four weeks, and then once a fortnight for the same period*?" If not, on what grounds do you justify the not mentioning so important a fact?

4. Do you deny having been informed by the patient of the spasms and other inconveniences which the introduction of instruments occasioned, or the truth of the patient's statements to me in his letter dated 12th October (nearly a month before your pamphlet was published), wherein he mentions having written to you, in accordance with my suggestion, to ask if he might retain a catheter, and further stated he had received a letter from you, and that you *were very anxious to know how he was going on*? And if you cannot deny them, and the other facts narrated above, how do you, then, make out the assertion contained in your second letter to Crito Hypercricus, that "*it is evident that at the time you published your pamphlet you had good reason to describe this patient as cured*?"

Mr Courtenay puts another series of questions to Mr Syme, which that gentleman will probably have some difficulty in



answering to the satisfaction of the profession. The questions are exceedingly pertinent and telling, but we must refer the reader to the pamphlet for further information.

# LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

## No. II.

Like that most erudite monkey, in the fable, who bolted package after package of medicines, because he saw his master doing the same, these silly simpletons are content to drug themselves to death, because they see a host of others doing so likewise.

In every age has the land been overrun by swarms of quacks,—men who prefer living on the follies of mankind, practising imposture as their profession, and searching out the credulous and ignorant as their dupes and victims, rather than plod on in some reputable line of life. They care not to qualify themselves in any degree by acquiring any real knowledge, but simply putting plenty of *brass* into their faces, they find that they are soon able to put plenty of *gold* into their pockets. "*Necessity*" with them especially "is the mother of invention," and what wonderful discoveries have we not seen issuing forth from empty pockets! The quack is of Falstaff's opinion, and says, "A good wit will make use of everything; I will turn diseases to a commodity."\* Burton tells us, "Many poor country vicars, for want of other means, were driven to their shifts, to turn mountebanks,† quacksalvers, and empirics." "Saltimbancos, quacksalvers, and charlatans," observes Sir T. Browne, "deceive the vulgar in lesser degrees; were Æsop alive, the Piazza and Pont Neuf would speak of their fallacies." "There is scarcely a town" (says the 'Spectator') "but has one of this tribe, who takes it into his protection, and, on the market-day, harangues the good people of the place with aphorisms and receipts. You may depend upon it, he comes not there for his own private interest, but out of a particular affection to the town: I remember one of these public-spirited artists, who told his audience that he had been born and bred there, and that having a special regard for the place of his nativity, he was determined to make a present of five shillings to as many as would accept of it. The whole crowd stood agape, and ready to take the doctor at his word; when putting his hand into a big bag, as every one was expecting his crown piece, he drew out a handful of little packets, each of which he informed the spectators was constantly sold for five shillings and sixpence, but that he would bate the odd five shillings to every individual of that place. The whole assembly immediately closed with the generous offer, and took off all his physic, after the doctor had made them vouch for one another that there were no foreigners among them, but that they were all Hammersmith men."

Strange tricks and devices have these said worthies played off, in order to attract notice and catch customers, from the delusive mummeries of the pretended astrologer, to the sublime puffs of our own advertising times. "Herodotus tells us," continues the 'Spectator,' "of a custom among an Eastern nation, with whom it was a law, that when any cure was performed, both the method of the cure, and an account of the distemper, were to be fixed in some public place; but now-a-days, many of these quack pretenders provide themselves with persons to attest the cure, before even making an experiment of the prescription. I have heard of a porter who serves as knight of the post under one of these empirics, who, though he was never sick in his life, has been cured of all the diseases of the dispensary." Addison mentions the following ingenious mode of puffing: "At

\* Henry IV, Part II.

† "Mount'ebank' (*montare in banco*, Ital.), alias 'Saltimbanco' (*saltare à banco*), a doctor who mounts a bench in the market, and boasts infallible remedies and cures.

"Quacksalver' (quack and salve), one who brags of medicines and salves; a medicaster, or charlatan.

"Char'atan' (*charlatine*, Ital., *fracialare*, to chatter), a quack, mountebank, or empiric."—(Johnson's Dict.)

"Empiric,' a trier, experimenter,—such as have no true education in, or knowledge of physical practice, but venture upon healing by observation."—(Quincy.)

the first appearance of a French quack in Paris, a boy walked behind him, publishing with a loud voice, 'My father cures all sorts of distempers;' to which the doctor replied in a grave manner, 'The boy says true.'" The English itinerant quack-doctor, like his Parisian brother, likewise used to perambulate the country, everywhere doing good. This mountebank was clad in green and gold, his sagacious head being adorned with a tie-wig, and his beneficent hands filled with bottles and boluses; while the merry-andrew, who drew the crowd together by sound of trumpet, vaulted up beside his master, with whom he entered into a humorous dialogue, and mimicked to the great delight of the assembled multitude. When the witticisms of Mr Merriman had softened the spectators into universal good humour, the doctor profited by their hilarity, and dispensed his nostrums to the silly, credulous, folks around him, who eagerly gave their money for the inestimable box of pills, healing balm, cordial, or lotion, endued with virtues not only to cure all existing diseases, but even to act as a sort of magical preventive of every impending disorder. The notoriety-seeking quack *must*, in short, play off his pranks, and cut a figure, in view of the multitude,

"For charlatans can do no good,  
Until they're mounted in a crowd."\*

Still, as the 'Spectator' justly observes, "though impudence and many words are as necessary to these itinerant Galens, as a laced hat to a merry-andrew, yet they could turn very little to the advantage of the owner, if there were not some inward disposition in the sick man to favor the pretensions of the mountebank. Love of life in the one, and of money in the other, create a good correspondence between them."

"From powerful causes spring the empiric's gains,  
Man's love of life, his weakness, and his pains;  
These first induce him the vile trash to try,  
Then lend his name that other men may buy.  
This love of life which in our nature rules,  
To vile impostors makes us dupes and fools;  
Then pain compels the impatient soul to seize  
On promised hopes of instantaneous ease;  
And weakness too with every wish complies,  
Worn out and won by importunities.

Troubled with something in your bile and blood,  
You think your doctor does you little good;  
And, grown impatient, you require, in haste,  
The nervous cordial, nor dislike the taste;  
It comforts, heals, and strengthens; nay, you think,  
It makes you better every time you drink.  
'Then lend your name;'—you're loth, but yet confess,  
Its powers are great, and so you acquiesce:  
Yet, think a moment, ere your name you lend,  
With whose 'tis plac'd, and what you recommend!  
Who tipsles brandy will some comfort feel,  
But will he to the medicine set his seal?

Compassion sometimes sets the fatal sign,  
The man was poor, and humbly begged a line;  
Else, how should noble names and titles back  
The spreading praise of some adventurous quack.

No class escapes them:—from the poor man's pay  
The nostrum takes no trifling part away.  
See! those square potent bottles from the shop,  
Now decoration to the cupboard's top;  
And there, a favourite hoard you'll find within,  
Companions meet,—the julep and the gin!"†

"There is hardly a man in the world," remarks Steele, "so ignorant, as not to know that the ordinary quack doctors, who publish their great abilities in little billets, distributed to all who pass by, are to a man impostors and murderers; yet, such is the credulity of the vulgar, and the impudence of these professors, that the affair still goes on, and new promises of what has never been done before are made every day. What aggravates the jest is, that even this promise has been made as long as the memory of man can trace it, yet nothing performed, and yet it still prevails.

"The generality go upon the first conception, and think no further; all the rest is granted. They take it that there is

\* Butler's 'Hudibras.'

† Crabbe's 'Borough.'



something uncommon in you, and give you credit for the rest.\*

The poet Crabbe thus graphically describes modern quackery and its '*modus operandi*':

"There was a time when we beheld the quack,  
On public stage, the learned tribe attack;  
He made his labour'd speech with poor parade,  
And then a laughing zany lent him aid.  
Smiling, we praised him; but we felt the while  
Pity so much, that soon we ceased to smile;  
Assured that fluent speech and flowery vest  
Concealed the troubles of a man distress.

"But now our quacks are gamesters, and they play  
With craft and skill to ruin and betray;  
With monstrous promise they delude the mind,  
And thrive on all that tortures human kind.

"Void of all honour, avaricious, rash,  
The daring tribe compound their boasted trash,  
Tincture, or syrup, lotion, drop, or pill,  
All tempt the sick to trust the lying bill:  
And twenty names of cobblers turned to squires,  
Aid the bold language of these blushless liars.  
There are among them those that cannot read,  
And yet they'll buy a patent and succeed;  
Will dare to promise dying sufferers aid,  
For who, when dead, can threaten or upbraid?  
With cruel avarice still they recommend,  
More draughts, more syrups, to the journey's end.  
'I feel it not;'—'then take it every hour;  
'It makes me worse;'—'why then it shows its power;  
'I fear to die;'—'let not your spirits sink,  
You're always safe while you believe and drink.'

"How strange to add, in this nefarious trade,  
That men of parts are dupes by dunces made,†  
That creatures nature meant should clean our streets,  
Have purchased lauds and mansions, parks, and seats;  
Wretches with conscience so obtuse, they leave  
Their untaught sons their patents to deceive;  
And when they're laid upon their dying bed,  
No thought of murder comes into their head."

An amusing story is told, in 'Lockhart's Life of Scott,' of a species of quack, not uncommon in rural districts, though they may not all of them have exactly the same reason to assign for their killing cures as this specimen:—"It happened, at a small country town, that Scott suddenly required medical advice for one of his servants, and on enquiring whether there were any doctors in the place, was told that there were two; one long established, the other a new comer. The latter gentleman being luckily at home soon made his appearance—a grave, sagacious-looking personage, attired in black, with a shovel hat; in whom, to his utter astonishment, Sir Walter recognised a Scotch blacksmith, who had formerly practised with tolerable success as a veterinary operator, in the neighbourhood of Ashestiel. 'How in the world,' exclaimed he, 'can it be possible that this is Johnnie Lundie?' 'In troth, is it your honour, just *a' that's for him*.' 'Well, but let us hear, you were a horse-doctor before; now it seems you are a man-doctor. How do you get on?' 'On, just extraordinair weel; for your honour maun ken my practice is vera sure

\* Lord Bacon in his Essay on 'Boldness,' makes the following observation: "There is in human nature generally more of the fool than of the wise; and therefore those faculties by which the foolish part of men's minds is taken, are most potent. And yet boldness is a child of ignorance and baseness; nevertheless it doth fascinate, and bind hand and foot, those that are either shallow in judgment, or weak in courage, which are the greatest part,—yea, and prevail with wise men at weak times. Surely, as there are mountebanks for the natural body, men that undertake great cures, and perhaps have been lucky in two or three experiments, but want the ground of science, and therefore cannot hold out, so," &c.

† "A patient who was afflicted with a moral malady, as a *dernier resort* surrendered himself into the hands of a quack, with an understanding that he was not to expect a change before six months. A friend who saw the daily fee, and daily deceit, expostulated with the deluded man, who exclaimed, 'Destroy not the hopes that man holds out to me; upon them I live, without them I die.'—(Winslow, 'On the Preservation of the Health of Body and Mind.')

and orthodox: I depend entirely upon twa *simples*.' 'And what may their names be? Perhaps it is a secret.' 'I'll tell your honour—(in a low tone)—'my twa *simples* are just *laudamy* and *calamy*!' '*Simples*, with a vengeance!' replied Scott. 'But, John, do you never happen to *kill* any of your patients?' 'Kill! ou, ay, may be sae; whiles they die, and whiles no; but 'tis the will of Providence. *Onyhow*, your honour, *it wad be long before it makes up for Flodden*!' "

And then, too, besides the more private speculations, as the hawking about or puffing off of myriads of miraculous nostrums and panaceas, carried on by each adventurous impostor on his own account, we have the larger empirical systems, under which hundreds of hungry rogues marshal themselves, converting the whole land to the strange doctrines brought to their ears, and most, if not all of them, managing to drive a roaring trade, as a consequence. Such are the *mesmerism*, *homœopathy*, and *hydropathy* of our own day. Each is all the rage for the time; but, like other novelties, is sadly short-lived, quickly sinking into neglect, if not oblivion, and as quickly succeeded by some equally transient favourite of a season; since

"In physic as well as in fashion we find,  
The newest has always the run of mankind."

Burke also truly remarks, "The wearing out of an old delusion only serves to put the fraudulent upon the invention of a new one."

But before alluding to these, we may as well just mention one or two of the more remarkable quacks of former times. *Paracelsus*, the Prince of Quacks, in the 16th century revolutionized medicine, and boasted that he could make

great alarm, once sent for a physician, who, on his arrival,

\* It is calculated that upwards of 30,000 of these 'tractors' were in use in the year 1800 (*Lancet*, May, 1851). Southey, in a letter to his friend Coleridge (Aug. 1802), mentions having seen "*Perkins*, the Tractorist, a demure-looking rogue." (*Life*, vol. ii. p. 19.)



after feeling his patient's pulse, was surprised to find him in so great apprehension, such trifling symptoms of danger being present. "Not so very trifling, doctor, as you imagine," said the quack, "for to tell you the truth, *I have swallowed some of my own nostrums by mistake.*" Occasionally, too, the mighty panacea, the infallible remedy for all the thousand "ills that flesh is heir to," is wondrously harmless; and fortunate indeed are the patients who put their faith in such like "doctor's stuff." Of this sort, probably may be reckoned the specific of the empiric described by our friend Hudibras:—

"For by his side a pouch he wore,  
Replete with strange hermetic powder,  
That wounds nine miles point blank would solder;  
By skilful chymist with great cost  
Extracted from a rotten post."

This race of medicasters seem, in short, to be of opinion that "there is a time to *kill* and a time to *heal*."\*

In reference to *Mesmerism*, the following very satisfactory explanation of most of the "demoniacal mummeries," as Hannah More styled them, of that magical art, may be offered a solution also applicable to various other wonderful discoverers. "'What on earth,' says the witty Theodore Hook, 'can have brought you to this line of life?' cried one quondam friend to another, after seeing him publicly mesmerised, and submit to have pins thrust through the gristle of his nose, and the lobes of his ears. 'Why, the necessity of living.' 'And what may you have for your services?' enquired the other. 'Three-and-sixpence for the exhibition, and a shilling for each pin.'"

*To be continued.*

## MEDICAL NOTES AND QUERIES.

### REPLIES.

*The Action of Lemon Juice.*—If "'Aroles" will refer to the works of Christison, or Neligan, on *Materia Medica*, he

\* Ecclesiastes, chap. iii. v. 2.

will, I believe, find their statement of the composition of lemon juice to be "1.77 per cent of citric acid, 0.72 of gum, malic acid, and bitter extractive, and 97.51 of water." This I copy from Neligan, but Christison's account is the same. Royle, says "it consists of citric acid (about 1.77 per cent) dissolved in water, with mucilage and extractive." Thomson agrees with Royle nearly. This is, I think, tantamount to saying that lemon juice contains no potash; which "'Aroles" denies that they state.

They certainly *should* be authorities on the subject; all four of them either being now, or having been formerly, teachers of *Materia Medica*, in some of our best schools. I did not speak of the substitution of citric acid for lemon juice, in scurvy. I am aware it is not thought so valuable for that purpose. It was only of its use in the treatment of acute rheumatism that I spoke. If "'Aroles" will give me his address I will send him notes of cases, which I think will convince him of its power in this disease.

I am too busy just now to ascertain for myself the composition of the juice, but shall do so as soon as I can stay, wishing, like "'Aroles," simply to elicit the truth. I had certainly no intention of misquoting or misrepresenting him in my remarks.

S. DREW.

Rotherham.

## CORRESPONDENCE.

### RATE OF PAYMENT OF POLICE SURGEONS IN IRELAND.

*To the Editor of the 'Medical Circular.'*

SIR,—It appears to me that your invaluable Journal is the one best calculated to bestow the proper attention on, and lay before the public, some grievances to which the Medical Profession is exposed, and principally by members of that profession who, either by good luck or patronage, have been fortunate enough to work themselves above the ordinary class and rank of medical men, and having obtained that pre-eminence, think they have a perfect right to tax the time and *arduous*, nay *painful*, services of their more humble and less fortunate confreres in accordance with their narrow and paltry views.

1st. Allow me to acquaint you that there is a regulated allowance for attendance and medicines furnished to the Irish constabulary of sixpence per month (no allowance for women or children) per man. This Board have the power of granting a further sum for extra attendance in cases of malignant fever, or other urgent and serious or long-continued disease.

Well, I will quote you an instance of their liberality, in which the medical officer in charge receives something like 3*l.* 10*s.* per annum for his attendance on twelve men, one party being twelve at least, and the other twenty miles' distant, and to whom he travelled nearly 300 miles within three weeks, often obliged to remain at an hotel, at expense and great inconvenience in order to do justice to the individual, who suffered from malignant typhus. For this duty he was rewarded with a sum under three pounds. I ask you, Mr Editor, is that the way to encourage zeal in the discharge of such important duties.

Pray put this subject into proper shape (if you think it worth a place in your esteemed journal), according to your accustomed good taste, and if acceptable, I will let you have more matter on similar subjects.—Yours, &c.,

Cumberland st., Dublin, Dec. 10.

A SUBSCRIBER.

### THE SALE OF TARTAR EMETIC.

*To the Editor of the 'Medical Circular.'*

SIR,—How came the person who took tartar emetic alluded to in your last Number, to get such a deadly drug—was it accidentally or wilfully given? If the first, it shows great fault somewhere, if the last, why have not the givers been sent to the Old Bailey, to answer for their crime? Answer these queries, and oblige yours obediently,

F.R.C.S.



## CORONERS' FAVOURS.

To the Editor of the 'Medical Circular.'

SIR,—On perusal of your last 'Circular' I was surprised and somewhat annoyed, (more especially as the object of my communication was apparent on the very face of it, viz., to advocate justice being done Mr Fenton and our profession at large), at the punctilious and 'frivolous manner in which Messrs Dick and Fenton have commented upon my letter of 25th November, and I hope to show hereafter vainly endeavoured to falsify the statement therein.

I am sorry to have to intrude upon your space, but I am sure you will do me the justice of publishing an explanation which I feel sure will convince any sensible person that my letter left no room for fair contradiction.

Dr Dick repudiates the words "incessant endeavours of these gentlemen." I repeat it! but for the satisfaction of that noted physician, who is so timid of taking responsibility, I beg to say I was aware he had retired to rest, and was only consulted on the ease. I should have added the word *two*; when it would have read "incessant endeavours of these two gentlemen," viz. Messrs Baker and Fenton, who I challenge to deny the correctness of the words. The passage was not *legally explicit*, but whilst it was left open whether two or three gentlemen used incessant endeavours, I think I deserved the courtesy of silence.

With regard to Mr Fenton being "assisted by his friend" and *not an assistant*, I must with all due deference to that gentleman's aristocratic pride maintain that as he was assisting Mr Fenton, he was his assistant *pro tem.* but I should have had much pleasure in substituting the words *assistant friend* had I been aware the word "assistant" would be considered so despicable an epithet.

Lastly, I will ask Mr Fenton and his assisting friend, whether they have not one and both stated the quantity as *nearly one drachm*, and whether the exact quantity of sixty-five grains was not the result of their further research prior to, or at the inquest, where I may as well add, after the elaborate medical evidence of Mr Beale, a verdict of Accidental death was returned.

Having said I trust sufficient to prove myself Not Guilty of falsehood, I shall conclude.—Your obedient servant and subscriber,

M.R.C.S.

Paddington, Dec. 30, 1852.

## TARTAR EMETIC IN PARTURITION.

To the Editor of the 'Medical Circular.'

SIR,—I beg to add my testimony to the value of antim. tart. (as proposed by Mr Stedman) in labours tedious from rigidity, especially in primiparâ.

The idea originated with me from observing the good effects often produced by spontaneous vomiting, in relaxing the rigidity of the os uteri and perineum and for several years I have regularly used it as a substitute for bleeding (an operation often objected to by both patient and friends). I could quote several cases precisely similar to that of Mr Stedman's in your last Number, but will not trespass upon your space. I recommend the *eighth of a grain* in a little *warm* water every ten minutes until nausea is produced.

I have never noticed any bad effects from its employment and it *increases* rather than diminishes the uterine contractions.—I am, &c.,

FRANCIS C. GOODWIN, M.D.

Harpurhey, near Manchester, January 8.

## Obituary.

December 2—JOHN VAUX LEESE, Esq., late of Blackheath, Kent, and formerly of the Bengal Medical Service, at Ryde, Isle of Wight.

2—WILLIAM RICHARD VINCENT LANE, A.B., Trinity College, Dublin, 1821; M.B. 1826. The deceased was Physician to the Douglas Dispensary, and, while in the discharge of his duties, caught a fever, which terminated his earthly career.

## MEDICAL NEWS.

THE HUNTERIAN ORATION.—The address annually delivered at the Royal College of Surgeons, in commemoration of John Hunter, will be delivered as usual on the 14th of February, and it is fully expected that the new and far more commodious theatre will be ready for that purpose by the specified time. Mr Bransby Cooper will be the orator.

ROYAL COLLEGE OF SURGEONS.—The new museum will be about double the size of the present, and a new and most convenient theatre is nearly ready for the delivery of the lectures, orations, &c.; and an additional theatre for the microscopic demonstrations is also building.

APOTHECARIES' HALL.—Names of gentleman who passed their examination in the science and practise of medicine, and received certificates to practise, on Thursday, Dec. 30, 1852:—Charles John Hawke, Port Philip, Australia; Wm. Henry Harris, Hon. East India Company's Service; S. A. Willis, Florence-court, County Fermanagh, Ireland.

LUXATION OF ACROMIAL END OF CLAVICLE.—M. Velpeau has seen now fifty cases of this luxation, and is satisfied that it is, as it were, natural to some persons. If these individuals should fall, they erroneously suppose that the luxation was caused by the fall. It is possible that this luxation is natural on one side, and not on the other. In all these cases, it is of no importance, so that, when left to itself, it does not prevent the use of the arm, which it is necessary to be aware of, when it is recollected how difficult and even impossible it is to keep it reduced. In such cases M. Velpeau does not needlessly inconvenience the patient, he merely applies the apparatus for fractures of the clavicle. This he removes the fifteenth day, and in a month after that the movements of the arm are restored.—'Presse Médicale de Belge.'

PARISIAN MEDICAL SOCIETY.—The election of office-bearers for the ensuing year took place on the 17th and 24th of December, when the following gentlemen were elected:—President: George Harley, M.D. — Vice-President: William O. Priestley, M.R.C.S.—Treasurer: John S. Sanderford, M.D.—Hon. Secretary: Robert Bowman, M.D.—Council: Charles Murchison, M.D.; James Barnston, M.D.; John Erskine, M.D.; A. T. Jones, Esq.; Thos. Wheatley, M.R.C.S. The Society, from the increase of members, has been obliged to remove to more commodious rooms, in Rue Monsieur le Prince, No. 45; and at the beginning of this its sixteenth session is in a most flourishing condition.

CASE OF KIRWAN.—The sentence of death passed on William Bourke Kirwan, for the murder of his wife, on the Island of Ireland's Eye, near Dublin, on the 6th September last, has been changed to transportation for life. The prisoner is about to be transferred to the convict depot at Spike Island, Cove of Cork. His immediate removal has, however, been delayed, in consequence of a medical certificate, which states that his health will not admit of it at present.

WESTERN MEDICAL SOCIETY.—Dr J. A. Wilson has been elected President of the Western Medical Society, in the place of Dr Gideon Mantell, deceased.

DEATH FROM COLCHICUM.—John Clements, captain of the Government hoy Mary, got from the "lob-lolly boy" (the boy that attends the surgery) of H.M.S. Rosamond, a bottle of medicine, having on the label "tinc. sem. colchic.", which had been prepared to be administered for the gout or rheumatism. The captain, understanding that it contained some alcohol, and feeling rather chilly, took a wine-glassful, which was equal to two ounces. He was soon afterwards seized with retchings and pains, when Dr Gunn, of the Deptford Victualling Yard, attended and prescribed for the unfortunate man, but ineffectually, as he died soon afterwards, from, as it appeared at the inquest, the fatal draught. The jury found great fault with the assistant-surgeon of the Rosamond for having left so powerful a potion in the hands of an ignorant boy.

THE PROFESSION IN CALIFORNIA.—A private letter states that in California the lowest fee paid a doctor or surgeon is twenty-seven dollars.



**HOSPITAL FOR SICK CHILDREN, ORMOND-STREET.**—Since the opening of this hospital in February, it has been patronised by Her Majesty and a large number of the profession. Ten fresh beds have been added to the original number, which will be further increased as soon as the funds permit.

**BERLIN MEDICAL SOCIETY.**—Mr John Bishop, F.R.S., Consulting Surgeon to the Northern Dispensary, and Mr John Gay, Surgeon to the Royal Free Hospital, have just been elected Corresponding Fellows of the Prussian Medical Society.

**APPOINTMENTS.**—Dr Wake, of Southwold, Suffolk, has received the appointment of "High-Steward of the borough, town, manor, and lordship of Southwold, in Suffolk." Dr Wake has for many years exercised the magisterial functions in the above town, and has lately retired from practice, having been actively engaged in the exercise of his profession for about thirty years.

**BLOOMSBURY DISPENSARY.**—A quarterly court of Governors was held on Wednesday, at the Institution, 62 Great Russell-street, when Mr Tinney, the resident medical officer, reported that from October 6th to January 5th upwards of 710 patients were medically and surgically treated, and of that number 450 were cured, 12 relieved, 6 removed to hospital, 15 died, and 227 remained under treatment. During the same period 114 poor sick were visited at their homes.

**CARBONATE OF MAGNESIA IN THE CURE OF WARTS.**—A stout girl, whose hands were covered with warts, consulted Dr Lambert for gastralgia, and was ordered to take carbonate of magnesia. At the end of two months the gastralgia remained unaltered, but the warts had disappeared. M. Lambert administered the same medicine to a young lady, in the dose of a tea-spoonful night and morning, for a similar affection. After fifteen days' of the use of the powdered magnesia the warts became flattened and smaller; they dried up, split, and fell off in fragments, and at the end of five weeks had disappeared without leaving a trace.—'La Presse Médicale.'

**CHEMISTRY OF THE NEW ADMINISTRATION.**—The Aberdeen Ministry presents some interesting illustrations of chemical phenomena. Lord Aberdeen himself may be regarded as an oily body that, in combination with the alkali of Lord John Russell in the Foreign Office, may be expected to form an emollient diplomatic soap. Mr Gladstone's carbonate of High Church principles perhaps will combine with Sir William Molesworth's latitudinarian acid, in the formation of a neutral salt, giving off, it is to be hoped, carbonic acid in the shape of Tractarianism; and we also trust that, when dissolved in an administration of sensible men, the ultramontane Popery of Mr Keogh will be precipitated; at least that the trumpet he used to play in the Pope's brass band will become so oxidised, that he will be obliged to put it in his pocket.—'Punch.'

**DR HECTOR GAVIN AT BAHAMA.**—It is with much satisfaction that we announce the arrival of Dr Hector Gavin, Medical Inspector West India Colonies, by the last packet. It may be well to remind our readers, that this gentleman, along with two other physicians, was appointed on the 1st January, 1851, by Earl Grey, in compliance with the urgent solicitations of the merchants and capitalists connected with the West Indies, for additional aid and assistance against the ravages of cholera, which at that time was devastating the neighbouring colony of Jamaica. Dr Milroy, the colleague of Dr Gavin, returned after a short stay in Jamaica, while Dr Laidlaw, his remaining colleague, died lately in London, after protracted disease. Dr Gavin, is, therefore, the only medical inspector now in the West Indies engaged in this special service. The chief duties with which, we believe, the medical inspector is charged, are those of preventing, or diminishing, as far as practicable, the loss of life which, everywhere, sad experience has proved to attend this pestilence where it has developed itself, and of proposing new and efficient sanitary enactments. The colony is indebted to Dr Gavin for the promptitude with which he has hastened hither in the midst of his important duties in Trinidad, and we look

forward with some hope in our affliction, to the effect which may be produced by his labours among us.—'Bahama Herald.'

**INDIA.**—From Scinde we learn that the wing 64th Foot had been ordered to quit Hyderabad, the men being nearly all sick and unfit for duty. At Peshawur, in the beginning of November, there were 1,700 men sick. At Mooltan a great deal of illness also prevailed. The 83rd Foot at Kurachce continued to suffer very severely from fever, and upwards of 160 men, with a large number of women and children, were in hospital. Dr Rooke is highly spoken of for his extreme kindness and attention to the sufferers.

**YELLOW FEVER IN THE WEST INDIES.**—The screw ships, *Dauntless*, 33, Capt. Halsted, and *Highflyer*, 24, Capt. Matson, have been ordered home from the West Indies, in consequence of the outbreak of yellow fever on board those vessels.

**THE YELLOW FEVER.**—SOUTHAMPTON, Dec. 23.—The royal mail steamship, *Orinoco*, has to-day been released from quarantine. We are informed that the data upon which the release has been effected are founded on a strict inquiry, instituted by Mr Wiblin, which resulted in a report that the last case of fever was that of Mr Stephens, a passenger, whose first symptoms of attack, in the shape of black vomit, occurred on the 13th inst.; and as ten days have now elapsed since that occurrence, Sir William Pym telegraphed last night to the effect that, if no fresh case should have appeared, pratique was to be immediately granted at the expiration of the stipulated quarantine period of ten days. The Lords of the Admiralty, it is understood, sent out instructions to the West Indies by the last packet (*La Plata*), to prohibit the sending home of yellow fever invalids by the royal mail steamships, or of distressed British subjects, supposed to be labouring under, or recovering from, attacks of yellow fever. In both the *Plata* and the *Medway* the breaking out of yellow fever was clearly traced to the invalid seamen taken on board in the West Indies, who introduced the epidemic to those vessels, and such seamen are no longer to be taken on board.

**PARACENTESIS THORACIS.**—An ingenious and very simple expedient for preventing the entrance of air into the chest during the performance of the above operation has been devised by Mr Hutchinson, the Clinical Assistant at the City of London Hospital for Chest Diseases. It consists in the adjustment of a little flap of soft washleather over the orifice of the canula in such a manner as not at all to impede the exit of fluid, but to act as a valve in entirely preventing the entrance of air.

**STRENGTH OF BATTLE'S LIQUOR OPII SEDATIVUS.**—The question in the journal for this month—"What is the true strength of Battle's solution of opium?" induced me to institute some experiments with a view of ascertaining its actual strength, and also of furnishing a means whereby the strength of other secret preparations of opium (not professing to be solutions of its salts) might be estimated. The results show the real strength of Battle's solution of opium to be the same, or very nearly the same, as that of tinctura opii, P.L., and further, that in estimating the strength of liquid preparations of opium in comparison with powdered opium, it is necessary to take into account the insoluble portion of the latter, which amounts to about one-third of its weight.—*Mr Wilkinson, of Manchester, in Phar. Jour.*

**THE MEDICAL STAFF OF MARYLEBONE WORKHOUSE.**—A short time since an application was made to Mr Wakley to hold an inquest upon the body of a Mrs Higgins, who died in Stephen street, Lisson grove, during her confinement, from (as he friends would have it believed) brutal and cruel neglect, amounting to murder on the part of the medical attendant. Mr Wakley refused, and the guardians appointed a medical committee to inquire into the case, who exonerated the medical officers from all blame. After this, two of the guardians, listening to a tale from two women, who stated that Mr Squire, the senior surgeon, and Mr Sedgwick, the district surgeon, kidnapped and prevented them giving evidence before the committee, moved the dismissal of those two gentlemen, which proposition was repu-



diated by every other member of the board. A second committee sat on Monday week to re-investigate the charges spoken of, the result of which will be publicly stated at the next Board day. The factious crusade by the few guardians against the medical officers, has created great excitement throughout the parish.

**DANDELION COFFEE.**—Mr Jacob Bell, writing to the Board of Inland Revenue, says:—"The recent alteration in the Treasury Minute respecting the mixture of ground coffee with other ingredients, has led to some doubts as to the legality of the sale of a medicinal preparation called "Dandelion Coffee." This consists of the root of dandelion, or taraxacum, prepared and ground with a portion of coffee. It is recommended to patients as a convenient mode of taking dandelion, the flavour of which is so disguised by the coffee that it is used as a beverage. I should feel obliged if you would inform me whether this preparation is included among the prohibited mixtures of coffee: and if so, how chemists should act when medical men prescribed dandelion coffee for their patients." To this, Mr Wood, Chairman of the Board, replied:—"In such a case as you put, of dandelion coffee used as medicine, our board would not interfere."—'Phar. Jr.'

**DEATH FROM THE ADMINISTRATION OF CHLOROFORM.**—A person name Henry Hollingworth, a factory operative from Newton-moor, near Hyde, has fallen a victim, at the Manchester Royal Infirmary, to the use of chloroform, administered to nullify the pain consequent upon a severe operation. An inquest was held on view of the body by Mr Herford, coroner for the borough, when the following evidence was given:—Mr John Wright Baker, house-surgeon at the Royal Infirmary, said the deceased was admitted on the 16th Dec., on account of a malignant tumour on the right thigh, to remove which an operation was performed, as it was looked upon as a cancerous tumour, though enveloped in much doubt, as those tumours often are. He was in a bad state of health when admitted, and everything was done to improve his health previous to the operation. A consultation, as I understood, had been held previous to his admission, and it had been determined that the operation should be performed, of course with the consent of the patient. The consultation was of all the medical men of the infirmary. The deceased the day before the operation said he was ready for it, but wished to have chloroform. Almost every patient takes it. I said he should have it if he wished it, and that he would feel no pain, and that I would do all I could to support his strength. I did not give him any caution. We have given chloroform frequently, and never had a fatal case before. At eleven o'clock on Friday, the 24th Dec. the operation took place. There were present Mr Jordan, as the operator, Mr Beever, as his assistant in the operation, Mr Wilson, Dr Renaud, and Dr Wilkinson (all members of the honorary medical staff of the infirmary), and myself. Mr Frederick Heath, a qualified surgeon, administered the chloroform. The man was very much excited, struggled, and talked fast. The chloroform was administered slowly, and every precaution was taken to prevent any danger; and the medical men remarked two or three times how very long it was in taking effect. He at last became insensible in about seven minutes at least. Mr Jordan commenced the operation by an incision into the skin covering the tumour. I was assisting the surgeon when Mr Heath directed my attention to the patient's face. This was about five minutes after the operation had commenced. I then observed congestion about the face, but there was no stertorous breathing. His pupils appeared almost to have ceased to act. His breathing was become exceedingly slow, and he seemed to be sinking fast. I directed the attention of the operator and other medical men to these symptoms. The operation was then suspended, and means resorted to for restoring animation, but the pupils had ceased to act, and had become fixed almost immediately. He gave one strong gasp, and then to all appearance was dead. In administering the chloroform successive doses were given until it took effect. Every dose consisted of a drachm, taken at intervals in an inhaler. Constitutions differ with regard to the effect produced by chloroform, but we use every precaution to prevent injury; and I

am satisfied that the surgeons did their duty in the administration of the chloroform and in the operation. Mr Jordan was examined, and stated, in corroboration of Mr Baker's evidence, that more time elapsed than usual before insensibility was produced, and then it was not complete, for after the incision was made, the man, more than once, said a cat was scratching him. Chloroform was generally administered in cases of operation, unless there were circumstances which, in the opinion of the surgeons, rendered it undesirable. Mr Heath was a competent person to administer chloroform. The post-mortem examination showed that asphyxia, caused by chloroform, produced the death. There was a congestion both of the brain and lungs. Verdict—"Died from the effects of chloroform." It is, we understand, the determination of the medical staff in all cases requiring the use of this deadly though valuable agent, to have one person to administer it and another to scrutinize the effects upon the patients, in order to avoid a second fatality of the kind.

## NOTICES TO CORRESPONDENTS.

**SIR,**—In the article on the Anatomy of Quackery in the last week's 'Circular' (for which I have to thank you), you inform your readers that "there are at present only three medical men in Parliament." For aught I know you may be right; but I beg to inform you that the new Member for Bath, Thomas Phinn, Esq., is a son of a late highly respectable general practitioner in this city; and he has also an uncle, Thomas C. Cam, Esq., now living here, upwards of eighty, who was, many years since, a celebrated accoucheur. I am quite certain that Mr Phinn will be ever ready to serve the medical profession in the House of Commons whenever an opportunity offers.

—Yours, &c.,

Bath, Jan. 8, 1852.

ARGUS.

**A GENERAL PRACTITIONER.**—We intend to investigate the right of Marischal College to grant degrees, and will, in a short period, give an article upon the subject. You will then see what is our deliberate opinion.

**MR W. JOHNSON.**—No. The book has not come to hand.

**MR ISAAC B.**—You were not compelled to give a certificate of death; and if you had any doubt on your mind you should not have done it. Had an inquest been held you might not, under the circumstances, have been called upon to make a post-mortem; but you would have received a fee for your evidence, and that would have remunerated you for your trouble.

**DELTA.**—You may be surprised; but what we have written is correct.

**L.A.C.**—It is not necessary to be a member of the College before presenting yourself for examination for the license in midwifery.

**DR H.**—No notice can be taken of the matter at present; but we shall be happy to receive information.

**A COUNTRY SURGEON.**—The GREEN 'Directory' wants more of the sun of public favour to ripen it. Its verdant proprietor has already found it exceedingly indigestible. The "beseechings" are truly contemptible.

**W.S.C.**—We cannot tell whether your note is intended to be witty or dull; but the latter adjective is evidently most descriptive of your genius. Omitting the heavy jokes and the bad spelling, there is nothing but your name left that we should care to publish, and that we omit from considerations of regard to yourself.

**W. S. (Croydon).**—Think twice before you act once, and you will find better reasons for doing what you appear now to have made up your mind not to do, than you have yet given us for leaving it undone. We hope this observation is sufficiently explicit; and we thank you for your good wishes.

**DR GOODWIN (Harpurly).**—Communication received.

**MR THOMAS WILSON (Kelghley).**—A new 'Pharmacopœa' was published about two years ago.

**MR GEORGE HODSON.**—Your request does not fall conveniently in the line of our duty; but we will see whether we can help you out of your difficulty. We fear if our mediation should become known, that we may have to establish an agency to defend the interests of the shareholders of the "New Equitable."

**VERITAS.**—We do not know a trustworthy one. You had better procure Taylor's works at once.

**FROM A CORRESPONDENT.**—So long ago as 1813 a medical student, who had left Aberdeen a little while before to prosecute his studies in London, was requested by a bookseller of the name of Walker to give him a prescription for a laxative pill, suitable for his own case of habitual costiveness. He gave that of the pill in common use at the hospital in Scotland, which he had lately left, consisting of gamboge, aloes, and soap. The bookseller was delighted with it, and not only took it bountifully himself, but distributed it bountifully amongst his friends. In sooth, though a bookseller, he had not digested all the wisdom and wit on his shelves, and perhaps had formed too high an estimate of his new substitute for Epsom salts; but although his intellect was rather contracted, his stomach was most capacious, and the pills may have had extraordinary use in facilitating the removal of what he could not digest in that quarter. However this may be, his admiration lasted more than a dozen years, about the end of which period he received into his house, in Little Queen street, Morison and his sons, in a state bordering



## Advertisements.

on destitution. Now Peter Walker, who to his trade in books joined the occupation of a stocking merchant, had a perfect knowledge of the measure of the room of mankind; and in his meditations on how he could serve his friend and townsman, Morison (for I believe both were from Aberdeen or its neighbourhood), soon settled upon the project of his puffing the aforesaid inestimable pill as a catholicon for all ills relievable by a purgative. Peace to your manes, Peter Walker! Thou wert a gentle, believing, kindly soul, beloved by, and worthy the love of, a numerous host of friends of all ages. Pardon me if I have written aught that will hurt thy memory, for sure I am that you never intended evil to your fellow-men, and that none would have abhorred more than yourself the use to which your pill has been put, and the calumnies and lies by which its reputation has been supported. It is a curious fact, that the Physician who first prescribed the pill in the hospital above alluded to, is now, by a reverse of fortune, dependent, in his old age, on the kindness of his friends.

**MR W. EVANS.**—Our correspondent will be able to form an opinion on the clause of the New Medical Bill in question if he will read the last Number of the past year. A power given to magistrates to inflict summary punishment on Quacks and Impostors, has always been desired by the profession, but hitherto, no government has given any encouragement to the requisition. Sir James Graham thought that "the pleasure was as great of being cheated as to cheat."—Lord John Russell declared himself, on one occasion, an advocate of FREE TRADE IN PHYSIC, and what are called the "heads" of the profession have on several occasions manifested an indifference if not actual hostility to the proposal. A younger generation has however, now come upon the theatre, and probably they may entertain other views. Our opinions on the point have long been settled. You shall hear more from us on the subject hereafter.

**A SUBSCRIBER.**—We are sorry that we cannot comply with your request.

**MR J. KILLAM (?)**.—You write so illegibly, that we can hardly decipher your name. We suspect that you have been graduating for a physician. It is unnecessary to print your letter in 'Notes and Queries.' The answer is No.

**JUVENIS.**—If you turn over the back numbers of the 'Circular' you will find an abstract of Dr Bence Jones's views on the subject. You will also find there the reference to his Lectures. They contain the most recent information and doctrines relating to Diabetes.

**MR G. C. ANDREWS.**—Communication received, and attended to.

**MEDICUS.**—We have not space for your long letter. The subject you will observe has received sufficient attention. We have no doubt that the matter will be fully explained.

**INQUIRER (Marylebone).**—A new form of itch has been observed by M. Boeck of Christiana. Vesicles, pustules, and thick crusts were observed between the fingers, in the palms of the hands, various parts of the body and scalp. On subjecting these crusts to the microscope, M. Boeck found that they contained multitudes of acari, their eggs, and excrement. The disease was contagious, like the ordinary scabies.

**SCRUTATOR** calls our attention to the following opinion on the communication of Syphilis by Ricord, upon which he desires our readers

to pass judgment: "That which I have seen," observes M. Ricord, in the Academie de Medicine, October 12, "I here repeat and affirm. A young couple came to consult me. The husband had a chancre upon the penis, and protested upon his honour that he had connection with no one save his wife. She upon examination was found to be quite free from disease. The day following, the woman returns with another man, and says, 'Here is the guilty party?' I examine him: he has an enormous chancre upon the glans penis in an active state. I find that this man has had connexion with the woman a few minutes before the husband, and is it irrational on my part to conclude that the lover had deposited the pus in the vagina of the female, and that the husband infected himself from that source?"

**A POOR-LAW SURGEON.**—The payment you receive is scandalously low; but is not so low as that given in some parts of the country where it does not amount to more, in some instances, than 3d. per case. You are richly remunerated by comparison. We believe that the Poor-Law Committee is defunct. It was a dangerous service to Appeal to the Commissioners. Mr Baines, who has been recently re-appointed, is an intelligent and just man.

**MR P. JONES.**—We do not think that the information spoken of would have much general interest.

**PHILO.**—It is probable that at some future time the Biographical Sketches may be republished in a separate form. We thank you for your compliments, and agree with you in opinion; but it is a matter requiring much consideration.

**L. A. C. (Bristol)**—Dr Gross, the American author's work, is perhaps the best that has been produced. We think Fergusson's work on 'Surgery' is better than Liston's. He is also quite as good an operator. We have no means at hand to enable us to reply satisfactorily to your last question.

**M. J. WATSON.**—Your observations on critical days are just; but, unless supported by facts, will not make any impression if published. We believe that there is truth in the theory; and the reason of the varieties of opinion prevailing is this, that different observers have drawn their conclusions from different diseases; and it is probable that each form of fever has its special critical days. Hence the discrepancies and contradictions. However, these remarks are merely suggestive.

**VIATOR.**—We have not seen the handbill, but, judging by your statement, it is highly disgraceful.

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*Terms for Advertisements (which should be sent to the Office before two o'clock on Tuesday):—*

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(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

## Spirits of Wine.—Notwithstanding

ing recent advances, we continue to supply the Faculty with Sp. Vin. Rect., 56 deg. over proof at 18s. by the Single Gallon, or at 17s. 6d. for Two Gallons and upwards.

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October brewings of this much-esteemed beer are now arriving from Burton, and may be had in casks from 18 gallons upwards. This ale in bottles is in good condition for home use and for shipping. It is sealed and labelled, and each cork is braided BERRY BROTHERS and Co., a precaution necessary, as much beer is sold for B. B.'s which is not brewed by them. Barclay's Stout and Porter, the strong and light Burton and Scotch Ales, and Kingdon's Cider, may also be had of

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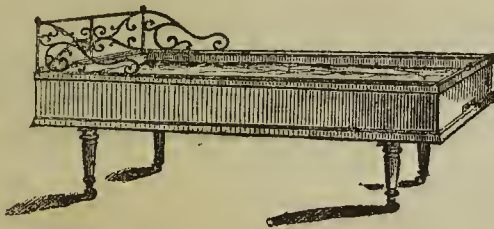
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BED.—This valuable Invention, affording so great relief to all Patients long confined to bed, is now presented to the Public greatly improved in manufacture, by which it is made much more durable, and at a greatly reduced price, which it is hoped will conduce to make its advantages more generally available; the price being less than some of the water cushions pretended to supersede it, which, though valuable for many uses, can never substitute the Hydrostatic Bed, as it is obvious there can be no floating on water confined in a case, however elastic it may be, which is the exclusive principle of the Hydrostatic Bed.

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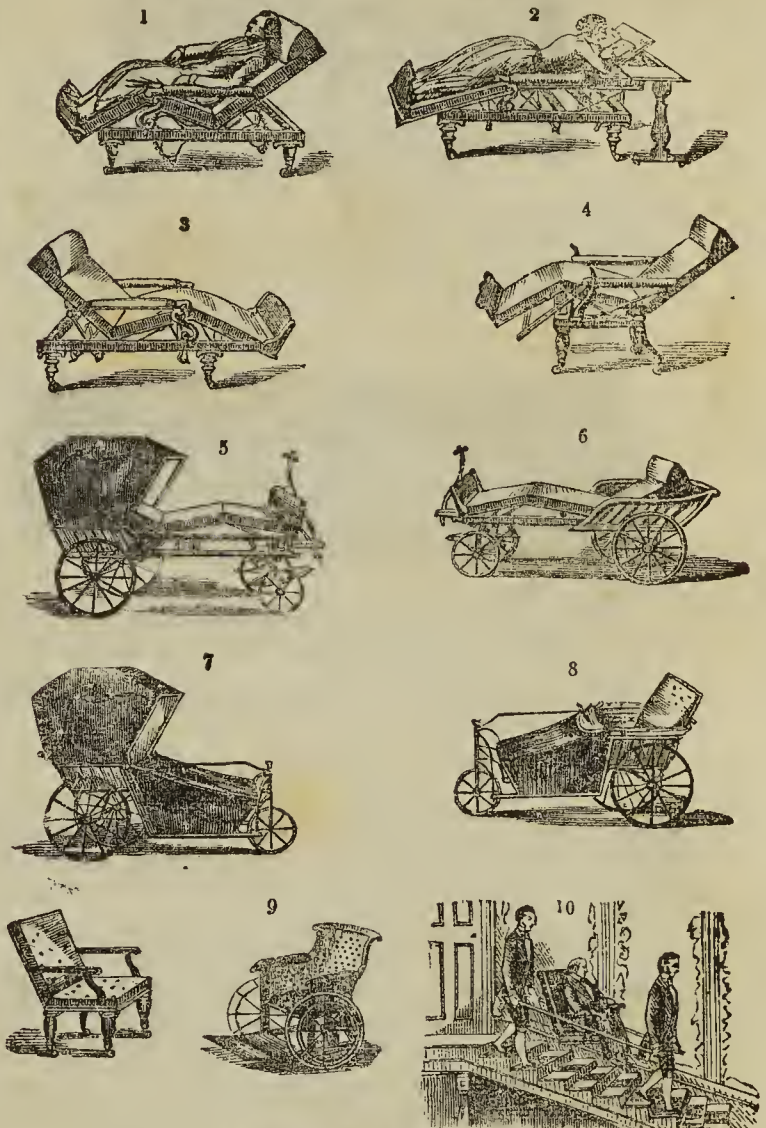
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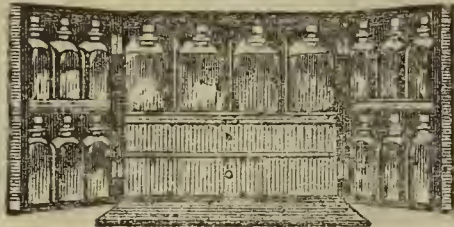
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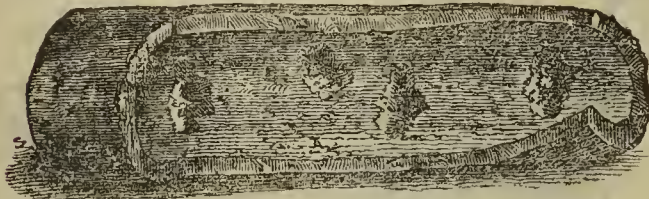


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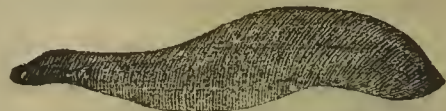
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THE  
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AND  
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No. 3, New Series. }  
No. 29.

WEDNESDAY, JANUARY 19, 1853.

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Notice.—Those Subscribers to the 'MEDICAL CIRCULAR' who have not remitted their Subscriptions for the current year will perhaps kindly oblige us by doing so, and thus save the expense of a special application. Post-office orders to be drawn in favour of Thomas Rolfe, 4 Adam street, Adelphi, payable at Charing cross.

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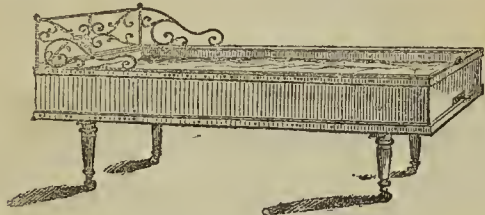
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presumed that few persons are ignorant of the beneficial action of Mr Jeffreys's Respirators in all Affections of the Throat and Chest, or allow themselves to be misled into employing any of the defective substitutes for them. The forms are—the Hand, a very compact and convenient kind, held in the hand and applied to the mouth; the Oral, for the mouth only; the Nasal, for the nose; and the Orinatal, fitted for both mouth and nostrils. These two latter forms are employed chiefly at night, for inducing sleep by allaying cough and irritation in the throat and chest. The very moderate prices of the Respirators place them within the reach of persons of all ranks. In London and all the larger towns, the leading Chemists and Surgical Instrument Makers are Agents for Mr Jeffreys's Respirators. Principal West-end Depot, 26 Holles-street, Cavendish-square; Wholesale Office, 25 Bucklersbury, City.

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SURGICAL ELASTIC STOCKINGS and KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging; likewise, a Strong, Low priced Article for Hospital and the Working Classes: ELASTIC NET CORSETS of the same beautiful fabric. ABDOMINAL SUPPORTING BELTS, for both sexes; those for ladies' use before and after accouchement are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices, on application, and the articles sent by post, from the Manufacturers,

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"Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive and increasing sale among the public, is now very largely employed in Dispensing; for which the cheapest and most convenient form is in the Stone Jars, half gallon, 5s. 6d.; gallon, 9s. 6d.; specially adapted for the use of Surgeons and Chemists.

To be had from the Manufacturers, DINNEFORD'S and CO. Chemists, 172 Bond street, London: and all respectable wholesale Druggists and Patent Medicine Houses.

## Spirits of Wine.—Notwithstanding

recent advances, we continue to supply the Faculty with Sp. Vin. Rect., 56 deg. over proof at 18s. by the Single Gallon, or at 17s. 6d. for Two Gallons and upwards.

EAU DE VIE,

A Pure Pale Brandy, possessing all the virtues of the finest Cognac, without its acidity. In French bottles, 30s. per dozen, or 14s. by the Imperial gallon. Basketed Jars, for travelling, 1s. per gallon. Cash on delivery.

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Old Fumival's Distillery, Holborn.



## The Medical Circular.

WEDNESDAY, JANUARY 19, 1853.

### CERTIFICATED ACCOUCHEURS.

The Council of the College of Surgeons have a singular facility in bringing themselves into disrepute. They seem to delight in a bad name, and to revel in the anticipation of rebuke. They are never so happy as when the whole profession have joined in one shout of reprobation of their acts, and they seem to deviate purposely from the straight course in order that they may encounter hostility and menace. To be sure, life is a dull affair without a little relish of anxiety in it; and corporation government must be about the most wearisome of business unless there be some question before the Board to stimulate the flow of talk, excite opposition, elicit resolutions, amendments, and divisions, and to make every man duly sensible of the full importance of his own opinions, his votes, and his office.

However, indulgence in this kind of amusement is scarcely pardonable when the interests and dignity of an entire profession—nay rather the general well-being and safety of the public are at stake. Hence we are not inclined to excuse the recent regulations of the College, in accordance with which candidates for the licence in midwifery are required to pass through only a very limited curriculum of study, and may be admitted for examination, although not possessing any qualification, diploma, or degree from any licensing institution in the country.

This is a laxity fraught with the most perilous results to the profession and the public. These regulations, if carried out, will introduce to practice a large number of ignorant persons—constituting another, and the lowest grade of medical men, licensed to practise midwifery alone, but gradually creeping into general practice, and setting aside the more regularly and fully qualified practitioner. As Dr Ramsbotham has stated, in a letter addressed to a contemporary, the “licentiate in midwifery,” after assisting at the birth of a child, will, as a matter of course, be called in by the mother in case of the illness of that child to afford relief; from treating one child, he will be consulted in the event of the sickness of other children, and from attending these will at length be allowed to prescribe for the parents, and thus be regularly installed as the family practitioner. No attack upon the rights and position of existing practitioners could be more unjustifiable, no attempt to lower the standard of medical qualification and skill could be more insidious, and, if persisted in, more successful. In the name of the PROFESSION we raise our indignant voice against this injustice; in the name of the PUBLIC we condemn it for its obvious rashness and its hidden dangers; in the name of SCIENCE we protest against it as the most deadly blow that has been levelled, for many

years, at the increased extension of professional knowledge, and the improving standard of medical qualification.

The College of Physicians attempted many years ago to do the same thing, and failed; the College of Surgeons, unable to profit by experience, and endowed with no higher wisdom in themselves, have attempted a poor imitation under less favourable circumstances, and while they must fail, equally with their predecessors in folly, will be certainly visited with more disgrace.

We hope that the Council will, without delay, reconsider these regulations, and in the meantime suspend the examinations. If they do not, they may rely upon it that throughout the country a cry of resentment will be raised, and that their last act will be another argument supplied to the discontented to strengthen the demand for a more extensive reform of the College than has yet been obtained. The power of the profession slumbers, but it is not extinct.

### WAKLEYANA.

The readers of the ‘Lancet’ may have observed in the “Notices to Correspondents” of that print a reply to a fictitious correspondent, denying in a general way the statements contained in a letter sent to us by “Scrutator,” and published in the first number of the ‘Medical Circular’ for this year. We need hardly say that this notice is characterised by the usual grossness of that Editor’s invective, and that its mendacity is rivalled only by the artfulness with which it is designed to be concealed. There are some animals of coarse tastes and habits that are never so happy as when they are rolling in slime, and it is obvious that the Editor of this literary kennel has qualities in common with the porcine family.

Our correspondent’s statements are said to be “malignant falsehoods;” if they are so, it would be easy to refute them; but we have looked for the refutation in vain. “Scrutator” stated: “Dr Robert Lee has resigned the office of chairman (after having refused to affix his signature to a *proposed* report), withdrawn from the direction, and finally having in vain sought for a purchaser of his shares from amongst the public, he has sold them at a discount to one of the clique, the notorious jackal of the originator.” Now, this sentence contains four separate statements; and the Editor of the ‘Lancet,’ after characterising them as *false*, rejoins only that “Dr Lee signed the only report *that was placed before him*, and that he retired *because* his year of office was expired.” This is mere mystification: true in fact, false in spirit.

It is admitted that Dr Lee seized the opportunity of his year of office expiring to retire from the office of chairman; then our correspondent did NOT state a “*malignant falsehood!*” But the fact is sought to be mitigated in its significance by glossing it over with the show that Dr Robert Lee retired as *a matter of course*, and *because* his year of office had expired. Indeed! Did not Dr Lee wish to retire *last year*, but was unable on account of technical difficulties? Had he not resolved upon withdrawing on the first legal opportunity—that being the period of his formal retirement from office—when, but for his own determination, he would, *as a matter of course*, have been re-elected? But, you know, Mr Editor, that he has not only retired from the office of CHAIRMAN but from the DIRECTION also. How answer you that?

Again, by maintaining utter silence upon the point, you admit our correspondent’s assertion that *Dr Robert Lee has sold his shares at a fearful discount*; the startling fact that reflects a significance upon the previous statements. This, then, is *no falsehood*. Will you dare again publicly to deny or controvert not only our facts but our construction of their import? Our opinion of your modesty is not high, but



we cannot believe that you will attempt so impossible a feat. In respect of our correspondent's assertion (written parenthetically) relating to the report, it is probable that both statements are literally true. Dr Robert Lee objected to a *proposed* report—did he not?—but signed the *only* report that was placed before him, as indeed you say. A *proposed* report is no report at all in the strict sense; and the question is, whether Dr Robert Lee's opposition to the *proposed* report did not prevent that document from being completed, and did not cause its modification to an extent that when it was placed before him as chairman, he was enabled to attach to it his signature—a necessary act prior to his retirement from office.

Thus we expose your cunningly-conceived figment, and cast back upon you your vilification. We do not expect you to exhibit any signs of shame, for negroes cannot blush. But remember that without calling a man a "*scoundrel*" it may be possible to *prove* him one; and be assured that so often as we find such a reprobate, we shall have courage to denounce him to public indignation.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Lancet,' Jan. 8.)

### CASES OF FRACTURE OF THE BASE OF THE SKULL.

A practical lecture on this subject has been delivered by Mr Hilton at Guy's Hospital. The lecturer thus points out the diagnostic importance of certain symptoms:—

"Now, as to the diagnosis, I will anticipate the evidence and state the result, by saying, that when you see a patient who, after receiving a diffused blow upon the skull, has bleeding from one or both ears, is affected with facial paralysis, and, besides blood, has also spinal fluid flowing from the meatus auditorius externus, you may be sure that there exists a fracture at the base of the cranium; and without even seeing the case you may foretell, not only the character of the lesion to the bone, but the direction of the fissure in the base of the cranium. These three symptoms taken together are conclusive: each one is very significant, but still one is more so than the other; and I will advert hereafter to their relative diagnostic merits."

The occurrences of insensibility, deafness, dilatation of the pupils, vomiting, and involuntary passing of the feces, is then adverted to, and their importance in the diagnosis discriminated.

### LECTURES ON SOME PRINCIPAL DISEASES OF THE EYE.

Mr France introduces his subject in this lecture. The only practical observations it contains refer to the mode of examining the eye, which it is unnecessary to quote.

### CASES OF STRANGULATED HERNIA.

This article is communicated by Mr Barnard Holt, who, after reporting a series of seven cases, points out their leading characteristics. It appears that in the second case there was a strangulation at both rings, which is unusual, with an abscess in the testicle; in the third case the intestine burst on the twelfth day after the operation—an accident caused by a violent fit of coughing, consequent on an attack of acute bronchitis: the contents escaping externally. The other cases do not require special notice.

### RUPTURE OF THE UTERUS: ABSENCE OF SYMPTOMS.

Mr Dex Bean, of Halifax, was called to this case after the accident had occurred. He remarks:

"The foregoing case appears to be instructive, as showing how slight the symptoms marking such a terrible accident may occasionally be; for, after the lapse of two hours, the pulse was only 85, the skin warm, and, comparatively speaking, no abdominal pain was complained of. Indeed, it was only the abrupt cessation of the pains, conjoined with the description given of the last one, that made me at all suspect

the nature of the accident on my first visit; and even at ten P.M., the period of my final departure, the pulse had not reached 100, and the tenderness of the abdomen was not greater than I have frequently found present in lingering labours. This may, perhaps, in some measure be accounted for by the fact, that the liquor amnii had been discharged very copiously in the early part of the labour; and as the shock appears to have at once paralyzed the uterus, probably very little of its fluid contents came in contact with the peritoneal surface."

No *post-mortem* examination was allowed.

(From the 'Medical Times and Gazette,' Jan. 8.)

### HISTOLOGICAL ANATOMY AND MICROSCOPICAL MANIPULATION.

The course of lectures by Dr Boon Hayes, of which this is introductory, promises to be of considerable interest. The following is the order in which the subject will be treated:

1st. The mechanical and optical construction of the microscope, its accessory instruments, and MANIPULATION.

(This subject will be developed in three lectures.)

2ndly. Physiological Histology; or the application of the microscope to the examination of the healthy tissues of the human body, which occupies about ten lectures.

3rdly. Pathological Histology; or the application of the microscope to diseased tissues and products, and as an instrument of DIAGNOSIS.

4thly. The application of the microscope to therapeutics and medico-legal inquiries.

This lecture is occupied with a description of the instrument, and the modes of using it.

### TREATMENT OF FEVER BY LARGE DOSES OF SULPHATE OF QUINA.

This paper is a report by Dr A. Whyte Barclay of cases treated upon this plan by several physicians at St George's Hospital. An analysis of the cases is given. The reporter states:

"The cases treated by quinine may be divided into three classes.—1. Those in which its exhibition was followed by marked depression. 2. Those in which the pulse became slower, without general prostration or sickness. 3. Those in which no decided effect was produced which could be noted at the time.

"1. Including all the cases together in which this effect was produced, the number is five. Two have been already mentioned as fatal, one of apparent typhus, one of tubercular inflammation of the brain, to which a third may be added, complicated with albuminuria, which was not detected until the subsidence of the fever, and ultimately proving fatal. The physiological effect of the remedy was produced by very different quantities in different instances, and given at very varying intervals. One patient took twenty grains every three hours for nine times; another took ten grains every two hours for ten times; while a third took twenty grains every six hours for only three times; the other two had twenty grains every four and every six hours respectively for eight times.

"Of the 3 uncomplicated cases, 1 died, 1 was ill ten days before admission, and remained under treatment forty-five days before recovery was complete; the other had been ill a week, and was discharged cured at the end of twenty-four days.

"3. In 2 instances only did the pulse become remarkably slower without any depression; one took ten grains every three hours, the other fifteen grains every four hours for about two days, after which the dose was gradually diminished.

"4. In 11 cases there was no distinct physiological effect produced by the quinine; and it remains to inquire whether recovery was more rapid under this mode of treatment than any other."

Dr Barclay contrasts the cases treated by quinine with those cases treated in the ordinary way, and shows the results to be unfavourable to the quinine treatment.



## MENORRHAGIA.

Dr Rigby treats of this disease in connexion with hepatic derangement. The author makes some observations on the value of the proto-sulphate of manganese in the treatment of menorrhagia which we quote.

"The proto-sulphate of manganese was, I believe, first pointed out by Mr Ure as a powerful and effective cholagogue. It was tried in one or two hospitals, but it did not meet with that success which I think it merits, partly owing to the deliquescent nature of the salt, as commonly prepared, and partly to its having been given in much too large doses. The first objection was removed by the care of Mr Hooper in preparing it so that I could give it in the form of pill, which is the most convenient mode. A little observation showed me, that instead of giving it in doses of  $\text{3i}$  to  $\text{3ii}$ , eight grains were quite sufficient to produce its effects. At present it seems an uncertain remedy, in some cases acting briskly and decidedly upon the liver, and producing a copious flow of yellow bile. In others it seems to produce no effect, except after a time nausea and sickness; but we are still too little acquainted with its precise mode of action to know what are the precise conditions and circumstances to which it is adapted. My patient took this medicine for more than three weeks without any marked benefit, the evacuations still continuing unhealthy, although the discharge diminished, and almost entirely disappeared for nearly six weeks. It was curious to remark, that, as the discharge declined, a number of rheumatic symptoms began to develop themselves, and become more apparent. I continued the manganese pills, and gave her liq. potassæ with iodide of potassium in decoct. sarzæ; and when the catamenia returned, although the period continued for two weeks, the discharge was moderate and without clots, the health having improved greatly."

(From the 'Lancet,' Jan. 15.)

## ON MEDICO-LEGAL EVIDENCE IN CASES OF INSANITY.

A most elaborate and philosophical lecture, by Dr Forbes Winslow, being the third Lettsomian lecture on this subject, appears in the 'Lancet.' Dr Winslow gives the following as the

## "Legal Criteria of Insanity:

"Analysing with great care the dicta of the judges, it would appear that the courts of law have, upon different occasions, admitted the following conditions of mind as evidence of insane and legal irresponsibility:

"1.

"An absolute dispossession, by disease, of the free and natural agency of the mind; partial insanity being no excuse for crime.

"2.

"The existence of a delusion, the criminal act being the immediate and direct result of the morbid idea; the proof of the presence of a delusion having no positive and clear connexion with the alleged crime, not being legal insanity, and no evidence of the existence of irresponsibility.

"3.

"A consciousness of offending against the laws of God and man—in other words, a knowledge of good and evil.

"4.

"A knowledge of right and wrong—lawful or unlawful—the presence or absence of motive."

Each of the foregoing propositions is carefully analysed; and with respect to the last, which is the criterion surrounded with most difficulty, the learned Doctor, after reciting the metaphysical arguments, observes:

"The test of Right and Wrong pathologically considered:

"Considering this legal test of criminality apart altogether from the metaphysical objections to which it is amenable, I maintain, that it never can be safely depended upon, in all cases of insanity. It is a notorious fact—a matter of everyday occurrence, and in accordance with the experience of

all men of observation—that the insane—the positively and undeniably insane—like many rational persons, often

"Know the right, and yet the wrong pursue."

They frequently act in direct opposition to their own clear and unmistakable convictions of what is 'right and wrong,' 'good and evil,' 'lawful and unlawful.' Many a maniac has committed a crime of great atrocity, with a full, unfettered, and unclouded consciousness and knowledge of its unlawfulness, its sinfulness, its criminality, and of the legal penalties to which he is, by his actions, exposing himself. A lunatic has manifested an intense and morbid desire for death; not being suicidally disposed, he endeavours to effect his purpose by sacrificing the life of another; he designedly brings himself within the pale of the law, that he may compel others to do what he has not the power of accomplishing himself. How absurd, cruel, and unjust it would be to apply the test of a knowledge of what is lawful or unlawful to such a case! Instances like the one now suggested are of frequent occurrence.

"An intriguing, unruly, vicious lunatic was detected with a piece of iron which he had contrived to shape like a dagger, with a handle fixed firmly in it. Upon being interfered with, he became excited, abusive, and violent. He was placed under restraint; after uttering the most awful imprecations, he exclaimed to his attendant, 'I'll murder you yet; I am a madman, and they cannot hang me for it!'

"When Martin set York Minster on fire, a conversation took place among the inmates of a neighbouring lunatic asylum, having reference to this general topic of remark and discussion. The question argued was whether Martin would suffer the extreme penalty of the law for his crime. Various were the opinions expressed. In the midst of the conversation, one patient, apparently as mad as the rest, exclaimed, 'He (Martin) will not be hanged.' 'For what reason?' interrupted several voices. 'They cannot hang him,' replied the lunatic, 'he is one of ourselves.' Of what value is this legal test if applied to such cases?

"A person who commits a criminal act, being fully cognizant of the nature of the laws, and of the punishment to which he is exposing himself, may yet be of insane mind. The true test of irresponsibility should be, not whether the party accused was aware of the criminality of his actions, but whether he has lost all power of control over his actions."

## CASE OF RUPTURE OF THE UTERUS.

Mr Sedgwick reports a case of rupture of the uterus, the leading characteristics of which are thus stated:

"1. Cause of the Rupture.—Mechanical obstruction: The woman had had six children previously, with short deliveries; the pelvis was well-formed, and there was no tumour or disease in the passage; the presentation was natural, and the head did not exceed the average size. The child in this case, as in the majority of those recorded, was of the male sex; but admitting increased development, or greater size of the male sex to be of influence in these cases, the size of this child was not such as to be of importance as a cause.—Distention of the uterus: There appears to have been a greater quantity than usual of the liquor amnii. The labour was not a protracted one; the uterus had not been exhausted by numerous pains, for there was no effective contraction of the uterus after eight o'clock, when the patient had been only four hours in labour, and during more than two of those hours there does not seem to have been any effective pain. Ergot of rye caused no contraction. Had the uterus already given way? or could the ergot have produced any change in the structure of the fibres of the uterus?—Use of instruments: The careful manner in which it has been shown that the forceps were tried, precludes the supposition of injury. No other instrumental interference was had recourse to, till perforation effected delivery.—Disease of uterus: No history of the case during pregnancy could be obtained, from which the probability of uterine inflammation might be inferred; and no post-mortem examination was allowed, by which the actual state of the organ could be ascertained, though the frequency of this



cause in obscure cases of rupture of the uterus is now well-established.

"2. The time at which the rupture took place.—There is no evidence of anything abnormal in the commencement of the labour, on Dec. 14th, at four p.m.; from that time till half-past five p.m., when the membranes broke, it was nothing more than an ordinary case of labour. During this hour and a half the pains are described as having been moderate, and occurring at regular intervals. The pain which ruptured the membranes was more violent, and was the last proper labour-pain the patient seems to have had. After this they ceased till eight p.m., an interval of two hours and a half, when she is described to have had two pains of an unusual character, differing from the true labour-pains, and producing very little effect; after this there was no further uterine action. Restlessness set in shortly after the membranes broke, and the patient after eight p.m. is described as feeling that all was not right; she had symptoms that were new to her, and which she could not account for. As the night advanced, she became more anxious to have something done to relieve her, and felt that she should not be able to give birth to the child.

"On reviewing these symptoms, I think there can be little doubt that the laceration commenced simultaneously with the pain which ruptured the membranes. The severe symptoms of the patient, when first visited by the surgeon, are easily accounted for by the supposition that the rupture then existed, though perplexing previous to that being known. It was probably not extensive in the first instance, but gradually extended. In this, as in the majority of cases of a similar kind, neither violent nor long-continued contraction of the uterus produced rupture. Disease of the organ must be allowed to have existed, unless distention from the amount of the liquor amnii could be considered a sufficient cause."

(From the 'Medical Times and Gazette,' Jan. 15th.)

#### EXCISION OF THE ELBOW-JOINT.

Mr Fergusson has lately performed excision in three instances of disease of the elbow-joint with success. One was a case of partial ankylosis. We quote the following singular recital of the attempts made to relieve the lesion:—

"George Gaskin, aged 34, a sailor, was admitted into the Albert ward at the end of September, with a distorted condition of the left elbow. It appears that while at sea, on the coast of South America, some seven years back, he fell from the rigging of his vessel, and injured his elbow. According to his own account, it was at that time dislocated. Unfortunately for him, there was not any surgeon on board of his ship, and it was not until after some days that he had any professional advice. He then saw a surgeon, who told him that he had merely sprained his arm, and that an embrocation would put it all right.

"After his return to England he went first to St Bartholomew's Hospital, where attempts were made to put the joint into a more useful position, but they were not attended with any success. The forearm was now nearly on a line with the upper arm, and of course it was very inconvenient to him. He now consulted a quack surgeon in the north of England, who tried by various manipulations to remedy the distorted state of the limb by using powerful flexion, and he succeeded in altering its position; but with this state of things the patient became dissatisfied, and allowed the limb to be violently extended. By these means combined, a certain amount of improvement was brought about. Some time after this he again submitted himself to some more severe manipulations, which ended in producing a fracture of one of the bones of the forearm.

"Some time afterwards he applied to a surgeon in his native county, who tried hard for a long time to alter the position of the limb, but he did not affect any melioration. The patient subsequently again came to London, and placed himself under the care of one of the surgeons at Guy's Hospital. This gentleman made an attempt to get the arm out of its extended position by cutting across the triceps, and afterwards placing the limb in a certain position, but no good was done by this measure.

"The man then left this institution and entered the Royal Free Hospital, where various incisions were made about the joint, and the flexor tendons were divided. However, the arm remained in the same position. He was afterwards admitted into King's College Hospital."

Chloroform being administered to the patient, the operation of excision was performed in the usual way, and the arm placed in a flexed position. Mr Fergusson thus comments on the case:—

"Now, you saw that this man's arm was in such a position before the operation that it could not be of any use to him whatever; and there was, moreover, extensive exudation of new bone, the result of injury or disease. The joint had been cut into by other surgeons, incisions had been made, and tendons had been divided without any definite object, or without doing any good, and, indeed, it could not be expected that these measures would do any good. When he appeared here it struck me, that if I were to excise the extremities of the bones, it might have the effect of permitting us to place the limb in a position in which it might be of some use to him. Well, after I had done the operation, I took care to order, that in a short time a little motion might be encouraged in order to bring about a false articulation, and you now see the result. The arm is in capital position, the wounds have healed up, and there is a limited motion in the joint. He certainly does not move the joint so freely as I could have wished, because there is a deal of thickening about it, but you saw how enormously the ends of the bones were enlarged when I took them away, and this may possibly account for there being less motion than we usually see in instances of false joints after resection here.

"I have not heretofore had an opportunity of doing an operation of this nature with the same purpose in view before, and, in this instance, I was led to adopt this mode of proceeding from what I saw some few months ago whilst I was in Edinburgh. There was a case of ankylosed elbow-joint in the Royal Infirmary there, under the care of my friend Dr Richard Mackenzie, and it was proposed, in that case, to extirpate the joint. In the course of a week or two afterwards I found that Dr Mackenzie had performed this operation with the very best results; and I believe that there are many cases in which a similar mode of treatment might be adopted with equal advantage. I must, however, state to you, that in America operations of this nature have been performed, for Dr Barton, of Philadelphia, has in more than one instance cut through bones near joints which have been ankylosed in a bad position; and, in one instance, that of a sailor, where ankylosis of the hip had taken place, and had rendered the limb useless, the femur was cut through with a favourable result."

#### REMARKABLE LOSS OF ALL THE TEETH IN THE UPPER JAW.

Dr Inman, of Liverpool, reports this case, in which, in the course of twelve months, from successive attacks of cold, succeeded by inflammation and suppuration, attended with very little pain, the whole of the teeth of the upper jaw dropped out, and a large portion of the alveolar process sloughed away.

#### DISLOCATION OF THE HUMERUS OF TEN WEEKS' DURATION.—COMPLETE REDUCTION.

This interesting case from University College Hospital is thus reported:—

"Mr Quain decided to attempt reduction without further loss of time; and, the man having accordingly been put under the full influence of chloroform, a bandage was adjusted so as to protect the skin, and the compound pulleys applied. Extension was first made directly downwards; then, the arm having been gradually brought into a horizontal position, it was made directly outwards, the operator, at the same time, endeavouring to lift up the head of the bone. By these means the bone was gradually dislodged, and the extension having been kept up for nearly an hour, it appeared the due relations of parts had been restored, and, a large pad having been placed in the axilla, the arm



was brought down to the side, and there confined by a bandage.

"We must here say a few words on the manner of applying force, which Mr Quain, according to his usual custom, resorted to in this and the following case:—The patient was laid on his back on a moveable table, placed between the points at which the means for effecting extension and counter-extension had been attached. Mr Quain believes that the table possesses great advantages, inasmuch, as by merely altering its position, a change can be effected in the direction of the extending force without disturbing the patient. For the purpose of extension, the screw-apparatus, invented by Dr Broxholm, was employed, by means of which the operator can himself regulate the exact amount of force used, and also insure its being steady and constant in character.

"On the 17th, the bandage was removed, and a sling substituted for it. The bone appeared to be in its place, with the exception of seeming a little too forward.

"On December 14, the general contour of the shoulder was quite natural, nor could careful manipulation detect any deviation from the proper relative position of parts. He could pronate and supinate, lift his hand on to the crown of his head, or perform any other ordinary movements, with ease. A slight numbness in the finger still remained, but unattended by pain."

An attempt to reduce a similar dislocation of twelve weeks' duration was not equally successful.

#### PHTHISIS IN INFANTS.

Dr Bentley reports the following from the City of London Hospital for Diseases of the Chest:

"Several very interesting cases of phthisis in very young children have recently come under our notice. In one of them, which occurred at this hospital, a little boy, aged *one year*, died after having presented all the usual symptoms of this disease, both general and auscultatory. He was extremely emaciated, had spit blood, and bore the aspect usually presented by adults when suffering the last stages of the complaint. At the *post-mortem* examination, numerous and large cavities were found in the apices of both lungs. It is worthy of note, that his father had died of phthisis three months before this infant was born, and that he had presented symptoms of the disease for more than a year; thus making it certain that the child had been begot by a parent who at the very time was the subject of consumption. During the first nine months of his life the infant was remarkably strong and healthy-looking.

"In another case, an out-patient at St Bartholomew's Hospital, aged twenty-one months, the size of the vomica was the most remarkable feature. The upper portion of the right lung was found at the autopsy so extensively hollowed out, that it was capable of containing a large orange. The walls of the cavity were irregular, and much broken down. Such dimensions, although not of very rare occurrence in the adult, are of course enormous for the age we have mentioned."

(From the 'British and Foreign Medico-Chirurgical Review.')

Among the original articles in this number is one

#### ON THE EMPLOYMENT OF IODIDE OF POTASSIUM AS A REMEDY FOR THE AFFECTIONS CAUSED BY LEAD AND MERCURY.

This paper is translated by Dr Wm. Budd from the original by M. Melsens in the 'Annales de Chimie et de Physique.' We quote some of the principal propositions, with remarks. First as regards lead:

"If to a dog that has been for some time under the poisonous influence of sulphate of lead, iodide of potassium be administered suddenly in pretty large doses, death will ensue. If, on the contrary, the two drugs be given concurrently, the dog will suffer no harm. Iodide of potassium may be employed therefore as a prophylactic."

"Aggravation of the morbid phenomena after the administration of iodide of potassium in dogs that are under the

influence of lead compounds:—harmlessness of the same doses of iodide of potassium in healthy dogs.

"If compounds of lead are administered to animals, and, after the resulting disorder has reached a sufficiently advanced stage, the mischief becomes aggravated by the employment of iodide of potassium, this aggravation is to my mind a sure token of cure, for it proves that the remedy is acting."

The beneficial administration of the iodide of potassium appears to be dependent on the smallness of the dose administered at the commencement of the treatment, when the amount of lead taken has been considerable. The author says—

"The dangerous phenomena which supervene on the administration of iodide of potassium, in cases of lead poisoning, cannot be too strongly insisted on, as showing the necessity of great caution in the employment of this remedy in man, for the first few days."

When the lead has been slowly received into the system, the author remarks—

"When mercury is only absorbed in small daily portions, as is the case with those who work at the cold silvering process, iodide of potassium not only possesses the property of curing the patient, but acts also as a powerful prophylactic."

With regard to mercury, these are the propositions set forth—

"Experiments tending to prove that the iodide of potassium protects against or retards the phenomena of poisoning when the system is subjected to the action of metallic mercury.

"[Experiments are cited to show that, given with mercurial ointment, an excess of iodide of potassium retards, if it does not prevent, fatal results. M. Melsens remarks, however, that although iodide of potassium may act as a prophylactic to metallic mercury, in other cases the iodide of potassium may, instead of relieving, be a dangerous remedy.—Trans.]"

"Experiments showing that the iodide of potassium renders medical treatment or poisoning by certain salts of mercury more active, and may occasion serious accidents.

"The action of iodide of potassium on a dog treated by corrosive sublimate may be so energetic, that even eight days after he has taken the sublimate, a pretty large dose of the iodide of potassium will prove fatal to him."

The following important deductions are then made with respect to the administration of the iodide in syphilis:

"The last experiment reported finds a parallel in the treatment of the secondary and tertiary disorders of syphilis. The administration of iodide of potassium often causes intense suffering in patients who have been treated by mercurials. To what are these phenomena to be ascribed? According to the opinions put forth in this essay, it is at once seen that when, in consecutive disorders of this class, iodide of potassium is given to individuals who have been treated by mercurial compounds, two distinct effects are produced by a single agent, first, the compounds of mercury fixed in the body are rendered soluble and active: and secondly, a form is given to them which allows their (rapid) elimination. But by the very fact, the patient is subjected anew to a mercurial treatment by the compounds of mercury already present in the body.

"If in the treatment of secondary syphilis iodide of potassium acts on its own account—a fact which I not dispute—we must not, nevertheless, leave out of view the properties to which I have here desired to draw attention, for they must, without doubt, play an important part in the case. There ought to be a marked difference between the action of iodide of potassium on an individual free from mercurial compounds, and on one who holds mercurial compounds in his tissues. It results from the facts established in this memoir, taken as a whole—whether they concern protection from poisoning, the aggravation of it even unto death, or, finally, the cure of those already poisoned—that with the



treatment by iodide of potassium the cure is never obtained except by a preliminary poisoning—poisoning which the physician has completely the power to regulate according to the strength of the patient. It suffices for this to begin by administering the iodide in a small dose, as M. Guillot and I proposed as long as six years ago. For a man, it is well to begin with fifteen grains (one gramme) a day, increasing the dose if the patient bear it well. It seems to me that inferences of some importance to medicine may be drawn from the facts contained in this memoir. Indeed, the constant aggravation of the symptoms of poisoning upon the administration of iodide of potassium in excess, and the elimination of the poison in a state of combination with one of the elements of the iodide, authorise us in saying that certain medicines act in the first instance on their own account; but may act at the same time by the agency of the materials they meet with in the living body. It is the duty of the physician, therefore, to inquire into the prior history of the patient, even more perhaps than physicians are in the habit of doing, when he is desirous of administering remedies having an action analagous to that of iodide of potassium to individuals formerly subjected to the influence of saturnine or mercurial compounds."

Several experiments are related in confirmation of the propositions.

#### ON THE SPECIFIC GRAVITY OF THE BRAIN.

The following is the summary of an elaborate paper on this subject, by Dr. W. H. O. Sankcy, of the London Fever Hospital.

"Summary.—The foregoing analyses of 77 observations made upon the specific gravity of the brain, render probable the following general conclusions—viz.

"That the mean specific gravity of the grey matter, in either sex, is 1.034; that the density of the grey matter is somewhat below the mean in the earlier and later periods of life; that the highest density is met with between the ages of 15 and 30 years in males, and between 20 and 30 years in females; that the density of the grey matter is, in a slight degree, lower in those persons who have died after a long illness, and greater, to a slight extent, in those subjects examined before twelve hours after death than in those examined at later periods.

"That the density of the grey matter may be found in a subject after death to be .006 below the mean, without any cerebral symptoms having been present during life; but when the specific gravity exceeds the mean by .006, then one of the following conditions has existed during life—viz. either acute cerebral disease, attended with head symptoms of the gravest character, or chronic disease, (in all the cases analysed of chronic disease of the kidneys,) attended either with no cerebral symptoms, or only with slight delirium.

"That the mean specific gravity of the white matter after death is 1.041; that its density varies less than that of the grey matter in the sexes, or in the different periods of life; that it is much less affected by post-mortem changes or length of the last illness.

"That in those cases in which the gravest cerebral symptoms were present during life, the density of the white matter after death may present two opposite conditions—either it may exceed the average, or it may be much below the mean.

"That high specific gravity of both grey and white matter is found in conjunction with those morbid conditions of the brain connected with hyperæmia, and that a low specific gravity exists in conjunction with the opposite condition of the brain.

"That no relation appears to exist between the specific gravity and the actual weight of the brain."

**MEDICAL AMALGAMATION.**—It is stated, on good authority, that the medical department of the Line and Ordnance will be shortly amalgamated, which will no doubt prove very beneficial to both services, and highly acceptable to the profession.

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**Medical Times and Gazette.**—(No. CXXXIII. Jan. 15, 1853.)—LECTURES.—Mr William Ferguson's Clinical Lecture on Excision of the Elbow-joint. Delivered at King's College Hospital.—ORIGINAL COMMUNICATIONS.—Dr Thomas Inman on a Remarkable Loss of all the Teeth in the Upper Jaw. Mr Henry Gramshaw on a Case of Rheumatic Carditis. Dr Klein Grant on the Medical Topography of London and the Surrounding Country within Ten Miles.—HOSPITAL REPORTS.—University College Hospital: Dislocation of the Humerus. St Thomas's Hospital: Phthisis and Pneumo-Thorax. City of London Hospital for Diseases of the Chest: Phthisis; Very Large Vomica; Metallic Breathing—Phthisis in Infants. List of Scientific Meetings.—EDITORIAL ARTICLES.—The Pharmaceutical Society and the Medical Profession. Fruits of Solitary Confinement. Rumours from St Thomas's. Drugs: their Impurities and Adulterations (with Engravings).—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: On the Different Forms of Inflammation in Joints.—REPORTS OF SOCIETIES.—Pathological Society of London: Case of Complete Bony Anchylosis of the Stapes to the Fenestra Ovalis—Tumour at the Base of the Brain—Enormous Enlargement of the Liver from Medullary Disease in Conjunction with Pregnancy (Twin Gestation suspected)—Disease of the Hip and remarkable Incurvation of the Right Femur. Medical Society of London: Remarkable Manifestation of Hirsut Growth in Two Sisters, Natives of Switzerland—Rupture of the Pericæneum (with an Engraving) Epidemiological Society: On the Relations of Vaccination and Inoculation to Small pox.

**Association Medical Journal.**—(No. II. Jan. 14, 1853.)—LEADING ARTICLES.—Psychology, and the Claims which it has upon our Attention. Plan of the Periscope Review. Epizootic Diseases. The Metropolitan Counties Branch.—ORIGINAL COMMUNICATIONS.—Dr James Risdon Bennett on Cases of Empyema opening through the Bronchi, with Observations on the Character of the Pleuro-Pneumonia which has recently prevailed. Mr James Deane on Mechanical Support in Prolapsus Ani. Mr R. E. Jones on the Amputation of the Arm of a Child aged Fifteen Months, followed by Recovery. Dr John Charles Hall on Fatal Diseases of the Stomach. Mr George King on a Case of Internal Uterine Hæmorrhage.—BIBLIOGRAPHICAL NOTICES.—Medical Society of Observation: What to Observe at the Bedside and after Death. John Hughes Bennett's Introduction to Clinical Medicine. Knox's Manual of Human Anatomy.—PERISCOPIC REVIEW.—Psychology: Opium in Mental Disease. Homicidal Mania. Instantaneous Insanity. Feuchtersleben's Dietetics of the Soul. Guisain's Mental Pathology. Materia Medica, Pharmacy, and Therapeutics: Unbleached Disulphate of Quinine. Tincture of Mistic as a Hæmæstatic. Milk in Abdominal Typhus. Hyposulphite of Soda and Silver as an occasional Substitute for Nitrate of Silver.—ASSOCIATION INTELLIGENCE.—First General Meeting of the Metropolitan Counties Branch, on the 11th inst., in the Hanover Square Rooms.

**Dublin Medical Press.**—(No. DCCXXXII. Vol. XXIX. Jan. 12, 1853.)—Dr J. Kirby on Miscellaneous Cases and Observations in the Practice of Medicine: Irritable Tumour of the Breast. On Cartilaginous Tumour of the Breast. On the Scirrhus Tubercle of the Breast—Active Symptoms, Treatment, and Death. Heavy or Loaded Catheters. M. Lebert on Dermoid Cysts and Plastic Heterotopy in General.—SELECTIONS FROM MEDICAL JOURNALS. Mr Poland on the Cure of Popliteal Aneurism by Compression. Dr Hughes Bennett's Illustrations of Laryngeal and Pharyngeal Diseases, which are frequently Mistaken for, or Associated with, Phthisis Pulmonalis.—LEADING ARTICLES.—The Case of Kirwan. Gratuitous Medical Services. Louth Medical Association.



## BOOKS RECEIVED FOR REVIEW.

- Researches into the Structure of the Spinal Chord. By J. Lockhart Clarke, Esq. From the Philosophical Transactions. Part II for 1851.
- On the Nature and Treatment of some Painful Affections of the Bone, &c. By Langston Parker. London: John Churchill.
- A Lecture on the Working of the Medical Charities Act. By Andrew Ellis, F.R.C.S. Dublin: Fannin and Co., Grafton street.

## THE ANATOMY OF QUACKERY.

QUACK MEDICINES,  
THEIR HISTORY, COMPOSITION, AND QUALITIES.  
No. III.

## HOLLOWAY'S PILLS AND OINTMENT.

A short time since, being greatly fatigued from the excessive pressure of professional duties, we determined to seek an hour's relaxation in the boxes of the mirthful Adelphi. It was the evening of the same day that we had "quitted" ourselves of our polite attentions to the Messrs Morison, of which our readers have already had an inkling. We took up our position in the theatre in our usual quiet way, and threw ourselves into a posture half sitting, half recumbent, in the corner of a private box. For a time our feeble "optics" twinkled before the blaze of light around us. The performances of the orchestra were excellent—those of the stage equally so. We gazed and listened, well satisfied with all before us, though almost too fatigued and lazy to indulge even in a smile. We found only one matter of regret, and that was confined to ourselves. Our nerves were less vigorous than usual; our eyes and ears more sensitive to impressions than heretofore. From this cause the lights gradually produced a peculiar heaviness of the eyelids, and the music created, as it were, a thousand strange phantasms in our brain. Harlequin raised his magic wand, and the changes and laughter-moving follies of the pantomime commenced. We soon perceived that the influence of these changes extended beyond the stage. Another moment and we found ourselves drawn by some secret and irresistible power towards it. Was it fascination, mesmerism, electrobiology, the evil eye, or anything else, we could not tell. The power of Harlequin was on us. Without any voluntary motion on our part, we had reached the footlights. Another quivering of that magic wand, and we were drawn beyond them. Gentle reader, imagine the extreme painfulness of our position—an M.D. figuring among the *personæ* of a pantomime.

Convulsive bursts of laughter greeted our debut upon the stage. Suddenly the demon of mischief raised his wooden sword, and, oh! horror! a huge sugar-hogshead full of Morison's No. 2 pills, surmounted with a malt scoop stood revealed before us. Another moment and both clown and pantaloons, under the guidance of harlequin, were physicking the bystanders with a perseverance and liberality worthy of the proprietor of Do-the-boys Hall in the summit of its glory. At length came our turn, and with it the consoling assurance—"only *one* shovelful!" Oh, the agonies of that moment! the tortures that followed! gulp, gulp, gulp!—down, down they went as if by enchantment, until we felt as completely "blown out" with gamboge and aloes, as was ever schoolboy with plum-pudding at a birthday feast. Need we relate what followed; our agonies, our sufferings. Those of the worst stages of colic, dysentery, and cholera morbus, to them were bagatelles. At length nature could bear no more; we were "done up," and fast falling into a state of unconsciousness to pain. We were about to swoon (theatrically), when another shake of the wand, another blow on the back from harlequin again restored us. Change followed change! scene succeeded scene! past years returned, and greeted us once more in mockery, as they flew

before our eyes. We were transported to strange places, and gifted with strange powers. At one time we possessed the quality of ubiquity, but at length lost it, and found ourselves settled down not far from "the old woman in Threadneedle street." Thence we wandered into Broad-street buildings, and found at length, that we had travelled back some fifteen or sixteen years. We had now entered on a new field of observation. Men were engaged *then*, as *now*, in the one common pursuit—WEALTH! Out of the busy throng that passed before us, one apparently unhappy, restless, striving being, immediately chained our attention; and him we followed from "pillar to post" with unceasing vigilance. We had suddenly been transformed into a detective policeman, and we determined to do full justice to our new calling. We were anxious to study mankind, and for this purpose we kept the company of our protégé with the constancy of a shadow. Notwithstanding his erratic disposition we were always near him. Our new hero turned out to be a sort of universal jobber, a species of "will o'the wisp," a dealer in "all sorts," here, there, and everywhere; always about to do wonders, but generally doing little, or even nothing. His position appeared to be that of "Jackall, or lion's provider" to the brokers, carrying business to them, *when* he could get *any* business to do. Sometimes he did a little for himself; *little*, however, it was, although the task of fitting out a poor emigrant, selling a bundle of cigars, or a few yards of printed calico, or anything else in the small way was not objected to. Our daily rambles with our new acquaintance often brought us into strange company. Now we found ourselves partaking of a "pint of heavy" at the bar of the Rose and Crown, or "blowing clouds" from real Virginia at the King's Head or Albion. In the way of business much of our time was often spent at the docks and at the counting-house of a certain Joey Wright. It was on one of our visits to the latter that we learnt the secret value of a Brussels pudding. But most our new acquaintance darkened the door of Bacon's tavern in Paul's Chain, and spent his time in smoking and talking French with the new importations who there did congregate. "Day followed day and brought no change!" We were nearly liquified with porter drinking, smoked dried with tobacco fumes, and sinking under the yoke of plebeian wretchedness, when we began to bethink ourselves of time and home. We strove to collect our thoughts. Where was our friend the Harlequin? How long had we lived thus? We snatched up the nearest newspaper. It was a dirty copy of the 'Times,' wet with beer and tobacco juice, and scorched by smouldering pipe-lights. Could it be? 183—, the next figure was obscure to our disordered vision. Was it a 6 a 7? \* \* \* \* \*

That day

"There came to the tavern a poor exile from Turin,"

a perfect stranger to London, and entirely ignorant of a word of English. The object of our recent attention was immediately by his side. His old haunts and companions were soon forsaken for the foreigner, who was understood to be far from destitute, and also to be a son of Eusebius. Ultimately strange rumours got afloat. Our old companion brushed up, and sported new "toggerly," and now, merely gave his former associates a patronising nod. He had obtained the position, first of *interpreter*, and lastly of *agent* to the foreigner. But at length, friend Harlequin is by our side. Bygones become once more bygones! Another pirouette, another wave of that magic wand, and we are again on the stage of the Adelphi theatre. Confusion ensues! we get a blow on the nose with a facetious turnip; we start up indignant, to avenge the insult, and find ourselves (how unaccountably strange) in the arms of our old friend. \* \*

"Holloa! Why what is the matter? I have been endeavouring for the last ten minutes to get you to listen to some of the leading points in the 'proof' of our article on Holloway's pill and ointment, for our next Number."

"Quite right, my friend! we will visit that man again to-morrow."

*To be continued.*



## DRUGS, AND THEIR ADULTERATIONS.

The 'Lancet,' and the 'Medical Times and Gazette,' have commenced contemporaneously articles on the adulterations of Drugs, and as it has long been our intention to provide our readers in due season with papers of a similar kind, we shall now exercise the privilege of quoting from our contemporaries such practical information as their articles may contain. The article in the 'Lancet' is merely introductory; that in the 'Medical Times and Gazette' treats of Sulphur and its impurities.

### SULPHUR PRÆCIPITATUM.

"The most frequent and important impurity found in the precipitated sulphur of commerce is sulphate of lime, which usually constitutes about 50 per cent., or one-half of the impure preparation. This impurity is produced by the substitution of sulphuric for hydrochloric acid in the process. The impurity, and its source, were long ago pointed out by Dr Pereira, and figures even of the microscopic characters of pure and impure precipitated sulphur are given in his work on *Materia Medica*. It was this almost constant impurity that caused the rejection of the precipitated sulphur from the two last editions of the 'London Pharmacopœia.' This impurity may be easily detected by heating the precipitated sulphur to redness in a porcelain capsule or on a piece of glass, or even more rudely, by simply throwing it on a red-hot coal, when the sulphur is burned off, and a quantity of white ash remains, consisting of sulphate of lime; or, still more readily, by placing a minute portion of the suspected specimen in a drop of water, under a microscope of very moderate power, when the minute tabular and prismatic crystals of sulphate of lime are immediately seen. The manufacturers are not, however, the only blamable parties in this fraud on the public, as we see two prices marked in the price-catalogues for the same article, so widely different, that any retail chemist must at once see that the cheaper article is adulterated. Thus, in Baiss Brothers and Co.'s price-lists, we find 'Sulphur præcip., 3Ss. per lb. 4½d.; P.L. 10d.' Here the pure article is more than double the impure in cost, and the retail dealer has a choice between the two. We believe that sulphate of lime is the only impurity usually found in precipitated sulphur of English manufacture, because sulphuric acid is the cheapest precipitant, and this acid is generally prepared from Sicilian sulphur, which is free from arsenic and other metals that yield sulphurets volatile at the temperature used in subliming sulphur.

"Geiger mentions alumina as one of the impurities of precipitated sulphur, resulting from the employment of a solution of alum as the precipitant instead of one of the acids. In this case the preparation would contain alumina and sulphate of lime. We have not met with any instance of the occurrence of alumina in the specimens we have analysed. The same author mentions falsifications of precipitated sulphur with chalk and magnesia. Precipitated sulphur may also contain minute portions of arsenic; but this can only occur in England when the price of Sicilian sulphur rises to such an extent as to render the extraction of sulphur from iron pyrites profitable. The pyrites not unfrequently contains sulphuret of arsenic, which is consequently present in the sulphur obtained from this source, and in this way arsenic sometimes finds its way into all the preparations of sulphur.

"The pure and impure specimens of precipitated sulphur may be distinguished almost with certainty by a practised eye; the impure is whiter, with a slight yellowish tinge, and when pressed presents a silky, somewhat glistening appearance, while the pure specimen has a dead yellow colour; the impure readily mixes with water, while the pure specimen is diffused with some difficulty. By the microscope, even with a low power, the crystals of sulphate of lime are at once seen forming a very large proportion of the whole."

Several analyses of specimens are then given, and the results are thus described:

"It will be seen, by reference to the results of these analytical examinations of precipitated sulphur, that eleven out of twenty-one samples, obtained, for the most part, from the largest and most respectable shops, are sophisticated with about 50 per cent. of sulphate of lime, by an error in the process of preparation. Had we extended our examinations to the same substance obtained from the smaller shops, it is probable that a much larger proportion of the specimens would have been found sophisticated.

"We have found, in repeating the analyses of several specimens, that somewhat different proportions of sulphate of lime and sulphur have been obtained from different parts of the same sample, which shows that the sulphate of lime and sulphur are not quite equally mixed, and we could not, for this reason, guarantee that any second analysis would present exactly the same results, but the variation would be small. We shall probably recur to this preparation after some interval, and we hope that, having placed druggists and manufacturers on their guard, we shall find that the sale of the impure article has been abandoned."

With respect to "*Sulphur Sublimatum*," it is stated:

"That the sublimed sulphur is rarely, if ever, adulterated, and that what is generally sold in the druggists' shops is free from adulterations."

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, Esq., M.D., F.S.S.

### CHAPTER III.

A.D. 1400—1711.

(Continued from Number XXV.)

The often-cited passage in *Romeo and Juliet* presents a faithful picture of a low apothecary's shop in Shakspeare's age. It is probable that apothecaries, being more numerous, were not so affluent as in the reign of Edward I. Romeo had, however, noted the penury of this "caitiff wretch," as something extraordinary and exceptional:—

"I do remember an apothecary,  
And hercabout he dwells,—whom late I noted  
In tattered weeds, with overwhelming brows,  
Culling of simples; meagre were his looks,  
Sharp misery had worn him to the bones:  
And in his needy shop a tortoise hung,  
An alligator stuffed, and other skins  
Of ill-shaped fishes; and about his shelves  
A beggarly account of empty boxes,  
Green earthen pots, bladders, and musty seeds,  
Remnants of packthread, and old cakes of roses,  
Were thinly scattered to make up a show."

In a dearth of skilful practitioners, and when all the world had physical pretensions, it is not astonishing that the apothecary, however ignorant of medical science, should practise, as he had recipes and remedies in his possession; only one slight link in the chain was wanting, the knowledge when to apply these therapeutic agents. The apothecary practised extensively in the 16th century, as is evident from passages like the following, in "*The Four P's*;" or *the Palmer, Pardoner, Poticary, and Pedlar*," a drama, by J. Heywood, (1547,) the friend of Sir Thomas More; who, it said, pointed some of his satire:—

"Whome have ye knowu dye honestly  
Without helpe of the Poticary?  
Nay, all that cometh to our handlinge  
Except ye happe to come to hangynge,  
That way, perchance, ye shall not myster  
To go to heven without a glyster.  
But be ye sure I wolde be wo  
If ye shulde chauce to begyle me so.  
As good to lye with me a night  
As hang abrode in the mone light.  
There is no choysc to fle my hand,  
But as I said into the bande."

Henry VIII appointed John Soda, apothecary to his dearest daughter, Lady Mary—*pro meliori cura, et consideratione sanitatis sue*—at a salary of forty marcs sterling; and,



at the same time, Michael Delasco was made her physician, with a salary of a hundred marcs (1). The physicians began to betray jealousy. "What," exclaims a Doctor of Physick, "maketh many apothecaries, now-a-days, to set so little by the physitians? This is one chief cause: they play the physitians themselves; they give and minister medicines of their own devise (God wot, a mad devise) indifferently unto all men; yea, and the more ignorant they are, the bolder they are; for who is so bold as blind Bayard? Many of them will not stick to looke in water, and not be ashamed even in the physician's presence, to ordain this or that medicine for any kind of disease. If any physitian do gently admonish them of their fault, and specially of giving of medicines after their own brain, they will say, that they may as well prescribe medicines, as physitians sometimes, do use to make them. They may play (say they as well) the physitians as the physitians play the apothecaries, as though a physitian and an apothecary were all one! \* \* \* And, now-a-days, most part of them (Chirurgians) doe all things. \* \* They stick not to give electuaries, syrups, and other medicines, themselves; yea, and pугatives also: which thing, methinks, is very uncomely." (2)

Dr Winston (1575,—1655), the son of a carpenter, who had realised by 1642 an estate of 500*l.* a-year, was esteemed by his biographer, Dr Hamey, a benefactor of the college, because he upheld the dignity of the faculty against the apothecaries. He used but one himself, and treated him as a servant—*heriliter imperavit*.

Towards the conclusion of this period, open war was declared between the physicians and apothecaries: the college, by a joint stock, erected several dispensaries in town, where, after physicians had given their advice gratis, the patients procured the physic prescribed, for a third, and generally less, of what the apothecaries exacted. In 1703, the College of Physicians brought an action against William Rose, apothecary, for visiting a patient, and sending him several parcels of physic, as proper for his distemper, without any fee for advice. The court decided that this was practising physic. But the judgment was reversed in the House of Lords: it was urged before their Lordships that the decision would lay a heavy tax on the nobility and gentry, who could have no medicine in the slightest cases, or even for their servants, without giving a fee to a member of the college (3); and that it would oppress poor families, who could not bear

(1) Rymer's Foedera, 1537, June 29th. 28 Hen. VIII.

(2) 'A detection of some faults in unskilful physitians, ignorant and careless apothecaries, and unknowing running chirurgians.'—Written by a Doctor of Physick in Queen Elizabeth's days: ed. 1651, pp. 157-8.

(3) See Reports in Appendix to Wilcock's Laws of Medical Profession, p. xciii. The faculty of Paris preserved the apothecaries in better subordination. They swore once a year:—1st, to obey the faculty—2nd, to administer no physic without a physician's advice—3rd, to allow their shops to be visited twice a year by the dean and four regents of the faculty. They were licensed by a jury composed of master apothecaries and of doctors. An oath was read to the candidates on their admission, by a regent of the faculty, and they responded at the end of each clause, *Juro* or *Je jure*. In *Le serment des apoticaire Chrestiens et craignans Dieu*, dating from 1500, and employed long after 1624, the apothecary swears very promiscuously to live and die a Christian—to honour and serve, not only the doctors who had instructed him in pharmacy, but the *maistres pharmaciens*—not to slander his ancient preceptors—not to teach idiots, and the ungrateful, *les secrets et raretés d'icelle*—to give no purgative to patients labouring under acute diseases, without consulting a learned doctor—to execute the physician's orders, neither adding to nor taking from his prescriptions—and to keep no bad or old drug in the shop! The next clause is entirely Gallican:—*Item, De rapporter tout ce qui me sera possible pour la gloire, l'ornement, et la majeste de la medicine!* The remaining clauses relate to medical police. He swears not to give any *potion abortive*, not to administer poison, or to counsel another to give poison, even to his greatest enemies. *Item, De ne toucher aucunement aux parties honteuses des femmes que ce ne soynt pas grande necessite, c'est a dire lorsqu'il sera question d'appliquer dessus quelque remede.* *Sabatier, Hist. de la Fac.* p. 28.

the charge of a fee. The dispensary war belongs to the subsequent period; where we shall find the unlearned drug-dealer daily growing beyond Dr Johnson's galling definition of an apothecary:—"A man whose employment is to keep medicines for sale."

The salaries of the medical officers of the crown have been incidentally mentioned. I proceed to give several examples of these medical appointments, and it will be recollected that all the great barons had medical attendants of a similar description upon their vast feudal establishments. Soda's salary was four-tenths the amount of the physician, Delascos's; but the apothecary's principal profits accrued upon the drugs. The medical officers of the king had been sometimes paid in church preferment; at other times they obtained a monopoly, or privileges. Thus Henry VIII in 1539 gave *Antonius Cialus*, his surgeon, a licence to purchase *sexcenta Dolia* (pipes) *sive Tonella vinorum Vasconiae*, beyond seas, and to sell it either himself or by factors.

1363. Edward III ordered the treasurer to pay his physician 20*l.* for his services.

1368. Edward III granted Peter of Florence—physician to the king and to Queen Philippa—40*l.* (= 400*l.*) a year for life. The physicians formed part of the household at this period.

1513. Henry VIII made *Marcellus de la More*, in consideration of his daily service, Serjeant Surgeon (*serviens chirurgorum*) for life; and then follows a formula which, as it is repeated in the subsequent grants, shall be given in the official Latin:—*Cum Foedis et vadiis, tam de Hospitio nostro quam aliter, eidem officio ab antiquo debitis et consuetis habendis et percipiendis modo et forma antehac usitatis, simul cum omnibus allocationibus le Bouge le Courte, quam Vini, Ceri, et aliorum requisitorum, et pro Curis, et cum omnimodis Præhementiis, auctoritatibus, proficuis, commoditatibus, et advantagiis dicto officio pertinentibus.* The fees and perquisites had been settled by long usage; and *Marcellus de la More* was insured all the advantages any other person enjoyed in his office under Edward IV, or any of the King's ancestors.

1547. Edward VI granted *Thomas Wendy, Esq.*, for his services to the king's father, an annuity of 100*l.*, and made him his physician (*medicum nostrum*) for life, with the other fees, profits, &c., &c. The *life annuity*, not salary, of 100*l.* a year, had apparently been fixed at an early period. A century previously it would have been equal to 1,200*l.* a-year of the present money. It was an inconsiderable sum in the debased coinage of Edward VI. The physician was paid as the poet laureate has been paid down to the present day, in money and kind. The latter mode of payment was some protection against the deterioration of the currency.

1547. Edward VI granted his physician, *Dr Thomas Bille*, 100*l.* a-year, to be paid quarterly, *neon vadia et Foeda*, for services rendered to himself and his father.

1550. Edward VI granted *Dr Robert Huyke*, physician to Henry VIII and Queen Catherine, an annuity of 50*l.*, and constituted him his physician *extraordinary* for life, unless he obtained any promotion of the clear annual value of 50*l.*

1553. Mary constituted *Thomas Huys* her physician, at an annuity of 100*l.* a year for life, with the diet (*dietis*), allocations of wine, wax, *Bouge le Courte*, all emoluments, &c.

1559. Elizabeth appointed *Richard Master* her physician at the same salary, &c., as Huys.

1560. Elizabeth appointed *Dr Robert Huyke* one of her physicians in ordinary, with an annuity of 100*l.*; this not to be to the prejudice of the annuity granted by Edward VI

1562. Elizabeth granted *Richard Ferris* a salary of forty marcs—26*l.* 14*s.* a-year, with the fees, &c., in the form used on the appointment of *Marcellus de la More* (*vide ante*). In the 35th Henry VIII, and the 3rd Edward VI, Ferris had obtained grants of 20*l.* and 40*l.* a-year—*quoddam vadium*—in lieu of which the Queen granted him 40*l.* a-year.

1566. *Robert Balthorp*, the principal surgeon to Elizabeth, was appointed Serjeant Surgeon, at forty marcs a year, and all fees, &c.



1572. Dr *Thomas Frances* was appointed one of the physicians in ordinary to Elizabeth; annuity, 100*l*.

1573. Dr *Julius Borgarntius* was appointed physician of the household, *officium medici nostri et hospitali nostri*, with an annuity of 50*l*. a-year, in place of Dr Bentley, who held the office in the time of Henry VIII.

1585. Dr *Roger Gyfford* was appointed one of the physicians in ordinary. Annuity, 100*l*., &c. (Ut A. 1553, Hays.)

1593. *John James*, "a rare tongue man, and wise," was made physician of the household, at 50*l*. per annum; and R. Lopius, successor to Borgarntius, at 40*l*. a-year. (Ut 1573.)

1603. James, on his accession, brought with him Dr Craig—J. Craigus ordinarius et primarius medicus noster—and granted him an annuity of 100*l*. a-year, with the fees, &c., (v. 1553.) One innovation appears in the grant; for *allocatio Vini*—is substituted *Vini cerevisiae*; it is not clear that the liquor affected by Dr Craig was not mountain-dew; the Scotch *Rans des Vaches*.

1603. Martin Schover was at the same time appointed physician to Queen Anne, at the same salary. It is here *vin*, not *vin* *cerevisiae*. (1)

Linaere, Cains, Mayerne, Harvey, Bidloo, and other physicians to the English sovereigns, are elsewhere mentioned.

As physicians originally belonged to the church, they preserved something of the ecclesiastical pomp; the goldheaded cane, the gold chain, the wig, and the scarlet robe ministered to the wearer's vanity, and had an imposing effect upon the populace. Chaucer's Doctor of Phisick was clad in "sanguine and in perse." Henry IV (1410) granted Helia Sabbot, Hebrew, and Doctor of Medicine, letters patent, allowing him to travel with ten esquires through the king's dominions. (2) The following picture was probably drawn from the life; the scene is London in a time of plague:—"For thither within this two hours I did see Master *Toocerump* (Mediens) solemnly riding upon his mule with a side goun, a great chain of golde about his necke, his apothecary Crispinus, a neighbour's child borne hereby in Barbarie, and his little Lackey, a proper young apple-squire, called Pandarus, which carrieth the keye of his chamber with hym. These are all gone in at the gates to that noble Italian." (3) It is related that Dr Simon Fox, son of the martyrologist, and Dr Argent, were the last presidents of the College of Physicians who rode on horseback to visit their patients. (4) English like French Surgeons wore gowns, as is seen in the picture at the College of Surgeons, representing the grant of the charter by Henry VIII. The artifices of costume, still retained by the legal and ecclesiastical professions, were laid aside by physicians, when they had no occasion to address the vulgar astonishment of mankind.

In the Saxon and Roman periods England derived skilful medical attendants from abroad; so early as the reign of Mary, matters were reversed. Physicians were exported. The commercial relations with Russia, opened by Chauceller, (1553,) and Jenkinson, (1557,) through Archangel, were fostered by the government; and Jenkinson delivered, as is recorded in the Russian archives, presents from Queen Mary, of a lion, a lioness with her living cubs, certain doctors, (fellows of the new college), arms of various kinds, a quantity of scarlet cloth, an atlas, with other foreign articles, besides several mechanicks and miners. (5) Dr Standish, and R. Elmes, chirurgion, were among the doctors sent to the fierce Ivan II. In 1581, Elizabeth addressed two letters, one to the emperor, and one to the empress. Dr James was the bearer. The virtues of the Empress of all the Russians had been lauded so highly, particularly by Dr James, and her fame was so great, that Elizabeth loved her in her heart, and could not but be solicitous for her health. Hence she had not only (as the czarine had desired) sent her a skilful midwife, who could alleviate, by science, the

pains of childbirth; but also Dr Robert James, her own physician (qui nostram valetudinem curare solebat),—a faithful man, already well known to the Empress—that he, by his skill in the medical art, may direct the proceedings of the midwife. In a letter dated Oct. 24, 1583, she prays that Dr James may have that place in Ivan's favour, which was accorded by good princes to men of such approved virtue. She never would have dispensed with his services, had it not been for her friendship for the Czar, and her desire to gratify him. James Frenchman, an apothecary, and several army surgeons, accompanied Dr James. In the letter of 1583, the Queen entreated Ivan to grant Frenchman a discharge; he had been ten years before in her own service. The Czar refused to discharge the apothecary, at the head of the court pharmacy, until another arrived. Ivan died in 1584. In 1594, another letter was addressed to Boris Fedorowitsch Godunow, the brother-in-law of Fedor I, into whose hands the weak Czar had abandoned the government. The Queen had been advertised by her merchants that his lordship was desirous to have an English physician in the Emperor's service. Having been solicited to that effect, by the Lord High Treasurer of England, William Lord Burghley, she assented.

*To be continued.*

#### THE LONDON AND PROVINCIAL MEDICAL DIRECTORY, 1853.

Another edition of this invaluable work of reference is now ready for publication. We believe it to be as perfect as care and labour can make it, and that it will meet with the approbation of every member of the profession who may have occasion to consult its pages. More than usual pains have been expended on this edition, so that the rivalry of a clique of conspirators and pirates need not be feared. It will certainly be proved to be above all competition. Our readers will observe that in deference to the wishes of a considerable number of subscribers, the names of homœopaths are not accompanied in this edition with any mention of their appointments. The proprietor of the piratical Directory began his undertaking with a pledge to exclude from his work the names of homœopaths altogether,—their admission being the *only* ground of objection to the original 'London and Provincial.' We shall see with what honesty this promise has been performed. If this disgraceful rivalry should result, as we anticipate, in a falsification of all professions and pledges made with so much fervour and so many protestations, the profession will know how to punish such a deliberate deception.

The subscribers will soon have the '*London and Provincial Medical Directory*' in their hands, and will then be able to judge for themselves of its merits.

The Directories for Scotland and Ireland are, we understand, nearly ready.

#### NOTICE.

Before the next Number of the 'Medical Circular' is issued, all our subscribers to the 'London and Provincial Medical Directory' ought to have received their copies. In proof of its safe delivery, we trust they will immediately remit the cost, viz., 5*s*., together with the postage, which we announced at 6*d*., but it was found that to enable the work to be sent for that sum, it would be necessary so greatly to lessen its contents that we determined (at a great additional cost to ourselves in printing and paper) to leave the extra postage in the hands of our subscribers, few of whom, we presume, will grudge 6*s*. for the volume.

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(1) *Kymer's Foedera*, under the respective dates.

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(3) A Dialogue both pleasant and pitifule, &c. By W. Bullein. Ed. 1573.

(4) Aikin's Biog., p. 276.

(5) *Russischen Stufenbuche in Richter's Geschichte der Medizin in Russland*. Vol. I, p. 299.





*Geo Ross Esq*  
*1853*

*From a Daguerreotype by Claudet.*

## BIOGRAPHICAL NOTICES.

### GEORGE ROSS, ESQ.

Should any of our country-cousins have been placed, only for once, in the awkward situation of delivering to a critical patron a letter of introduction in which he felt tolerably sure that his personal merits were the subject of an unmerited eulogy, he may be able to realise the state of delicate confusion into which our feelings are thrown by the necessity of inditing our auto-biography. Yet even an

embarrassment so distressing does not adequately represent our private suffering; for, be it remembered, we not only deliver the letter, but write it ourself! Though an uncharitable world may not be disposed to concede to us the possession of much humility, we, at least, know, theoretically, its requirements, and had a mind to ask some congenial friend to distribute, with a judicious hand, the lights and shades across the picture; but, to confess the truth, we were afraid that we should be put to the blush by the



praises that would be lavished on so admirable a character, and that we might undeservedly be credited with the presumption of having indited the panegyric. We have, therefore, resolved, as our publisher has decreed by public advertisement that the life shall be written, to be our own historian.

"George Ross: his Life and Times," would have been an appropriate title for such a sketch as we should have liked to have composed, had our plan and space permitted; but, under present circumstances, we must be content to fill up a humbler design. For the same reason we shall not publish, though we have made the necessary jottings, a history of our ante-professional life, further than to make known that if the family Bible bear a true record, we were born in the town of Stonehouse, Devon, on the 2nd of August, 1815, consequently are now thirty-five years of age—old enough to have a few calumniating gray hairs, a wife and two small children. Some of our earlier years were spent among the bold scenery of the Scilly Islands, lying like lions couchant at the gateway of the great Atlantic, the terror of seamen and the home of the spirits of the driving storm and the blue water. Here, besides acquiring a passion for the grand and fearful in nature, we became an antiquarian, and discovered the foundations, almost perfect, of an ancient British town, in connexion with numerous barrows (before known) and remains of Druidical temples. These Islands,—the "Cassiterides" of the ancients, would be worth a visit to the Archaeological Society, and in that event we should desire to be their cicerone.

In the year 1832, we entered the profession under the auspices of Mr T. G. Phillips, of Albion street, Hyde park, who initiated us into the mysteries of pharmacy, bleeding, tooth-drawing, and the usual minor duties of medical practice. During our stay with this gentleman, we attended St George's Hospital, under Brodie, Keate, Chambers, Seymour, Macleod (the editor of the 'Medical Gazette,' and the "Roderick" of the 'Lancet,' whose death we have recently recorded), and entered for our lectures at Lane's school. Dr Macleod had a manner rather pretentious, affecting to speak *ore rotundo*, with a loud bow-wow intonation, and emphasising the last syllable of his long words, that they might not lose a letter of their importance. He was tall and spare, walked briskly, but with strict geometrical perpendicularity, and thus made the most of his inches. He was, however, we believe, a good and kind man at heart, though no genius. When we were about sixteen years of age, our sympathy for literature was first developed. As our life has been mainly a literary one, we feel it right, at the risk of being charged with egotism, to refer to such incidents as determined our future views and career. Some men among our friends are distinguished as great operators, others as able physicians; and we dwell with pleasure whilst recording their labours on the smaller circumstances that first gave an impulse to their tastes and energies. Our business has been with literature and politics—neither pursuit without dignity or utility, and surely beyond the necessity of an apology for an attempt to give them their due consideration.

The book that awakened in us the passion for reading was an accidental acquaintance with Dugald Stewart's 'Philosophy of the Human Mind.' This volume we literally devoured; and we afterwards read everything that came in our way, from 'Aristotle' to 'Rabelais,' with unexampled voracity. Our next step in self-culture was to jot down every new thought, train of reasoning, or even passing sensation that crossed our mind, which we subsequently analysed, and became thus not only an expert metaphysician, but a tolerable critic in general literature. Thus we were training for authorship, and at twenty years of age embarked in print, plunging deeply into the bogs of a metaphysical discussion, amusing ourselves with poetry, writing leading articles on æsthetical subjects for a weekly paper, concocting tales for a monthly magazine, and (*per hercèle!*), reviewing the exhibition of the Royal Academy, in articles which read as well as the larger part of newspaper criticisms, and which were doubtless quite as good and just.

We soon, however, grew dissatisfied with a literary life;

honour did not come fast enough; and one of the magazines for which we wrote failing, our hope of remuneration to the extent contemplated proved an illusion. Hence we resolved forthwith to roll pills and spread plasters, reserving literature for a solace and a pastime. Soon after this we went to reside with and assist our esteemed friend, Mr Asbury, of Enfield, in whose extensive practice we acquired a large amount of clinical experience.

While at Enfield the old passion returned, but took a new direction; and here we wrote our papers on "Typhus Fever," which were published in the 'Lancet,' 1842, and received a complimentary notice in a leading article from our *quandam* friend the Editor, Mr Wakley. Since that time articles of a very different quality have been associated with our name in that journal; but we have long learned to forgive the Editor both his compliment and his abuse. It is unnecessary to recapitulate the principal doctrines taught in those papers; sufficient to say, that Dr Traube, of Berlin, has recently published a volume on the same subject, in which the doctrine of "critical days," the cure of typhus by the use of large doses of calomel, and the discrimination of a form of typhus fever called "hectic," are the chief points enforced, and that our essays, published ten years ago, taught exactly the same things, in language so nearly the same too, that Traube's work looks like a translation. A "Medico-Chirurgical" Reviewer regards Dr Traube as an authority, and honours him with an article: and it is a pity we were not Dr Traube or some other learned German with an unpronounceable name, then some "Medico-Chirurgical" reviewer might give us our due. However, we had our day; and Dr Traube must have his.

In a year or two afterwards our papers on "Digestion and Nutrition" were written and published also in the "Lancet." In these papers we established the fact, till then in dispute, that *lactic acid* is not to be found ordinarily in the stomach, but in the *small intestines*. Twelve months afterwards we had the satisfaction to read in the same 'Lancet' a translation from a paper by Messrs Bouchardat and Sandras, in which this fact was set forth with all the honours of type, as a new and important discovery. But enough of these reclamations, which, if continued, would fill pages; and, after all, these small affairs are great only to—we were about to say—"Medico-Chirurgical" reviewers. We afterwards published in the 'Lancet' papers on "Albuminuria," "Epidemic Influenza," and some political articles.

Our first essays in political life occurred soon after the establishment of the "General Medical Protection Assembly," which was founded by our predecessor, Dr Jordan R. Lynch, for the main purpose of obtaining an amendment of the charter of the College of Surgeons granted in 1843, but also for procuring a settlement of the entire question of medical reform. Having written a letter to the 'Lancet' on the proceedings of that body, Mr Wakley, instead of publishing our communication, invited us to an interview at his house in Bedford square. Here we saw for the first time the Jupiter Tonans of the profession—alas! long since despoiled of his thunders. We were then about twenty-six years of age, inexperienced in politics, and diffident as well, so that, doubtless, we did not conduct ourselves in a manner particularly heroic. Nevertheless, we desired to say something in justification of our views, but it was all in vain: Mr Wakley has got a "forty-parson power" of talk, and he kept steaming away under high pressure with extraordinary velocity. We were effectually muzzled. Sitting on the end of a sofa next the fireplace, he crossed his right leg over his left and steadily rubbed his calf as if he were liberating the electricity to stimulate the nervous power. He affected extreme earnestness, inflamed, almost shut his little eyes, especially when he laughed, and articulated with great rapidity. When he had run down, like an alarm, we rose to leave, and he proposed to nominate us on the committee. We consented, and thus we became a politician. One word more on this matter. On the first or second occasion of our attending the committee we were elected to the chair, when again our invincible modesty (do not smile, thou unbeliever!) depre-



cated the intended honour with a reference to our youth. Mr Wakley interposed with a remark that we have never since forgotten, "Never make that objection, sir; it is time enough for you to refer to it when other people complain." This advice was an outflowing of the soul of the man: it sprung from a mighty self-reliance. It was good advice, too, and we have striven to profit by it. May we hope that our preceptor has not suffered by our adoption of his principles.

It was discovered in a few months that the society could not be continued on the old plan, and we proposed a reorganisation on a wider basis, and the adoption of a more comprehensive policy. The instinct of power was awakened in our friend Lynch—an admirable speaker, by the way, with a good deal of racy Irish humour and bold declamation, and he opposed the plan with the utmost vehemence. Wakley was on his side, or rather on his own: "Open committees" were held to decide the question, and on the third or fourth night of debate Dr Lynch gave up the contest before the discussion came on, whispering into our ear, "It's all up: Wakley has turned round against me. His last leader has done the business."

We have given a brief description of these proceedings to throw light on a most important period of Mr Wakley's career and of our own. This society was established under the auspices of Mr Healey and the 'Medical Times,' but Wakley, getting the ear of Lynch, offered the support of the 'Lancet' if the society would abandon the 'Medical Times.' The terms of the treaty were agreed to at Bellamy's: Healey was thrown over, and, before twelve months elapsed, Wakley cast off Lynch, as the latter had previously cast off Healey. Thus the offended deities were avenged.

Uproar thenceforward reigned in the Committees of the General Medical Protection Assembly. The National Association was established. Mr Wakley attacked it in the 'Lancet' and in the Committee room of the Protection Assembly with great virulence. We resolved to disconnect ourselves from a party now distinguished only for its factiousness and violence, and we did so. This was the occasion. A meeting of the committee was convened at the residence of our friend, Mr Hunter of Hart street, for the purpose of drawing up a document having reference to the new movement. Dr Lynch produced a draft letter full of personalities, and, as we believed, misrepresentations. Disapproving of its tone, and finding that we had no chance of modifying it, we left the room, with the intention of marking in some public way our dissent from the policy and opinions of the Committee, which we may also observe, was, by this time, nearly disorganised. On communicating our resolve to our friend Mr Hunter, he endeavoured to dissuade us, observing,—"If you do, Wakley will crush you, you have no power, no organ; it is quite useless." So it seemed. Our first difficulty was to find an organ: there was no medium but the 'Medical Times,' and that was in such bad repute, and had a circulation so limited, that we were loath to figure in its pages. At this period we had never seen a copy of the journal; which had been bought about two years previously by Mr Healey and Mr Weathers, as bankrupt's stock, for 30%, and it had not since made much way in professional estimation. However, we had resolved to commit ourselves, and we wrote a letter, addressed to the General Practitioners of Medicine, to that Journal, signing our name and taking all the responsibility of the venture. Others followed; they had great success. Wakley has detested and reviled us ever since, but he has not *crushed* us, as foretold. We have understood that he will never forgive us, because, as our friend was informed, he is "*a man of powerful dislikes.*" We have hitherto prospered, despite his vindictiveness, but should begin to tremble if we became the object of his panegyric. Our attack was the first effective blow struck at the foundations of a literary autocracy. The 'Medical Times' was the only Journal that succeeded against the 'Lancet.' The 'Medical Circular' has succeeded against both.

In a short time, overtures were made to us to undertake the office of Secretary to the memorable National Association,

a duty we accepted, and performed, as is well known, for several years. When these negotiations commenced, there was not one member of the Committee, so far as we now remember, with whom we were acquainted, except our old teacher Mr Ancell; and to him we had not spoken for a considerable period. The principles of this Society were identical with those we had advocated against much opposition in the General Medical Protection Assembly; so that the duty was undertaken with alacrity, and, we believe, performed with satisfaction, to the gentlemen with whom we co-operated. We cannot forbear to testify in this place to the pure integrity and indefatigable zeal with which every member of the Committee laboured for the benefit of their professional brethren. We resigned our office only when we found that its possession was become incompatible with increasing professional duties.

Our services to the cause of the National Association cannot be estimated by the performance of our merely official duties: for during the time that this great body was battling for professional rights, we wrote, without the knowledge of the Council, or even a single member of it, *all the political leaders in the 'Medical Times.'* The Council had resolved to be independent of the press, but we believed that a cause that practically stood aloof from such aid was every day in danger of a fall; and therefore, without communicating our secret to a single breast, excepting necessarily that of the Editor, of the 'Medical Times,' we supplied that Journal week after week with the necessary *pabulum*. For two years we wrote habitually, sometimes in the form of leaders, sometimes epistles under various signatures, such as "*Vox Veritatis*," "*V. V.*," &c., &c.; and, for the whole time of our connexion with that Journal, which terminated only last October twelve months, a period of about eight years, we do not believe that a dozen political articles appeared that were not written by our hand. We were also invariably in consultation with the Editor once or twice a week, more particularly in Healey's time, to advise on the interests and policy of the Journal. Whatever credit, therefore, the 'Medical Times' has acquired for the freedom and vigour of its political articles—by which alone, as its present proprietors asserted in their address published last year, its reputation was made—is due in a great degree to him, who, until this moment has not deemed it necessary to put forth his claim.

Let us not, however, exaggerate our influence over the destinies of that Journal. Mr Healey was a writer of great power and elegance,—and though somewhat indolent and desultory, as he himself must admit, yet a bold manager, with a singular command of resources. He was fastidious and happy in the choice of words, indulged in caustic and biting invective, and gave his ready sarcasms a keen edge and brilliant polish. He fancied that it was his destiny to destroy Wakley;—alas! he made a false estimate of his position and fate. It was the common cant to say that the attacks in the 'Medical Times' were "coarse." Occasionally they were so, but generally they were stinging, sarcastic, if you will, bitter, but not coarse. Our services were given to the 'Medical Times' gratuitously, and with no other view than to aid our cause, and to establish a rival organ to the 'Lancet,' which then ruled with a shameful tyranny over professional opinion. We succeeded, made the Journal, regarded it with the affection of a parent, and when we left it—

But we have not done with this Journal. It was originally established by Mr Hunt, the present Editor of the 'Daily News;' but he finds it easier to edit a political, than it was to edit a medical paper. It was unsuccessful, and in the course of time Healey bought it for 30%, and it was at last sold to Messrs Orr, Tyler, and Reid, for 1,711%, an undeniable proof of the success with which it had been conducted in the interval. We continued to write, with certain intermissions, the political articles of this Journal under the new proprietary,—Mr Churchill having bought out Mr Orr—and while our friend Dr Bushnan wielded the editorial baton. Latterly, however, our contributions were few, for the Journal had abandoned its old principles and adopted no new ones. We could not write bolder—



dash, and did not care to learn. During this time, however, we did one service of incalculable benefit to our brethren, in demolishing the Medical Protection Society conducted by Mr Brearey. Twelve months after this event, circumstances arose that caused us to resign our long connexion with the 'Medical Times.'

We might narrate many more interesting details relating to our connexion with that Journal, but space will not permit. What could we not tell about its various actions for libel,—pro and con,—its struggles, misadventures, triumphs? But we must draw a veil over circumstances which, if they manifested much ability, were also stained by many faults. It is, however, due to ourself to state here that we were not responsible for the particular phrases and articles which formed the foundation of the actions for libel brought against that Journal by Mr Wakley:—nevertheless we have sustained much vituperation from that refined and generous antagonist, whom in our turn we have repaid with truth-telling, and contempt.

Besides the articles already alluded to, we published in the 'Medical Times' our lectures on the "Asiatic Cholera," which led to much discussion. In these papers we demonstrated the injuriousness of the administration of stimulants in that disease,—a truth often before suspected, talked of, and denied as matter of opinion, yet never before established by statistical evidence. The influence of "elevation of site" in the propagation of the epidemic, was also first proven in these lectures. The first position has not yet been attested by German authority, and remains but partially recognised: the second has already been confirmed by the elaborate investigations of Mr Farr, of the Registrar-General's Office. The value of the nitrate of silver in restraining the rice-water evacuations was also enforced. We also published in the same Journal, about two years ago, a case of poisoning by the cyanide of potassium, the first recorded in England, and we believe in Europe.

We must not omit to recite other medico-political bodies which in the course of an active career we have assisted either to found or support. The Committee of Poor Law Medical Officers was founded in consequence of a conversation between Healey and myself. He wrote the announcement, and we the subsequent articles. We also sat on the committee, and took our share of duty in its counsels and labours. Healey brought an action against Wakley, in consequence of the latter's slanderous imputations upon both him and ourself, in relation to the formation of this society. Though we believe our case was the strongest, we did not care to apply to a court of law for that redress we could at any time command from our pen. Wakley's calumnies, too, have no appreciable value.

About the same time our benevolent friend, Mr Daniell, earnestly requested us to aid him in the establishment of his plan for the relief of superannuated medical men, their widows and orphans. Our heart was with this noble effort, but our engagements prevented our active co-operation. Subsequently, the scheme was extensively modified by a committee, that we withdrew our support. We predicted its fall, and we were angrily opposed, but two years' experience confirmed our judgment. We did not kill it, for it died of its own inherent defects. Our connexion with the 'Medical and Surgical Practitioner's Society' is too recent to require further notice.

This is a long enumeration of literary and public services carried on with more or less success, but we have not yet done. There are some extra-professional labours that call for notice. Our zealous and persevering friend, George Alfred Walker, who rejoices in the honourable pseudonym "Graveyard Walker," has had our aid,—small, we grant, in the propagation of his opinions on the subject of intra-mural interments. We addressed two or three public meetings called by him on this most important question. We have lectured also on "Cholera" to masses of people that overflowed the lecture-hall, stairs, and passages, and thronged the street; and we have engaged in general politics to an extent sufficient at any rate to work off any superfluous enthusiasm, if not to benefit the public. The largest meeting supposed

ever to have assembled in the City of London, or perhaps in England within four walls—that of the merchants, bankers, and traders in Guildhall in 1850, we had the honour to address, and as for the various speeches, and what not, we have made on other occasions, it were puerile to recount. How many times also we have accompanied deputations to Government on various questions, we cannot remember. Eighteen months since we were examined before a Committee of the House of Lords with respect to Smithfield Market.

In the year 1847 Dr Lynch died unexpectedly, and we, having had a previous knowledge of him, were induced to purchase his practice, carried on at 24 Farringdon street, which we now conduct. In 1849 we were joined in marriage to the daughter of our intellectual and generous friend Mr Hunter, a lady whom it would be unbecoming in us to praise.

So much, then, for us and our labours; and if in addition anybody should be curious to have a description of our personal endowments, we must decline to gratify his inexcusable inquisitiveness. The renowned Claudet is an authority that cannot be gainsaid, and to him we refer the reader.

Finally, we now hold the arduous post of Editor of the 'Medical Circular,' involving duties which we are resolved to perform in a straightforward and truthful spirit, and with due regard to the interests and honour of our profession. Our success has been hitherto unparalleled in medical periodical literature, and we hope to enjoy a continuance of that cordial support which it will be our constant aim to deserve.

## REVIEWS.

*Moral-Sanatory Economy.* By HENRY McCORMAC, M.D.

Dr Henry McCormack has written a book that does honour to his profession. It is one of those works of which every thoughtful and philanthropic man must approve, for it seeks to expose the multiplied evils that corrode society at its core, demoralise, debauch, and pollute the lowest, and harden and pervert the highest—that break the links of sympathy among the various classes, cause estrangement where there should be union, and hostility where there should be concord and peace. It is not simply, however, a book of grievances; it contains the remedies, too, through which society may be raised, and man's moral nature improved. The work is divided into twelve chapters—the first being on Female Degradation; 2nd, Employment; 3rd, Education; 4th, Household Culture; 5th, Criminal Management; 6th, Physical Training; 7th, Clothing; 8th, Food; 9th, Drink; 10th, Air; 11th, Drainage; 12th, Prevention of Disease.

As we intend to refer to this work on a future occasion, we shall merely, at present, recommend it to our readers, with the assurance that it is full of interesting information, and is written with much brilliancy and power.

*The Right of Marischal College and University Aberdeen, to confer Degrees not only in Arts, as admitted, but in Divinity, Laws, and Medicine, &c.* By ONE OF THE PROFESSORS.

The Professor in question is Dr Clark, and we must say that this little pamphlet is one of the best reasoned, closest, and amplest refutations of a charge that it has been for some time our pleasure to read. The right, in our judgment, is proved, or at any rate is valid, until a decision be pronounced upon a very different issue than has ever yet been brought into court. This work, also, we shall refer to at greater length on account of the position of many gentlemen practising in the United Kingdom, and using the Degree of this College and University.

*On the Nature and Treatment of some Painful Affections of Bone.* By LANGSTON PARKER, ESQ.

The object of this brochure is to prove that many obscure cases of affections of the bones, in which severe pain is the



predominant symptom, are of an inflammatory character, and that the inflammation is seated in the vascular medullary membrane. A striking case is related in confirmation of this view. The remedy advised is to open the bone by the trephine—the hint for the practice having been taken from a case reported by Sir Benjamin Brodie, in which, expecting that there was an abscess in the humerus, he employed the trephine, going right through the bone, and yet not discovering any matter. Notwithstanding this, the patient was relieved.

In the case related by Mr Parker, in consequence of the excessive pain in the tibia, incurable by ordinary means, the patient submitted to an amputation, which was performed in the lower third of the thigh.

"An unusual quantity of dark-coloured blood flowed in a stream from the medullary canal of the femur when sawn through; and the cavity, when this had ceased, was completely filled with dark-coloured coagula. The medullary canal of the tibia was carefully examined throughout; the periosteum was not so firmly adherent to the external surface of the bone as in a bone quite healthy. There was no medulla in the canal, which was quite full of dark, grumous blood, and the membrane universally dark throughout."

The stump healed well, but similar pain returned in the thigh, when the operation recommended was thus performed.

"Having determined to perforate the femur, and pass a seton through it to prevent the cavity being too soon closed by callus, I had a trephine prepared with a long, narrow crown, sufficiently long to pass through the bone. While the patient was under the influence of chloroform, I made an incision, about two inches and a-half long, in the inner side of the limb, about four inches above the extremity of the stump, divided the periosteum, and perforated the femur with the trephine; I then passed a long, narrow seton needle, made for the purpose and armed with a thick web of cotton, through the hole in the femur, and brought it out on the outside of the thigh.

"There was a great discharge of black blood from the medullary canal of the femur when it was opened by the trephine, which gave relief to pain; and after the discharge produced by the introduction of the seton (which was profuse) was fully established, the pain in the bone, which had so long tormented her, was no longer felt. The seton was suffered to remain through the femur about three months. When it was withdrawn and the wound suffered to heal. Since that time the patient has remained in good health, and there has been no return of pain in the bone. I have already alluded to the case recorded by Sir B. Brodie, in which he perforated the humerus for pain in the arm, no matter was discharged, but the operation succeeded in curing the pain.\* It is exceedingly probable that this case also was an affection of the medullary membrane, probably of an inflammatory character, which had been cured by the division of the distended and overcharged vessels in the interior of the bone."

Mr Parker states that he treated in this way six cases, and with equal success.

*An Introduction to Clinical Medicine.* By JOHN HUGHES BENNETT, M.D.

When a Professor descends from his high place to teach the alphabet of his art, it proves that he is zealous for its success, and that he believes that there is nothing too humble or nothing too high for his consideration. His earnestness must beget equal ardour in his pupils and lay them under a lasting obligation. In this little work Dr Bennett has pointed out the best modes of studying disease, discriminated differences of phenomena likely to embarrass a beginner, and has defined the rules in accordance with which clinical investigations should be conducted. But this work, although small, has even higher pretensions, and comprises a considerable amount of physiological and pathological information, forming, truly, the elements of a higher

knowledge, but still indicating a considerable degree of scientific acquisition in itself.

The book contains six lectures: The first of which treats of the "Method of examining Patients;" the second of "Percussion;" the third of "Auscultation;" the fourth of "The Microscope, as a means of Diagnosis;" the fifth of "The principal applications of the Microscope as a means of Diagnosis;" and the sixth of "The Classification and Diagnosis of Skin Diseases."

Students will find this work of the utmost value, and even busy practitioners will derive benefit from perusing its pages.

## MEDICAL SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

SATURDAY, JANUARY 3, 1853 —MR BISHOP, PRESIDENT.

#### CASE OF A BEARDED WOMAN.

Dr Chowne narrated the particulars of this case, which has already received much public attention.

"On the 29th of last December, Eliza B —, aged eighteen years and a half, presented herself at the Charing-cross Hospital; and it will perhaps be recollected that Josephine, the subject of his (Dr Chowne's) lecture, published in the 'Lancet,' stated that she (Josephine) was the only person of the family to which she belonged who had any similar peculiarity. This, however, appears not to be the case: and as Eliza, who represents herself to be the younger sister of Josephine, was waiting in the Society's library, the Society would have an opportunity of perceiving that, with regard to hirsute growth, she is almost the counterpart of her elder sister Josephine; and those who had seen both would scarcely fail to recognise a strong personal resemblance. He (Dr Chowne) considered that the cases, even individually, were interesting; but that the birth of two such instances by the same parents would imply, either on the paternal or the maternal side, the occult existence of some inherent proclivity to the transmission of hirsute growth. Yet of any hereditary origin of such growths in these sisters, there are not any antecedent proofs, so far as can be ascertained. Neither the one sister nor the other has any knowledge, nor is aware of any tradition, relating to their family, further back than their grand-parents. The elder sister (Josephine) stated that her mother's father was remarkable for a large beard, but the younger sister is not aware of its being so. They agree, however, in stating, excepting only as regards the mother's father, that there was not any peculiarity of hirsute growth amongst their grand-parents; that their father was a dark man, but had not a full beard nor full whiskers; that their mother is neither dark nor fair, but intermediate or brown. They also agree in stating that the children of their parents are four, three sisters and one brother; and that a still younger sister and a brother are without peculiarity. Eliza B — states that she is a native of Versoix, in the canton of Geneva, and that, as she is informed, she had at her birth hair on those parts of her forehead and face where it now grows, but that it was soft and of comparatively faint colour; that she had also on her back and limbs an abundance of soft hair. At about five years of age it began to thicken and become a little stronger, but did not grow full and strong and dark, as it now is, until about the fifteenth year of her age. The catamenial functions did not appear until she was about seventeen and a half years old, since which time they have been normal. The breasts, although not large, are perfectly womanly. Her head is rather large for a female of her age and stature, but there is nothing peculiar about her throat, as regards its circumference, nor as regards the prominence of the larynx. Her figure and the form of her limbs are feminine; her hands small; and the excessive growth of hair constitutes the only approach to masculine peculiarity about her. The hair on her forehead, face, and cheeks would, if allowed to grow, cover almost the

\* Pathological Researches, p. 410.



whole of her face, except the nose and the central parts of the upper lip. She states, that every eight or nine days she shaves the forehead, including a great part of the eyebrows; and also that part of the face from the eyes downwards, by the side of the nose, towards the angles of the mouth; but just above the angles of the mouth she permits the hair to grow. She has an abundant head of hair; that of the front and side of the head is two and half feet long; that of the neck part of the head the same. On the upper part of the bosom there is a small quantity of soft downy hair. Over the back part of the neck and shoulders there is a considerable quantity of hair, and in the hollow formed by the muscles of the neck, and extending down over the spinal column, the hair is sufficiently abundant to cover the skin entirely, and indeed one to admit of its being taken up in something like considerable quantity between the fingers. Her limbs, excepting her hands and feet, have a profusion of hair upon them. Her disposition and habits, and occupation, are all those of the female. She has the reputation of possessing great kindness and gentleness of temper. Reverting to the question of hereditary origin, the subject is necessarily one of great obscurity; but still, although it is impossible to have any idea of when—that is to say, in what antecedent generation of the family of these young women—hirsute peculiarity existed, yet that such peculiarity has existed is a fair presumption; for we know how entirely dormant certain hereditary influences may remain through several generations, and still not be extinct. That there has been an hereditary origin is the more probable, when we bear in mind the number of 'bloods'—to use a legal expression—or, in other words, the blood of how very numerous a lineal parentage runs in the veins of every man. In the first step of ascent, in the lineal line, he has his father and his mother; in the next step he has four, their fathers and mothers; one step further, and he has eight great-grand-parents; proceeding thus, even by the time he has numbered the seventh degree he has 128 ancestors; 1,024 in the tenth; and in the twentieth degree or generation, above a million. Thus the difficulty of dealing, not only with hereditary diseases, but with actual personal likeness, and peculiarities such as that now before the Society, is extremely great. The subject of Dr Chowne's remarks was then introduced, and bore out his description in every particular."

Mr J. Baker Brown read a paper on  
RUPTURE OF THE PERINÆUM.

Mr Brown began by observing that he read some observations on the same subject before the Society in 1851, and that he had subsequently published his remarks on this distressing accident, and that since he had had such an accumulation of experience, that he thought them worthy of being reeorded. Mr Brown stated that no mention of the necessity of dividing the sphincter was made by Dieffenbach in his 'Operative Surgery.' Mr Brown would now, more carefully than he had hitherto done, describe the operation itself. The patient should be placed in the position for lithotomy; the knees well bent back upon the abdomen by an assistant to each leg; that the parts around should be carefully cleansed of hair by shaving; then each assistant should hold the sides of the vagina and perinæum, so as to insure sufficient tension for the operator to make a clean incision with a scalpel down into the vagina about three-quarters of an inch on each side, removing carefully and thoroughly the mucous membrane. Having done both sides, there would still remain a space covered with mucous membrane between those two sides, embracing the edges of the rectum where the sphincter was lost; that this must also be carefully denuded—very carefully, because, if there remained the slightest portion of mucous membrane around, or even near to the rectum, then most certainly there would be a recto-vaginal fistula after the restoration of the perinæum; that some operators, especially on the Continent, had removed the mucous membrane by the scissors, but Mr Brown stated, that that was a long and insecure method, and that the knife would be found quicker and better. Mr Brown observed, that as soon as this stage of the operation was completed, the sphincter should be

divided as before described, then the legs should be relaxed, and the thighs brought more in apposition, so as to allow the sides of the vagina to be grasped with the forefinger and thumb of the left hand, while with the right the sutures were passed deeply through each side, as deep as the denuded surfaces of the vagina; the first backwards, as near the rectum as possible without piercing it; the second and third in the same way; that the length of the incision should correspond with the scar of the ruptured surfaces; that the sutures were double, so as to allow the quill, or, more properly, the piece of elastic bougie, to pass through each suture on both sides. Mr Brown preferred twine to silk for the sutures, because it was less irritating, and produced, therefore, less suppuration; that the forefinger of the right hand should then be passed into the vagina, and the forefinger of the left hand into the rectum, so as to ascertain that there was no opening; that, having secured the three sutures firmly to the bougies, it was advisable to bring the edges of the incised surfaces together by three or four interrupted sutures; that, if this step of the operation be carefully done, union of the skin would quickly take place, and materially facilitate the adhesion of the deeper surfaces. Mr Brown observed, that it had been asserted by many accoucheurs of the highest eminence, that, if the operation be performed immediately after the accident, no good would result, as the lochia would flow in between the surfaces, and thus prevent adhesion and union; this was the opinion entertained by Trogher, who states, in the 7th volume of the 'Vienna Journal' for 1851, among other conclusions drawn from sixteen cases, "that a favourable issue could only be expected where there was a very moderate flow of lochia;" also, "that it was impossible to protect the margins of the wound from the injurious influence of the lochia." Mr Brown believed that these objections were removed by dividing the sphincter; if not, the inner edges of the wound would be gradually drawn apart by the action of that muscle, and the lochia would penetrate; whereas, after division, those edges were perfectly passive, and steadily kept together by the sutures. Mr Brown stated, that, for the convenience of discussion, and in order to make his paper more intelligible, he affirmed four distinct propositions, which he hoped to demonstrate by the cases which followed:—Firstly,—That the oldest and worst forms of ruptured perinæum could be cured by the operation he had already described. Secondly,—That the worst forms could be cured by operating immediately after the lesion. Thirdly,—That the new perinæum was not torn by, or prejudicial to, subsequent parturition. Fourthly,—That those forms of rupture where the sphincter was not torn through, should be cured, to prevent prolapsus uteri, &c. Mr Brown illustrated the first proposition by five cases; then the second and third propositions by three cases; and, finally, the fourth proposition by two cases. In all, ten cases, which, in addition to the two already published, would make twelve cases.

LEAVES FROM A DOCTOR'S SCRAP-BOOK OF  
MEDICO-LITERARY QUOTATIONS.

No. III.

QUACKERY.

In 1766 MESMER, at Vienna, proposed to cure all diseases by *animal magnetism*. At first he turned his house into a hospital, dispensing his magnetic remedy gratis. After a time the Germans began to doubt his miraculous powers, and he removed to Paris, where he lectured and instructed a number of pupils, whose immoralities at length attracted public notice. The French Government then appointed various learned men to examine into the pretensions of Mesmer, among whom were Benjamin Franklin and Lavoisier; and the conclusions to which they arrived were these:—

"That though they recognised very surprising and unexpected phenomena in the physical state of the magnetised individual, they gave it as their opinion, that the power of the imagination, and not animal magnetism, produced these effects; that contact, imagination, imitation, and excited



sensibility were the real and sole causes of these phenomena ; and that Mesmer himself was either an arrant impostor or a deceived fanatic.\*"

Apropos of Mesmerism, we may cite the following lines :

"The Lecturer employs  
Two artless little boys,  
(And gets them cheap),  
To teach the dullest dunce,  
How he may learn at once  
To read and sleep.

"What knowledge may we reap  
From such a wondrous sleep !  
How nobly slake  
The spirit's thirst from streams  
Of which he little dreams  
When 'wido awake' !

"What instrument affords,  
With all its keys and chords,  
Such sweet response,  
As Mesmerists command,  
Who strike with master-hand  
A lady's scone !" †

To which we may add these on Hydropathy :

"And then that silly 'Water Cure' !  
Cold comfort's a 'cold *douche*,' I'm sure,  
One's death by soaking to procure.  
A water-drenching *in* and *out*,  
And a 'wet sheet' one's limbs about,  
Yclept a 'hydropathic' clout.

"Such as pale ghosts and corpses have,  
Wont do for us, who'd rather save  
Our carcase from 'a *watery grave*.'"

Like Gonzalo, in the 'Tempest,' we "would fain die a *dry death*." However, "the 'water-cure' (says Charles Lamb) is neither new nor wonderful ; for it is as old as the deluge, which, in my opinion, killed more than it cured."

But as regards Homœopathy—in truth, a mighty agreeable "Religio-Medici," if we can only believe in it—why, one almost feels disposed to exclaim,

"The *homœopathic* system, sir, just suits me to a tittle,  
It proves of physie anyhow *one cannot take too little* ;  
If it be good in all complaints to take a dose so small,  
It surely must be better still *to take no dose at all*."

In the comic pages of Hood's 'Annual,' we find the following "Ode to Dr Hahnemann, the Homœopathist :

"Well, doctor—great concoctor  
Of medicines to help in man's distress,  
Diluting down the strong to weak,  
And making e'en the weak more weak,  
'Small by degrees and beautifully less' ;—  
Founder of a new system economic,  
To druggists anything but comic,  
Fram'd the whole race of Ollapods to fret,  
At profits like the doses very small ;  
To put all doctors' boys in evil case,  
Thrown out of bread, of physie, and of place,  
And show us old Apothecaries' Hall  
'To Let.'

How fare thy patients? are they dead or living,  
Or 'well as can expected be?' with such

A style of practice, liberally giving

'A sum of more to that which had too much !'

Dost thou preserve the human frame, or turf it?

\* "We confess ourselves disbelievers in the existence of any such faculty as that of Clairvoyance. The notorious Alexis, to whom Dr Mayo refers with so much confidence, failed entirely, when in England, in his attempts to display this faculty to Dr Forbes and other gentlemen, who were not to be imposed on by any juggling or sleight-of-hand. The same failure always results when this supposed faculty is subjected to rigid scrutiny ; and the many acknowledged cases in which it has been proved to be a mere imposture, cast a dark shade of suspicion over the whole."—(See an interesting and candid article on "Mesmerism," in the 'British Quarterly,' November, 1850.

† Tait's 'Edinburgh Magazine,' 1846.

Do fevers yield to anything that's hot ?  
Do thorough *draughts* cure thorough colds or not ?  
Or hearty dinners neutralise a surfeit ?  
Ist good advice for gastronomic ills,  
When Indigestion's face with pain is crumpling,  
To say, 'Discard those Peristaltic Pills,  
Take a hard dumpling ?'  
Tell me, thou German cousin,  
And tell me honestly, without a diddle,  
Does an attenuated dose of rosin  
Act as a tonic on an old *Scotch fiddle* ?  
Tell me, when Anhalt Goothen babies wriggle,  
Like eels just caught by sniggle,  
Martyrs to some acidity internal,  
That gives them pangs infernal,  
Meanwhile the lip grows black, the eye enlarges,—  
Say, comes there all at once a cherub calm,  
Thanks to that soothing homœopathic balm,  
The *half of half of half a drop of 'varges'* ?"

Domestic quacks and quackery deserve likewise to be noticed, as another source of considerable mischief to the community ; even though

"The means here practised, not miraculous charms  
To stop the blood ; no oil nor balsam bought  
Of cheating quacksalvers or mountebanks,  
By them applied." \*

Lady Bountiful in the country, and Lady Languish in the town, pique themselves upon their skill in doctoring ; and their humanity and benevolence in dispensing their remedies, insomuch that on the slightest indisposition, some potion, or cordial, or cataplasm, is prescribed. Hence their patients become like green-house plants, and shrink from every breath of cold and every change of atmosphere. It is by this course of treatment that that tiresome class of valetudinarians, so well described by Cowper, is often afterwards generated :

"Some men employ their health, an ugly trick,  
In making known how oft they have been sick ;  
And give us, in recitals of disease,  
A doctor's troubles, but without the fees ;  
Relate how many times they kept their bed,  
How an emetic or cathartic sped ;  
Nothing is lightly touch'd much less forgot,  
Nose, ears, and eyes seem present on the spot :  
Now the distemper, spite of draught or pill,  
Victorious seem'd and now the doctor's skill ;  
And now—alas, for unforeseen mishaps !  
They put on a damp nightcap, and relapse ;  
They thought they must have died they were so bad,  
Their peevish hearers almost wish they had."

These ever-ailing hypochondriacs make the minutest attention to their health the main business of their lives, and the main subject of their thoughts and talk ; so that the unfortunate visitor to one of these would-be invalids might well be asked :

"What feminine tale hast thou been listening to,  
Of unair'd sheets, catarrhs, and toothache got  
By thin-so'd shoes ?" †

And yet, spite of all his watchful care of himself and of his half-living on drugs, the poor valetudinarian never thrives ; yea, verily "*ægrescitque medendo*," ‡—"he sickens by the very means of health."

And now, we may observe, in conclusion, that Quackery, though not perhaps of the more dangerous character, is unfortunately to be met with in abundance within the pale of the profession ; and that, like other noxious weeds, it starts up rapidly and profusely, to choke, if possible, the really useful though more slowly-growing plants. Such are the cunning devices to catch patients, and to seem to have a flourishing practice ; the playing into the hands of druggists ; the reviving of new and original discoveries known

\* Massinger's 'A Very Woman,' II, 2.

† Otway.

‡ Virgil. See an amusing paper on this subject in the 'Spectator,' No. 25.



long ago and long since exploded as worthless; the experimenting of him who

"Empiric-like applies."

To each disease unsafe, chance remedies." \*

and a host of other tricks of trade, all of them, to say the least of it, *infra dig.*, and worthy only of this title of opprobrium. "Medicine (Sir Benjamin Brodie has well said) is a noble science, but a low trade."

Quackery, in a word, is an affair of "pompeux galimatias, specieux babil, des mots pour des raisons, et des promesses pour des effets." † "So great are the difficulties of tracing out the hidden causes of disease, to which this frame of ours is subject, that the most candid of the profession have ever allowed and lamented how unavoidably they are sometimes in the dark; so that the best medicines, administered by the wisest heads, shall often do the mischief they were intended to prevent. But, when men, without knowledge, without skill, without education, knowing nothing of the distemper they profess to cure, or of the properties of the drug which they sell, make a merchandise of the miserable, and, from a dishonest principle, trifle with the pains of the unfortunate, too often with their lives, from the mere motive of dishonest gain, every such instance of a person bereft of life by the hand of ignorance is murder, in the true sense, which, though not always cognisable by our laws as such, by the laws of right, every man's own conscience must appear equally black and detestable." ‡

But though every one knows the danger, and not unfrequently fatal consequences of quackery, this odious trade still flourishes more than ever.

\* \* Five only of the principal quack advertisements which are constantly figuring in the London daily papers, are inserted no less than 32,650 times in the year, at a cost of 16,000*l.* per annum (see Chambers' 'Edinburgh Journal,' January 1847).

"In no other country in the world, but in these dominions, except the United States, are quack medicines allowed to be vended, much less are they sanctioned for the sake of a paltry revenue. On the contrary, individuals who are discovered selling such things on the Continent are severely punished; even newspapers who advertise them are fined." —(Dickens's 'Household Words' ["The Methusaleh Pill"], vol. ii, p. 36.)

## MEDICAL NOTES AND QUERIES.

### QUERY.

*Laceration of the Perinæum.*—I should be glad if some of your readers would give me the results of their experience relating to laceration of the Perinæum during labour. I was in extensive practice in the country for many years, and never had my attention particularly directed to this lesion, believing it to be a rare occurrence; but about three years ago, after coming to the metropolis, I had a severe case, and since that time my attention having been called narrowly to examine the perinæum in every case, I have found that laceration, to a greater or less extent, not merely of the internal mucous membrane, but of the integument also, is a much more frequent occurrence than I formerly suspected. My opinion is that unless severe, it is generally overlooked. Having another severe case a few months ago, I mentioned the circumstance to a neighbouring surgeon in extensive midwifery practice. "Don't mind it," said he, "it will heal of itself; such accidents are much more common than are generally thought." As my friend's experience confirmed my own suspicion, I should like to be informed of the experience of your readers, and am, Sir, &c. &c.

Paddington, Jan. 10, 1853.

M.R.C.S. (Eng.)

\* Dryden.

† Molière.

‡ Sterne.

## OUR NOTE BOOK.

**STATISTICAL ACCOUNT OF THE LIGATURE OF THE PRINCIPAL ARTERIES.** By M. Roux. At a recent meeting of the Surgical Society, M. Roux detailed the results which have attended his numerous applications of the ligature to the large arteries. From 1808 to the present time, he has ligatured 82; of these, 33 were for true or spontaneous aneurism. These are distributed as follows: 1 of the popliteal artery for aneurism by the old mode; 46 of the femoral artery—of these, 27 have been for popliteal aneurism by the Hunterian operation, 3 for femoral aneurism, 7 for wounds and primary hæmorrhage, 7 for secondary hæmorrhage, and 2 for fungous tumours of the tibia;—20 of the brachial artery—of these 10 were for false consecutive aneurism at the bend of the arm, 6 for arterio-venous aneurism, 1 for spontaneous ulnar aneurism, 2 for secondary hæmorrhage, and 1 for fungus tumour of the radius;—6 of the common carotid artery—1 of these was for fungous tumour of the orbit, 2 were for wounds of the face or neck, and 3 preventive ligatures in operations; 4 of the axillary artery immediately below the clavicle—1 was for true, 1 for false aneurism, and 2 for hæmorrhage after amputation at the shoulder-joint; 3 of the subclavian artery for secondary hæmorrhage;—2 of the external iliac for hæmorrhage consecutive to ligature of the femoral. Of these ligatures, 16 were applied by the old method, and 66 by the Hunterian. The entire number of aneurisms so treated has been 49—viz., 33 true, 10 false, and 6 arterio-venous—of this number, all but two (which were successful) were treated by Hunter's operation. Brasdor's has never been performed by M. Roux. Of the 33 true aneurisms, 31 occurred in men and 2 in women. In 28 of the cases, the age varied from 27 to 40, and the oldest patient was aged 59. Of the 33 true aneurisms, 23 were cured, and 10 were treated without success. In 2 cases superficial, and in 2 complete gangrene occurred. In 4, secondary hæmorrhage took place—viz., on the 4th, 22nd, 34th, and 50th days. The 10 cases of false aneurism, all arising from venesection, were all cured. Venesection also gave rise to the 6 cases of arterio-venous aneurism for which the brachial artery was tied, in 4 with success, while in 2 hæmorrhage and gangrene necessitated amputation.—'L'Union Médicale,' 1852, No. 124.

**STATISTICS OF FRACTURES AND DISLOCATIONS TREATED IN THE PENNSYLVANIA HOSPITAL FOR TEN YEARS.**—By Dr Norris. Eighty-four dislocations in 10 years; viz. 52 of the shoulder, 4 of the hip, 2 of the astragalus, 9 of the elbow, 9 of the clavicle, 2 of the radius, 1 of fingers, 3 of thumbs, 1 of knee (incomplete), and 1 of semilunar cartilage. 78 were cured, 5 removed, 1 died. Of the shoulder 39 were dislocations into the axilla, and 10 were forward, under the clavicle. In 12 years there were 27 compound fractures of the thigh, and 139 of the leg; 50 underwent amputation, of whom 20 died, 116 were not operated upon, and 51 died; 22 of the deaths occurred within 24 hours after the accidents. Of the whole number, 53 were from railway accidents.—'American Journal of Medical Science,' Oct. 1852.

**DOUBLE UTERUS.**—An interesting and complete case of this kind is recorded by Dr Kelly; there were two vaginæ (each had its hymen), two uteri, Fallopian tubes, ovaries, &c. Reference is given to other cases.—'American Journal,' Oct. 1852.

**CASE OF HERMAPHRODISM.**—Dr Gross, the author, being called to a child, presumed to be a girl, three years old, found a small elitoris, natural nymphæ, large labia, containing each a well-formed testis, no vagina, and no penis. As sexual congress would manifestly be always impossible, the author deemed it advisable to castrate. A question then arises as to whether the operation was justifiable—the author, of course, takes the affirmative side.—'Amer. Journ. of Med. Science,' Oct. 1851.

**DOVER HOSPITAL.**—At a numerous meeting of the Governors of the Dover Hospital and Dispensary, held on the 4th inst., Dr Baird, late of Ipswich, was unanimously elected one of the physicians to that Institution.



## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Jan. 6, 1853: William Henry Ayling, Portsmouth; John Dunning Tucker, Sheepwash, Devon.

**THE EPIDEMIOLOGICAL SOCIETY.**—The Committee now engaged in investigating epizootic diseases have circulated a list of important questions. These questions are much too numerous for us to print; but we have no doubt that any person interested in the matter may obtain a copy by application to the President of the Epidemiological Society, 31 George street, Hanover square.

**BOTANICAL SOCIETY OF LONDON.**—At the ordinary meeting of the Society, on the 7th inst., J. D. Salmon, Esq., F.L.S., in the chair, a paper was read by Mr Moore, "On the occurrence of *Asplenium Viride* in a quasi-spontaneous condition, near Brighton."

**THE MICROSCOPE.**—We have frequently pointed out the advantages arising from an employment of the microscope to all persons engaged in scientific investigations. To the medical practitioner, in particular, it will be found of great benefit, inasmuch as from accidental circumstances, and from patients frequently introducing foreign substances in their ejecta, for the purpose of deceiving the professional man; and, unfortunately, the deception is too frequently successful, from the inability of the physician or surgeon to investigate the case microscopically. We are again reminded of the importance of a microscopic education, by reading an elaborate paper by Dr Lionel Beale, in the 'Microscopical Journal,' on the importance of recognising substances of extraneous origin when they occur in urine, and of distinguishing them from those bodies which enter into the composition of urinary sediments. The author states, that, among many substances found in urine, the most important which had fallen under his notice, were human hair, cats' hair, blanket hair, coloured worsted, fibres of wood, starch globules, house sand, oil globules, &c. One specimen which had been sent to Dr Todd for examination, was found to contain several white bodies, about half an inch in length, which, upon microscopical examination Dr Beale found to contain tracheae, and they ultimately proved to be larvæ of the blow-fly, although it had been stoutly affirmed that these had been passed by the patient. In another case, a man had been endeavouring to impose on his medical attendants some urine, in which was found a thick, bright red deposit, which, on analysis by Mr Taylor, was found to consist of sesqui-oxide of iron, which of course had been placed there by the patient. We recommend the perusal of this paper to our friends.—'Medical Times and Gazette.'

**ST GEORGE'S HOSPITAL.**—A valuable addition has been recently made to the pathological museum of St George's Hospital, for which the Governors are indebted to the liberality of Mr Cæsar Hawkins, one of the surgeons of that Institution. The collection now presented to them consists of nearly 600 preparations, illustrative of some of the rarest forms of disease that come under the notice of the surgeon; and the value of this gift is greatly enhanced by the circumstance of its being accompanied by a catalogue, in which each preparation is separately described, in connexion with the history of the case of which it is an illustration.

**WESTERN DISPENSARY, BATH.**—Mr John Barrett has been appointed surgeon to this institution.

**THE MEDICAL STAFF OF NAPOLEON III.**—Although the reigning autocrat of France has now annihilated public liberty, gagged the press, and even attempts to prevent his present slaves from expressing their sentiments in speech—so very dear to our lively neighbours—he seems, according to recent reports, anxious to conciliate the medical profession, by appointing an unusual number of physicians and surgeons to the imperial court, with liberal salaries. Of these, it is said, there will be at least twenty, having from 6,000 to 8,000 francs (240*l.* to 320*l.*) per annum, be-

sides the *honour* of being attached to majesty. Whatever may be the motives influencing the Emperor in these proceedings, the large amount of money which will be thus distributed amongst professional men in Paris, must prove very opportune to various individuals, since no class has suffered more, by late revolutions and turmoils, than members of that body. This example is worthy of imitation elsewhere; and if the contemplated appointments are conferred only on hard-working and scientific practitioners, every fortunate holder will be materially benefited, whilst their brethren must feel satisfied by the prospects here held out to future candidates.

**A SURGEON COMMITTED FOR MANSLAUGHTER.**—A very painful sensation has been created in Bedford, by the committal, under the following circumstances, of Mr Robert Hicks, the highly respected surgeon of Toddington. It appeared that as Mr Hicks was passing the house of a Mr Ward, he was called in and requested by Mrs Ward to examine her son's leg, which she suspected had been severely injured by a fall. After examining the leg, Mr Hicks said that the small bone was broken, and applied to it a diachylon plaster, bandaging the limbs—the mother having told him he could not set it that night. The child, who was four years old, was brought to him the following morning, when he substituted pasteboard for the plaster. The child getting worse the next day, Mr Hicks jun., attended, and expressed a fear that a gathering was taking place under the knee; whereupon he and his father consulted, and applied a bread poultice to the whole limb. That evening Mr Benson, surgeon, was sent for, but he could do nothing for deceased, who died that night. Mr Benson, before the coroner's jury, stated, that he performed the autopsy, and found no fracture of the leg, but that under the knee-joint, some matter, which filtrated through the muscles of the leg, had escaped. In his opinion, death resulted from congestion of the brain, produced by the pressure of the bandage. Mr Hicks' treatment was injudicious. Mr Thompson, surgeon, corroborated Mr Benson. It further appeared that Mr Hicks gave a certificate of death, stating that deceased died from an inflammation of the bowels and knee-joint. The jury returned a verdict of "Manslaughter" against Mr Robert Hicks, who was accordingly committed to jail under the coroner's warrant.

**PUBLIC TESTIMONY OF RESPECT TO A MEDICAL PRACTITIONER.**—A most pleasing mark of respect towards one of our medical brethren was exhibited last week in the town of Ringwood. A valuable service of plate was presented to Mr Samuel Dyer, as a mark of the estimation in which that gentleman's private and public character is held. All the principal inhabitants of the town subscribed towards the testimonial, the list being headed by the Vicar. This token of esteem is the more gratifying, as the recipient is a very young man, having practised in that town only seven years.

**HER MAJESTY'S SHIP DAUNTLESS.**—According to a statement made by the Admiralty, the following number of men and officers have been attacked with fever on board the Dauntless, stationed at Barbadoes, from 8th Nov. to 6th Dec., 1852:—Total number of sufferers, 119; of these, 46 died, 34 recovered, 28 still remain in hospital, and in 11 cases the result is not mentioned. About twelve of the number were affected with yellow fever.

**LONDON AND PROVINCIAL MEDICAL PROTECTION AND BENEVOLENT SOCIETY.**—The Committee of this Society have just completed the second year of their arduous labours. 23,790*l.* 9*s.* 11*d.* has been collected since the commencement of their operations. No inconsiderable portion of this sum consisted of debts barred by "the statute of limitations;" the remainder, for the most part, was formed of amounts which had been diligently but unsuccessfully sought after by subscribers and their agents. The whole may therefore be considered as so much "saved from the fire." The Society appears invariably to succeed in its efforts, whenever the class of business intrusted to its care admits of success. General practitioners, for their own sakes, will do well to strengthen it by their patronage.



**TINCTURE OF MASTIC AS A HÆMOSTATIC.**—It is stated in a recent number of 'Schmidt's Jahrbucher,' that Dr Frankl has found the tincture of mastic an excellent hæmostatic. He employs it in epistaxis, and in troublesome bleeding from leech bites. It is applied to the points whence the blood issues, by means of a camel's hair pencil. Terzcr, a dentist of Vienna, is also reported to have used it successfully in hæmorrhage following the extraction of teeth.

**MILK IN ABDOMINAL TYPHUS.**—Through the French and Belgian journals, we learn that Dr Thielmann, of St Petersburg, administers from two to four tumblers of milk to his patients affected with abdominal typhus, in all stages of the disease—even when they are in a state of insensibility. He believes that this aliment is not only well borne, but is assimilated, and that it gives a power of resisting the disease. More than one patient, he says, who had been given over as hopeless, have been saved by the milk treatment: and he avers that the inconveniences which often follow the use of broth, and similar articles of diet—such as delirium, meteorismus and diarrhœa—never occur when milk is substituted for them.

**COMPARATIVE FECUNDITY OF THE WHITE AND BLACK RACES.**—Mr Pendleton has collected from the district of Georgia, and published in 'L'Union Médicale,' the following statistics, the women being from thirty to forty years of age:—

Colour.	Number Married.	Number of Children Born.	Proportion to Each.
White . . . . .	587	1,207	2.05
Black or Mulatto . . . . .	986	2,392	2.42

The same gentleman observes, that it is among the white race that he finds the greatest proportion of those diseases which produce sterility, as is shown by the following table:—

Morbid State.	Among the White.	Among the Black.
Dysmenorrhœa . . . . .	30	14
Menorrhagia . . . . .	16	10
Prolapsus of Uterus . . . . .	26	9
Amenorrhœa . . . . .	23	9
Leucorrhœa . . . . .	11	6

**POISONING BY COLCHICUM.**—An inquest has been held lately before Mr Carter, the coroner for Surrey, at the Black Horse Tavern, Lower road, Deptford, on the body of Mr Clements, late Master of the Mary, Government hoy. It appeared that on arriving lately at Deptford, he consulted Dr Gunn, complaining of violent pains in the stomach, and vomiting, which, he said, were consequent on his having taken something from a bottle he had with him. He continued in the same state, and died the next morning from exhaustion. Dr Gunn gave evidence to this effect, and produced the bottle, which, he said had contained, as the label denoted, the tinct. sem. colchici. His assistant told him, that the deceased had taken a wine-glassful of it. The tincture, when taken in large quantities, is poisonous. The *post-mortem* appearances were such as would be discovered after the taking such a dose. In reply to a question, Dr Gunn proceeded to state, that he had prescribed from twenty to thirty drops of the preparation, and in some cases forty,—sixty even had been given; but such a dose was very rare, and was likely to cause death if the person was not used to it. No traces of colchicum were discoverable in the body. The assistant said, that the deceased had informed him that he had taken a wine-glassful of the medicine, and that it had been given to him by a person who said it would do him good "if he got drunk over-night." In reply to another question, Dr Gunn stated, that the tincture had been made at sea, rum having been used instead of sp. v. r. A brother of deceased asserted, that it had been given to his brother by the "loblolly-boy" (a term used on board a man-of-war for the "doctor's assistant") of the Rosamond, and that his brother, feeling a little chilly, had taken a wine-glassful of it, thinking that, as there was rum in it, it would warm him. The further inquiry was adjourned. This case proves the danger that necessarily follows a careless or laic tampering with powerful drugs. The late Right Hon. Richard Lalor Sheil perished in consequence of taking an

over-dose of colchicum for the relief of gout, his constitution having been already greatly undermined by disease.

**EPIZOOTIC DISEASES.**—The Epidemiological Society of London, established some years ago for the investigation of epidemic diseases, has instituted an inquiry into the nature of the pleuro-pneumonia recently prevailing among cattle. The inquiry is undoubtedly possessed of great interest and importance, and deserves to be zealously promoted, not only by the medical profession, but by the general public.

**MEDICAL BENEVOLENT COLLEGE.**—We have great pleasure in announcing that the Lord Bishop of Oxford has kindly fixed the 8th of May next for advocating the claims of this national undertaking, in St Peter's Chapel, Vere Street; the Rev. Edward Scobell having generously granted the use of his pulpit for that occasion. In addition to the land recently purchased by the Council, at Epsom, a piece adjoining has handsomely been presented to the College by James Gadesden, Esq., of Ewell Castle, as also, a donation to the funds of 25*l*.

## NOTICES TO CORRESPONDENTS.

### To the Editor of the 'Medical Circular.'

SIR,—How is it that you do not publish, for the benefit of your readers, the history of the case of poisoning by tartar emetic. I have looked over your recent numbers, and find that there are no less than five medical men who know something respecting it, viz., M.R.C.S., Messrs Baker, Beale, Dick, and Fenton. Surely one of these gentlemen could spare half an hour to state what he knows of the matter, for the benefit of your reader and subscriber, F.R.C.S.

January 12th, 1853.

**DR BELLAMY.**—Our correspondent's kind letter has been received; and, while expressing our thanks for his cordial approbation of the 'Circular,' we beg to assure him that the new series will prove to be more than ever worthy of his good opinion. His kind mention of us in the quarter intimated will be appreciated.

**M. F. (Manchline)**—It is unnecessary to insert your note. Quacks ARE eligible to the office named. Government, we regret to say, puts a premium on quackery, by encouraging the sale of empirical remedies through the sanction given by a stamp. It is not, therefore, likely to prevent any man from holding a public appointment simply because he may be a dealer in quack compounds, or even a practitioner in quackery. Government has thus an interest in the trade—just as in Queen Anne's time it had in negro slavery, which was then deemed to be a righteous traffic. This is too bad; but by and by we shall see the end of it. If a strong representation were made to the Legislature, and persisted in by a man of independence and ability, the Government would eventually be shamed out of their immoral gains.

**SENECA.**—We have heard nothing against the society named; but we do not think that it is carrying on a very prosperous business. The other matters will be duly attended to.

**MR W. BRYDEN.**—The 'Directories' are nearly ready for issue. The gentleman named is in good repute, and, we believe, a sound practitioner. We never give a medical opinion.

**G. H. B.**—Egan's work is deserving of the utmost praise, and will become authoritative on the subject of syphilis. In the main he agrees with Ricord, though he differs from him with respect to the communicability of gonorrhœa under certain circumstances. He is a worthy scion of the Dublin school. It is the last work on the subject, and one of the best. You had better buy the book. Our notices can only indicate the leading character of any work.

**M.R.C.S.**—Yes. It is furnished with illustrations.

**EAINEENSIS.**—Thank you for your information respecting the working of the 'Medical Charities' Act in Ireland. We have received numerous communications on the subject, and will, at an early period, call attention to it in this country. It appears to us that a combined movement, on the part of English and Irish surgeons, might be made with advantage. We have little doubt that redress would follow persevering exertions. More anon.

**PRO BONO PUBLICO.**—The articles on the "Anatomy of Quackery" will be continued. The revelations yet to be made will astonish our correspondent.

**AN INQUIRER (Bradford).**—A sketch of Mr Erichsen was published in one of our late numbers, which can be had by sending four postage stamps to the office. He is worthy of all confidence, and is a skilful operator.

**J. R. (M.D. Edin.)**—Your anecdote is amusing; and at some future time we may be able to turn it to account. The GENTLEMAN in question is a quarrelsome fellow; and we shall act towards him as he may seem to deserve. We must not be precipitate. Our rod is in pickle, but is not yet sufficiently steeped.

**MR JAMES.**—Communication received. The subject shall not be forgotten.

**A COUNTRY SURGEON (Portsmouth).**—The fee is one guinea; but as the case did not come on, we do not think you can claim.

**A LOOKER ON** asks us, "if we intend to give a portrait of the Editor of the 'The Medical Times and Gazette,' whom do we mean to select?" This is truly a poser. We will give anybody half-a-crown who will bring us the veritable Editor of that journal, dead



## Advertisements.

or alive; or if he will merely bring us his head—that will suit our purpose equally well; and we shan't grumble about the amount of the reward. The editorship has been so long at auction, that it is impossible to fix upon the real Simon Pure. For a long time the hammer has been raised—going! going!—once more, going! but it is not “gone” yet; and until the office be permanently settled, we shall have some difficulty in carrying out our intention. However, this state of incertitude cannot go on for ever.

**B.A.; M.B. (Marylebone).**—An inquiry put into our Notes and Queries would probably elicit an answer. Condense.

**CHIRURGEUS.**—You are entitled to a fee, and can recover in a County Court. You can always recover in a surgical case—midwifery is doubtful.

A correspondent has sent us the following communication; but we beg to intimate, that excusing the men is not excusing the practice, which is, undoubtedly, mischievous:—

### To the Editor of the ‘Medical Circular.’

**SIR,**—In your leader in the number just received, you have expatiated on the “present state of the medical profession;” and, among other things you have touched on, is the practice of medical men keeping open shops. You seem, to a certain extent, to excuse this practice; and there are no doubt hundreds of medical men who will coincide with you in your temperate remarks. Yet I think this system ought to be done away with altogether. In my neighbourhood there are two or three OLD PRACTITIONERS keeping open shops—regular drug-shops—notwithstanding that they carry on a very extensive practice. Certainly nothing but the greed of lucre could induce men to continue this most obnoxious connexion after their position in life was fixed and their practice made. I agree with you, that whilst old men consent to do these things, young men must, and they thus become the victims rather than the promoters of the system. There can be no doubt that open shops are stepping-stones to business. There can be no doubt, also, that their maintenance is discreditable to the profession; and I though I might excuse young men for their necessity, yet I cannot see any justification for old men continuing the shop after they have established their connexion. I believe, Sir, that if old practitioners were to drop the shop, young men, having more spirit, would soon follow the example. It is highly desirable that medical men should be remunerated by fee, as you suggest, however small, for this would put an end to all retail drug practice, and make the profession more respectable than it is at present.—I am, &c.,  
Finsbury, January 15, 1853.

A SUBSCRIBER.

### To the Editor of the ‘Medical Circular.’

**SIR,**—Will you call attention, in your own admirable way, to the grievances of poor-law medical officers. The whole corps would be obliged to you for such a service; for, surely, no public servants are so unjustly treated as the body to which I have the misfortune to belong. I can supply you with plenty of facts.—Yours, &c.,  
A POOR-LAW SURGEON.

**M.D., M.R.C.S.**—Communication received. We cannot promise.

**MR BOWLES.**—1. Rokitsansky. 2. Bowman. 3. The lectures were published five or six years ago in the ‘Lancet,’ to which you can refer.

**PROVINCIALS.**—It is not easy to foretell the result of the new Metropolitan Branch of the Provincial Association. We are inclined to think that it will be different from what is expected by those who proposed it. Questions will necessarily arise for discussion that will require a good deal of forbearance on the side both of our provincial and metropolitan brethren to settle with mutual approval. The Provincial Association, it is certain, is no longer “provincial,” however, we are fond of leaving doubtful matters to the solution of time.

**AMICUS (Fife).**—The publication of the ‘Medical Library’ is sus-

pended for the present. The other matters will be duly attended to.

### To the Editor of the ‘Medical Circular.’

**SIR,**—In your Number for January 12, the writer of “Leaves from a Doctor’s Scrap-book” in speaking of “hawking and puffing off myriads of miraculous nostrums,” &c., says: “We have the larger empirical systems under which hundreds of hungry rogues marshal themselves. . . . Such are the mesmerism, homœopathy, and hydropathy, of our own day. Each is all the rage for the time, but like other novelties is sadly short-lived, quickly sinking into neglect if not oblivion,” &c. Now, Sir, with respect to mesmerism, (which I have studied for many years, and through which agency I have been able to effect cures to no inconsiderable number), are the hungry rogues alluded to by the writer, Drs Elliotson, Ashburner, Engledee, Davey, Wilson, Esdaile, and a host of other eminent medical men who recommend mesmerism? or are they the Archbishop of Dublin, Dr Whately; the Revs. G. Sandley, Townshend, Pyne, and other divines, who relieve the physical infirmities of their flocks by mesmerism? and as to its being “short-lived” the writer must be well aware that mesmerism has been making great stride during the last ten years, and that medical men are daily giving up their prejudice against it, and becoming believers in its efficacy as a valuable curative agent. With regard to Theodore Hook’s anecdote, where the writer can find one against mesmerism, I will give him a hundred against the old exclusive system of medicine. I have taken in your ‘Circular’ from its commencement, and was in hopes that you would not disgrace it by adopting the Billingsgate language of the ‘Lancet.’ Calling persons “rogues” and such like elegancies, because they happen to differ with you as to the efficacy of a certain system, is but little calculated to raise your Journal in the estimation of the thinking and unprejudiced portion of your subscribers.

I am, &c.,

S. D. SAUNDERS.

Penrose Cottage, Clifton.

### To the Editor of the ‘Medical Circular.’

**SIR,**—I have received the two first numbers of your WEEKLY ‘Circular,’ and am “quite delighted” with the way in which you seem disposed to deal with Quacks and Quackery; for it is high time they were all put a stop to, as well for the public as the profession. There is a fellow in this village swelling about; calling himself Andrew William Henry Ellis, M.D., and Surgeon, and who boasts of evading the law by charging a fee of 5s., and prescribing in BARBAROUS LATIN, helped out with a bit of English, or worse, for he is an Irishman, and an old recruiting sergeant of the army, as complete an ignoramus as one needs wish to meet with; but he has taken VASTLY with some folks. About two months ago he was treating a case of acute peritonitis with quinine and sulphuric acid, and purgatives. The woman died, and I had an inquest over the body, when he was pretty well reprimanded by the coroner, and narrowly escaped a verdict of manslaughter. This has seemed to lower his dignity, and will, I trust, be a warning to the public.

I am, &c.

J. BUTLER.

New Barford, near Nottingham, 14th January, 1853.

**DR C. V. GRINFIELD.**—Your communications, as proposed, will be published with pleasure. A private letter shall be sent.

**J. E. S.**—No doubt such a gentleman can be found. Send us your name and address. We are inquiring.

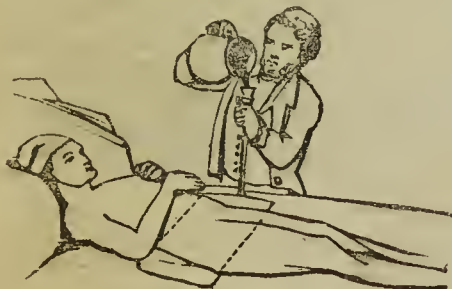
We quote the following from a letter received at our office, which we acknowledge with thanks:—“I hope I have not troubled you with one needless line. Success attend your efforts—peace of mind—health of body; may you meet with recompense in the way you seem most like; and PERHAPS that will be gratitude. I feel I have the honour and sincere pleasure of, Sir, tendering my most sanguine hopes for the success of any of your undertakings.—Yours, &c.,  
“R. G.”

## MR HOOPER'S IMPROVED

## INVALID WATER, OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See ‘THE LANCET,’ Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins’s Letter in the ‘Lancet,’ Oct. 27, 1849; Dr Hake’s Letter in the ‘Provincial Medical and Surgical Journal,’ Nov. 1, 1850; Dr Thorn’s Letter, ‘Medical Times,’ March 20, 1851; also the ‘Institute,’ February 8th, and the ‘Lancet,’ Jan. 25th, and Feb. 15th, 1851.



## Medical Agency, 50, Lincoln's-

inn fields, conducted by Mr BOWMER, M.R.C.S.L.—All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.—(Office hours, 11 till 4.)

## Medical Benevolent College.—

Notice is hereby given, that the SIXTH LIST of CONTRIBUTORS to the FUNDS of the COLLEGE will be published on SATURDAY, the 5th of February next.

Those Gentlemen who are kindly assisting the Council by collecting in aid of the Funds are earnestly requested to communicate with the Treasurer or Secretary on or before the 31st instant.

The FIRST FESTIVAL of the COLLEGE will be held at the FREE-MASON'S TAVERN on WEDNESDAY, the 4th of May; the President, the Earl Manvers in the chair. Gentlemen desirous of acting as Stewards on that occasion would oblige by forwarding their names to the Secretary. A List of Stewards will shortly be published.

By order of the Council,  
HENRY TUDOR DAVIES, Honorary Secretary.

Office, 4 Hanover square, January 19th, 1853.

## New Truss for Hernia.—F. Wal-

TERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cycloidal encina Syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate street, City.

TO SURGEONS, DISPENSING CHEMISTS, &c.

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CRYSTALLISED, prepared by

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It was originally introduced for the use of Hospitals, Dispensaries, and Public Charities; but its PURITY AND GREAT REDUCTION IN PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the processes of manufacture will therefore be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each, capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

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October 23, 1852.

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PROFESSION requiring Instruments to Design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker, and Cutter), 3 Bedford court, Covent garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

B.'s Registered Guard Razors are universally approved.

		s.	d.	£	s.	d.
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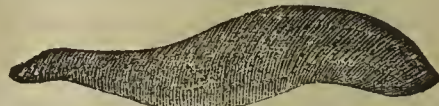
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Army and Navy Surgeons' Outfits at an hour's notice; and a variety of Cases, equal to new, for Navy and Emigrant Surgeons, cheap.

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dozen Quarts, 2s. 6d. per dozen Pints; Scotch Ale, 5s. per dozen; Quarts, 3s. per dozen Pints. Delivered Free. Merchants and Captains supplied either for Exportation or Stores. Port and Sherry, from 30s. per dozen. Champagne, 43s. per dozen. Address, WOOD and WATSON, 16 Clement's lane, City.



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One Hundred and Twenty Plates permanently connected and arranged so as to be at all moments ready for instantaneous use, communicating shocks through eight to ten persons—ALWAYS IN THE SAME DIRECTION, and primary VOLTAISM, not secondary currents as in the old Coil Machines—producing powerful contractions, decomposing distilled water, &c., &c. WEIGHT ABOUT EIGHT OUNCES, and CAN BE CARRIED IN A POCKET BOOK.

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WEAKER CHAINS are constructed on the same principle, to be worn on the body under the garments, communicating a MILD but CONTINUOUS current to the system, which has been found of the most eminent benefit in many various forms of CHRONIC diseases, where a mild but lasting stimulus of the functions of the nerves is indicated, and to assist the effect of specific remedies, THE ACTION OF THE CHAINS BEING MADE LOCAL OR GENERAL, AT WILL.

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THE ACADEMIE DE MEDICINE (voted thanks to the Inventor).

THE ACADEMIE DES SCIENCES AT PARIS.

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission).

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A FULL DESCRIPTION OF THIS IMPORTANT DISCOVERY, WITH SPECIFIED DIRECTIONS FOR THE USE, Testimonials from high Scientific Authorities, &c., may be had (by post for two stamps), AND THE CHAINS MAY BE FREELY TESTED, at Mr CH. MEINIG'S head depôts, 103 Leadenhall street, and 71 Regent street, London, (at Paris, 45 Rue Richer, and 12 Boulevard des Italiens) and from all C. MEINIG'S Agents in town, country, and the colonies.

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Whole Column .....	2	15	0
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THE  
**MEDICAL CIRCULAR**  
AND  
*General Medical Advertiser.*

No. 4, New Series. }  
No. 30.

WEDNESDAY, JANUARY 26, 1853.

{THREEPENCE  
{STAMPED, 4d.

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EXTRACT of INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible; also to his LIQUOR TARAXACI and MEDICINAL EXTRACTS,

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**The efficacy of the Balsam of Co-**

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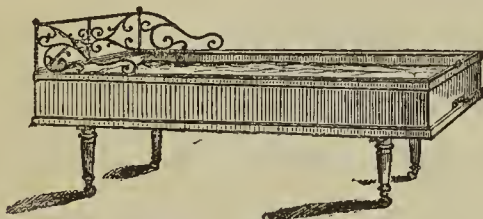
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Dr Arnott, the Inventor, has inspected the beds manufactured by Edward Spencer and Co., and has expressed his approval of their construction and make.

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## The Medical Circular.

WEDNESDAY, JANUARY 26, 1853.

### THE UNIVERSITY OF LONDON AND THE FRANCHISE.

It is rumoured that one of the measures which the new Government will take into early consideration will be an extension of the franchise for the election of members of Parliament. It has long been contended as a principle, that a wider exercise of the franchise should be subordinate to the extension of education; and in accordance with this view, it is highly probable that the claim advanced by the graduates of the London University to be represented in Parliament will be favourably received. Surely those who have opposed an enlargement of the franchise on the ground of the incompetency of the majority to exercise this right beneficially, because of their ignorance, will not object to confer this privilege on the members of a loyal and learned University; while those who have advocated an extended franchise upon other principles will be but too glad to strengthen their arguments by a reference to the exclusion from this right of a large body of intelligent, scientific, and highly-respectable professional men.

Still, we must make some allowance for political perversity and the aberrations of a heated and misdirected zeal. The 'Morning Post' has discovered that the graduates of the London University are not required to subscribe to the Thirty-Nine Articles, and that therefore the claim of this University to be represented in Parliament ought to be ignored. We beg to dispute the dictum of this venerable authority. Religious orthodoxy has long since ceased to be a qualification for an elector; and the principle of religious freedom will soon be acknowledged, if we err not, in its full extent, and exercised in all its integrity, in every relation of political life. To argue this question would be a species of serious trifling of which we cannot be guilty; but if the editor of the 'Morning Post' is open to conviction, and is not at this moment travelling far away in the land of dreams, we request him to read the Statutes of Parliament passed during the last thirty years, and he will find that, step by step, the Legislature has been steadily removing all religious disabilities. And he will hear, too, upon inquiry among his friends, that public opinion is marching in the same direction with a will as vigorous, and stride as rapid, as ever,—since the moment he fell asleep on the bosom of his archaïe prejudices.

No; the London University will not be deprived of electoral privileges on any such ground. We hope the Franchise Committee will work the question with spirit and firmness, and that the Committee of Graduates will watch events with vigilance, taking care that those on whom the responsibility rests of conducting their case do

their duty. The London University will then be endowed with the privileges claimed, despite the peevish opposition of the antiquarians of the 'Morning Post.'

### MARISCHAL COLLEGE v. KING'S COLLEGE, ABERDEEN.

Our northern neighbours have raised a huge hubbub whose echoes have reverberated in this country, through the partial columns of a contemporary journal—respecting the degree-conferring powers of Marischal College. The quarrel, probably, would never have ascended to the heights of editorial criticism, but for the recent intervention of the 'Lancet,' ever ready to strike with the strong, and to deprive the weak of their defence. Our connexion with the 'Medical Directories' makes it necessary to examine disputed questions of this nature, and we have, therefore, under a sense of duty, accepted the labour of unravelling the intricate legal evidence upon which the validity of the degrees granted by Marischal College has been acknowledged to rest. There are many gentlemen, both in this country and in Scotland, who practice in virtue of this degree, and it is due to them that we, as the representatives of the press, should not suffer them to be under a suspicion, if it can be proved to be unjust, of being either the agents or the victims of imposition.

The charge against Marischal College and University, was originally made by the professors of King's College and University—a rival institution, and may be therefore fairly attributed to the passion for lucre and self-aggrandisement, by which corporate bodies, as well as private individuals, are occasionally influenced. The charge is simply this:—That Marischal College, in granting degrees in Medicine, *is exercising an authority to which it has no title*, and that therefore, such degrees are *invalid*.

It is unnecessary to complicate our statements with a recital of the various propositions, cases, objections, rejoinders, and other technicalities, stratagems, and refinements, which conspire to mystify the legal arguments employed by each side in this question; suffice it to say that the validity of the degree rests upon a decision given by the House of Lords in an action on appeal, arising out of an election for the office of Civilist in King's College. An *indispensable* qualification for this office was, that every candidate *must be a university doctor or licentiate in civil law*. Two Candidates presented themselves, one of whom, of the name of CATANACH, possessed a diploma of Marischal University for the degree of Doctor of Laws; the other, of the name of GORDON, had no such qualification. Catanach had the majority of votes, but Gordon, the defeated candidate, disputed his opponent's qualification, on various grounds; and the action was tried in the Court of Session, who decided that Catanach did not possess the *indispensable* qualification. The cause was then carried by appeal to the House of Lords, who *reversed the decision*.



It must be understood that, in arguing the cause before the Court of Session, various pleas were set forth on both sides, which were subsequently abandoned before the House of Lords. Professor Clark thus states, in his recent pamphlet, the position of the case:—

“Catanach was admitted to possess a majority of legal votes. The chief question, therefore, that either the Court of Session, or the final Court of Appeal, had to consider first, was—Whether he possessed the *indispensable* qualification? The House of Lords, in deciding that he did possess that qualification, had scarce any other question to consider; whereas, the Court of Session, in deciding that Catanach did not possess the *indispensable* qualification, had several other questions to decide in consequence; such as—*Whether Gordon was to be held duly qualified and duly elected?* or, *Whether there should be a new election?* Now, it was chiefly the propositions relating to such other questions that varied at different stages of the cause; and it was chiefly, as we have already said, the propositions that were constant, that proved to be the grounds of the judgment of the House of Lords. The necessity for our specifying such propositions as were abandoned before the cause came to a final hearing at the Bar of the House of Lords, has arisen from those propositions having been misrepresented as being the real foundation of that judgment.”

In the House of Lords, then, the simple question to be decided was, whether Catanach had the *indispensable* qualification; and, having heard the case, that tribunal, presided over by Lord Chancellor Hardwicke, “Adjudged that the appellant James Catanach was duly qualified to be elected a Professor of Civil Laws in King’s College of Aberdeen, and was duly elected,” and “ordered that the Appellant Catanach be preferred to the said office accordingly.”

This is the case for Marischal College stripped of its legal sinuosities and shams. The judgment, however, has been objected to by the authorities of King’s College, on various pretences, some of which are purely imaginary, and others jesuitical and unfair. We should be wasting our readers’ time and our own, to expose the weak and deceptive arguments by which these objections are sought to be maintained; but if any gentleman should desire to be better acquainted with the merits of the case, we advise him to read an able pamphlet recently published by one of the Professors of Marischal College and University, and reviewed in our Journal last week, in which this complicated question is treated with remarkable comprehensiveness and lucidity.

The decision of the House of Lords establishes the validity of the degrees granted by Marischal College; and if King’s College wishes to defeat its rival, there is, as we conceive, but one course left, that of bringing the college itself into court to prove its right. Will it do so? If it wishes to expose itself to ridicule, it may make the attempt; but if all its common sense be not sublimed in the fiery furnace of controversy, it will let the matter rest, and endeavour to surpass its rival in its educational resources, and in the superiority of its tests of proficiency for its degrees. Such is the most creditable business of universities; and the only rivalry in which they can gain honour. To obtrude corporate jealousies upon public attention, is an indiscretion that will be visited with contempt; and in the present case will injure the interests and dignity of King’s College in the opinion of all temperate and judicious men.

We are not settling a question of comparative importance and respectability, but one simply of prescriptive and legal right; and if King’s College were a hundred-fold more influential than it is, we should still feel it our duty to decide the case upon its merits. The motives which dictated to our contemporary the course it pursued, were sufficiently obvious at the time the attack was made; and it is to be regretted that, under such circumstances, any medical journal should, without due consideration, have lent itself to a cause so questionable. However, we trust that our statements will reassure such of our brethren as hold these degrees; and be regarded as some reparation for the wrong that has been done them by an imprudent and ill-informed assailant.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the ‘Dublin Medical Press,’ Jan. 19th.)

### PERICARDITIS.

Dr Henry Kennedy has read a paper on Pericarditis before the Surgical Society of Ireland, the leading points in which are comprised in the following propositions:

“1. That in addition to the close connexion which subsists between acute rheumatism, Bright’s disease, and acute pericarditis, it is not at all uncommon to meet the disease under a form that may well be called strumous pericarditis.

“2. That by means of pressure, and occasionally by altering the position of the patient, a frottement may be produced some hours before it would otherwise become audible. (Noticed by Sibson).

“3. That at an early stage of pericarditis, a single intermitting frottement is not uncommon.

“4. That when the disease is on the decline, or when serous effusion is taking place, the same phenomenon may be observed.

“5. That solid lymph may coat the pericardium, and yet no frottement be formed.

“6. That great irregularity of the heart’s action will possibly account for this.

“7. That puerile respiration is often a symptom of pericarditis; and may then be a sign of much importance, both as to diagnosis and prognosis, and may occasionally be traced passing from the left to the right lung.

“8. That in some cases of acute rheumatism and pericarditis, nature relieves herself by epistaxis.

“9. That after a certain period of the disease, even though the signs of inflammatory action be still present, we may change our line of treatment with the greatest advantage.

“10. That there are the strongest grounds for supposing that a perfect cure of pericarditis, after lymph has been effused, may be effected.”

(From the ‘Lancet,’ Jan. 22.)

### LITHOTOMY AND LITHOTRITY.

Mr Coulson continues his lectures on this subject; and the present, which is a resumé of the whole, offers several highly valuable statistical tables, showing the mortality after Lithotomy.

“The first table gives us a sum-total of 6,369 operations, more than two-thirds of which have been performed since the commencement of the present century. The number of deaths was 958, and the general mortality is therefore 1 in 6.62 cases.”

Mr Coulson then shows the results of the lateral operation in France, and illustrates by another table the mortality at different ages. He observes:—

“The total number of cases (2,972) is considerable, and a glance at the table shows two important facts—viz., that the number of patients submitted to lithotomy decreases with each decennial period of life, and that the mortality increases at each successive period. Thus below 10 years it is 1 in 13, and thence gradually augments from 10 to 80 years to 1 in 9, 1 in 6, 1 in 5, 1 in 4, 1 in 3.65, 1 in 3.23, 1 in 2.71.”

With respect to the success obtained from Cheselden’s operation, Mr Coulson remarks:—

“Notwithstanding the favourable results obtained at the Hôtel Dieu and the Norwich Hospital, those of Cheselden and the surgeons of St Thomas’s Hospital stand out in extraordinary relief. Cheselden lost only 1 patient out of 35 under ten years; while at St Thomas’s Hospital, during a period of 23 years, the mortality at the same period of life was only 1 in 58. This perhaps is the most brilliant suc-



cess of which modern surgery can boast; and I cannot but congratulate my esteemed friend, Mr South, for having afforded us, by the publication of the tables in his translation of Chelius' Surgery, the means of establishing it."

Numerous other tables are given of the deaths after lithotomy from M. Civiale's reports, and of the influence of the weight of the calculus upon the mortality. We shall conclude this notice by citing another important table, showing

"The Mortality of Lithotomy according to the Method employed.

Method.	Cases.	Deaths.	Proportion.
Cheselden's Operation:—			
St Thomas's Hospital ... ..	144	15	
Bristol Infirmary ... ..	375	79	
Leeds Infirmary ... ..	197	28	
Norwich Infirmary ... ..	704	93	
St Mary's, Moscow ... ..	411	42	
Pennsylvania Hospital ... ..	83	10	
Cheselden ... ..	213	20	
Liston ... ..	115	16	
Total ... ..	2242	303	1 in 7·38
Apparatus Major:—			
Hôtel Dieu and La Charité, 1721-1731 (Morand) ... ..	883	287	
Luneville Hospital ... ..	1103	119	
Total ... ..	1986	406	1 in 4·89
High Operation:—			
(Frère Come) ... ..	69	15	
(Mr Humphry's Table) ... ..	104	31	
In all France:—			
(M. Civiale's Table) ... ..	95	41	
Total ... ..	268	87	1 in 3·08
Recto-vesical Method:—			
(M. Civiale's Table) ... ..	185	38	
Total ... ..	185	38	1 in 4·87
Bilateral Method:—			
Professor Eve ... ..	23	4	
Dupuytren ... ..	89	19	
Total ... ..	112	23	1 in 4

"Here Cheselden's operation, as might be expected, stands at the head of all. The mortality in more than 2,000 cases was 1 in 7·38. The apparatus major comes next, a result for which I confess that I was not prepared. In nearly 2,000 cases the mortality was 1 in 4·89. The recto-vesical follows close on the apparatus major, giving a proportion of 1 in 4·87. Then comes Dupuytren's bilateral operation, with a mortality of 1 in 4; and finally the high operation, which in 268 cases gives a mortality of 1 in 3·08."

The frequency of urinary calculus at the different periods of life is then tabulated, and the learned lecturer concludes with the statistics of M. Civiale's practice in lithotrity. Upon M. Civiale's statements the author remarks:—

"The statistics of lithotrity are confined to the results which M. Civiale has published of his own practice. No other surgeon who has performed lithotrity on an extensive scale has given a complete account of all the cases on which he operated. This omission is greatly to be regretted; yet the manner in which M. Civiale's publication was received, both in France and in other countries, was little calculated to encourage other practitioners to follow his example.

"I well know that the statistics of M. Civiale have been severely criticised, and that he has been openly accused of serious omissions in the several accounts published by him. I must leave the responsibility of their correctness on that distinguished surgeon, having neither time nor inclination to re-open a discussion which has now been closed for so

many years, even in France. The following is a tabular view of M. Civiale's results:—

1824 to 1826. Calculus Patients.	No. of Operations.	Deaths.	Proportion.
348	591	14	1 in 42 21"

ON LARYNGISMUS, AND ON EPILEPSIA LARINGEA AND TRACHEOTOMY.

Dr Marshall Hall continues his observations on this interesting subject:—

"Tracheotomy is the preventive of the effects of laryngismus. It can effect no more: it can do no less.

"In whatever malady laryngismus occurs, whether it assume the paralytic form, as in inorganic apoplexy, or the spasmodic, as in inorganic epilepsy, this is the office of tracheotomy; the effects of this laryngismus are, and must be obviated.

"It is not therefore for apoplexy, or epilepsy, or tetanus, or any other disease, that tracheotomy can be recommended; but whenever such disease assumes the laryngeal form, laryngismus being superadded to the other symptoms, and becoming the especial source of danger, then tracheotomy averts this danger!

"The disease is thus made to assume a modified, or it may be called the abortive form. Its character is mitigated; its tendency, whether this be to apoplexy, to mania, to asphyxia, is prevented. Apoplexy and epilepsy cease to be the apoplexia and the epilepsy laryngea. Life and intellect may be preserved.

"Let the reader look over the arrangement in the 'Lancet' of Nov. 13, 1852, and he will perceive that this is, not in epilepsy only, but in every case, the object, the effect of tracheotomy. In laryngitis, tracheotomy averts the impending danger to life, and gives the opportunity for the use of remedies for removing the original disease. In the case of a foreign body in the trachea, tracheotomy may lead to its extraction by the orifice. But this is an exception to the rule, and tracheotomy is no more to be expected to cure apoplexy or epilepsy than to cure laryngitis. Its influence is to modify and mitigate their severest form, converting the apoplexia laryngea and epilepsy laryngea into the apoplexia trachealea and epilepsy trachealea, which may indeed still be severe, but which generally assume a mild and fading form, with far less dire effects and consequences, immediate and remote. And again, space is offered for the use of remedies.

"The same motive which urges to the institution of tracheotomy in laryngitis, must urge us to its institution in the apoplexia laryngea, and the epilepsy laryngea, &c.; and the same opposition which applies to this measure, in the latter cases, must apply to the former; so that it is absolutely unreasonable.

"Tracheotomy cures no disease. It averts present and future danger in many. In epilepsy, when that disease assumes the form of epilepsy laryngea, it changes, modifies, and mitigates the disease by averting the effects of its laryngismus and its direst form, and may lead, under judicious management, to its cessation entirely, in the place of its transition into loss of life, of intellect, or limb!

"As it will not cure epilepsy, far less will it cure any complication of epilepsy. In one case there had been a paralytic attack; in another there was a fatty degeneration of the heart. What effect could tracheotomy be imagined to possess in such cases?

"If the case be hereditary; if it be inveterate; if organic change has already occurred; if, with attacks of epilepsy laryngea, there are attacks of epilepsy in its milder or mildest forms, who does not perceive what, and what degree of, benefit may be justly expected from tracheotomy?

"In cases of pure and uncomplicated cases of epilepsy laryngea, the seizures, under the influence of tracheotomy, become, however, impossible. These seizures may still subsist in a mitigated form; but seizures of epilepsy laryngea



they cannot be ! They cannot assume the direst form, followed by the direst consequences of epilepsy !

"To what degree the mitigation of this dire disease may proceed, and whether it may cease altogether, in the absence of its severest form, time and experience only can determine. That many splendid recoveries or cures will take place, from the just institution of this remedy, life, intellect, and limb being preserved, I am persuaded. That many dissappointments will result from its injudicious employment, in inveterate cases—in cases already complicated with organic lesion—in cases of faulty diagnosis, is equally certain.

"To revert to my first proposition. Tracheotomy averts the effects of laryngismus. This is its special and exclusive office in every case in which it is employed, and not in epilepsy alone. The same reasoning applies to all, and epilepsy presents no exception to the rule.

"Once more, then, I repeat—The office of tracheotomy is to avert the effects and consequences, immediate and remote, of laryngismus."

#### POISONING BY LAUDANUM IN AN INFANT; EFFECTS OF GALVANISM.

Mr George Kirk, of Middleboro' on Tees, reports the present case. The child appeared to be *in articulo mortis*, when Mr Kirk arrived. He observes:—

"Recollecting that I had some time since seen reported in the 'Lancet,' that galvanism had been successfully applied in a case of poisoning from an over-dose of opium, I at once decided upon giving it a trial in this case; and having got the battery into action as soon as possible, I applied one of the conductors over the epigastrium, and taking the other conductor in my right hand, I passed one of the fingers of my left hand into the mouth of the child between the teeth and gums, and as far back towards the fauces as I conveniently could—the battery acting with the lowest intensity I could produce, (having nearly withdrawn the bundle of wire from the centre of the coil). I found the breathing almost immediately become regular; the action of the heart also increased, and was natural so long as I kept up contact. After continuing the action continuously for nearly half an hour, I suspended the action of the battery by withdrawing my finger from the mouth, when the breathing gradually decreased, and it was apparently subsiding into the same state as previous to the commencement of the galvanic action. Observing this, I again introduced my finger as before, when the respiration again became natural; and after continuing it about an hour longer, I was enabled to make the child swallow some tartrate of antimony wine. The action of the battery being again withdrawn, the respiration went on natural for a greater length of time, but again began gradually to sink into its former state; again renewing the communication of the battery as before, in a little time the child vomited. Stimulated by the success, I continued the galvanic action, occasionally withdrawing the stimulus for short periods. I continued for upwards of four hours, as after each successive application the child appeared to improve. Finally, the breathing and circulation seemed completely established; and the child being able to swallow a little coffee, I ordered a tea-spoonful of castor oil to be given every three hours until such times as the bowels were acted upon freely. The child continued ailing for a day or two, but has ultimately recovered, and is doing well."

#### ON MEDICO-LEGAL EVIDENCE IN CASES OF INSANITY.

The following cautionary observations are made by Dr Forbes Winslow for the guidance of the Medical witness in criminal cases, and they deserve to be borne in mind:—

"In criminal cases, should the witness be interrogated as to the alleged lunatic's consciousness of right and wrong, or as to his knowledge that he was violating the law of God and man at the moment when the crime was committed, I would strongly suggest that he should, unless the case be one of obvious lunacy, decline answering the question. The witness may have a clear and positive opinion as to the ex-

istence of insanity; but how can he, in every case, solve the question as to the lunatic's ability to distinguish accurately between good and evil, right and wrong, lawful and unlawful? Dr Haslam says, when alluding to the point, that 'It is not the province of the medical witness to pronounce an opinion as to the prisoner's capability of distinguishing right from wrong. It is the duty of the medical man, when called upon to give evidence in a court of law, to state whether he considers insanity to be present in any given case, not to ascertain the quantity of reason which the person imputed to be insane, may or may not possess. If it should be presumed that any medical practitioner is able to penetrate into the recesses of a lunatic's mind, at the moment he committed the outrage; to view the internal play of obtruding thoughts and contending motives; and to depose that he knew the good and evil, right and wrong, he was about to commit,—it must be confessed that such knowledge is beyond the circuit of our attainment. It is sufficient for the medical practitioner to know that the person's mind is deranged, and that such a state of insanity will be sufficient to account for the irregularity of his actions; and that in a sound mind the same conduct would be deemed criminal. If violence be inflicted by such a person during a paroxysm of rage, there is no acuteness of metaphysical investigation which can trace the succession of thoughts, and the impulses by which he is goaded for the accomplishment of his purpose."

The plea of "*moral insanity*" is also considered by Dr Winslow, and its nature and character exhibited. After treating of the subject *pathologically*, under which division he expresses his opinion that moral insanity is *not confined to the affective or motive faculties*, but that the *intellectual, the reasoning and reflective powers, are also involved in the disorder*, he considers it *metaphysically*, and in the course of his observations makes the following remarks on the views of the phrenologists:—

"*Moral Insanity metaphysically analysed.*—Having considered the matter *pathologically*, I would briefly analyse the question at issue in relation to its *metaphysical* aspect. In using the words "mind," "intellect," "understanding," we employ abstract terms to denote an aggregate condition of all the phenomena of intelligence, to describe the manifestations of *one and an indivisible essence*—a principle homogeneous in its character. In classifying, for the convenience of philosophical investigation, the mind into separate and distinct powers or faculties, emotions or passions, are we not forgetful of the fact, that this arrangement, classification, order, division, and subdivision, are entirely of an arbitrary character, and that in reality the principle, essence, and substratum of the mind, whatever it may be, is in itself a unit, and incapable, by virtue of its existence, of being subjected to such a division and classification. Many of the so-called faculties of the mind, the emotions and passions, which are spoken of as independent and distinct powers, are obviously only modifications of, or different modes of being or manifestations of, one particular mental condition or state of intellectual relation. 'We cannot map out the mind as we can a country or a county, assigning to each town province, or state, its separate controlling and free sovereignty. We are not justified in converting each faculty into a little 'independent mind,' as if the original mind were like that of the polypus, which, according to naturalists, may be cut into an almost infinite number of parts, each of which becomes a polypus as perfect as that from which it was separated.'"

After quoting Locke and others to the same purport, Dr Winslow goes on to say:—

"We observe the principles of vitality manifested through different physical *media*; but whatever may be the character of the material tissue, or the special functions of the organic structure through which life exhibits its powers, we, as spiritual physiologists, admit that such manifestations are only different *modes* or *states* of development of *one and the same principle*: that the life that manifests itself through the brain, the lungs, the stomach, the heart, is identical and homogeneous in its nature and essence; the peculiarity of



the organisation affecting, as it undoubtedly does, its mode of being or action. Applying this metaphysical doctrine to the subject now under consideration, it must be evident to us, that in all the varied phenomena of insanity the same identical essence or principle is affected; that, without any exceptions, *THE MIND*—using this term in its truly liberal and philosophical signification—is in a state of disorder. In saying thus much, I would protect myself from the supposition that I repudiate the great discovery of Gall, or that I hold, with the spiritualists, that the principle of thought is susceptible of actual disease, apart from any abnormal state of the cerebral tissue. In all cases of mental derangement, the *manifestations* of the mind, and not the mind *itself*, are implicated; or, to speak with a strict regard to the principles of pathological science, the *physical media*, or different portions of nervous matter through which the intellect operates, are diseased, and, as a necessary consequence, the principle developed through the material instrument of the mind is disordered, or deranged in its operations. As there appears a determination to repudiate, in the course of law, the term “moral insanity,” I would advise the witness to avoid, upon all occasions, an ostentatious and unnecessary use of the phrase. If called upon to give evidence in cases of insanity apparently involving exclusively the healthy action of the *affective* powers, I would recommend the witness, when asked to state his opinion of the condition of the mind and the degree of responsibility in cases of this nature, to speak of the disorder as one implicating the healthy action of the *mental principle*. In reply to the interrogatory—“Do you consider the prisoner at the bar of sound mind, and a responsible agent?”—I would suggest to the witness the safety of answering, to the best of his judgment, either affirmatively or negatively; bearing always in recollection, that in all phases and degrees of insanity, whatever form it may assume, *one* and the *same essence* is involved in the disturbance—that all are, strictly speaking, *MENTAL AFFECTIONS*.”

(From the ‘Medical Times and Gazette,’ Jan. 22.)

#### CASES OF COMPLICATED POLYPUS UTERI.

Dr Ramsbottom, the author of this paper, thus speaks of polypus uteri:

“The term ‘polypus uteri’ has been given at different times to organic diseases of the uterine structure, as well as to formations within the uterine cavity of very various and dissimilar kinds: and even now, though it is restricted to tumours attached by vascular connexion to the uterine substance, the phrase is applied to more than one variety of morbid growths. Some are dense, firm, and compact in their structure; some soft and cellular; some of a florid scarlet; some of a deep peony colour; and some, when removed, almost white. They take their origin also from different parts of the organ,—the fundus, the body, the internal channel of the neck, or the outer circle of the mouth itself.

“Dr Lee, in his essay in the nineteenth volume of the ‘Medico-Chirurgical Transactions,’ has noted four distinct species of polypus uteri, none of them malignant in their nature: the fibrous;—the follicular or glandular, which he describes as a morbid enlargement of the glandulæ Nabothi, and which, consequently, are situated only at the mouth or neck; the cystic, or cellular, made up of a congeries of small vesicles or cysts, containing a fluid more or less transparent, and yellowish in colour. This variety is formed just beneath the lining membrane of the uterus, and springs from every part of the cavity. The tumour is highly vascular; and the cysts composing its chief bulk are bound together by fine fibrous tissue; and lastly, the mucous, which does not grow to so large a size as either of the others, and which seems to be produced by a morbid change in the mucous membrane itself, and to be analogous to the polypous tumours sometimes formed within the nose and other mucous cavities.

“Of these the fibrous polypus is certainly the most common; and by some pathologists it is regarded as the true fleshy tubercle, specimens of which are so often met with em-

bedded within the uterine walls, or projecting as nodules into the peritoneal cavity, or attached to the external surface of the organ by processes more or less slender, and invested by an extension of the peritoneal membrane. It is supposed, that if these tubercles are deeply embedded within the uterine tissue, they merely increase the size of the organ, and give an irregularity to its form; but that, if they are situated nearer to the mucous membrane, they project towards the cavity, carry a layer of uterine fibres, as well as an extension of the mucous membrane, before them; and in their growth, encroaching more and more upon the cavity, assume the pear-like shape peculiar to most polypous tumours; and, finally, dilating and passing through the os uteri, that they gradually protrude into the vagina, until their chief bulk is enclosed within that canal.

“Gooch, in speaking of the fibrous polypus, says, that ‘their internal structure in most cases exactly resembles the internal structure of the large white tubercle of the uterus, commonly called the fleshy tubercle;’ while Baillie says, that ‘a person looking on a section of the one and the other could not distinguish between them.’”

Dr Ramsbottom adverts to Mr Pollock’s record of cases read before the Medico-Chirurgical Society last year, and then relates a case, complicated with sloughing, in which a ligature was applied. The leading points of the case are referred to in the following remarks:

“In this case there seems to have been a most extraordinary disposition for the establishment of the sloughing process; first, the tumour sphacelated, then the skin of the lower part of the back, and afterwards a communication by mortification took place between the vagina and rectum. I have little doubt that a fistulous aperture was also formed into the neck of the bladder; for such an orifice, if small, will sometimes fill up and heal spontaneously. It is not unlikely that the residence of the mortifying tumour in the vagina for so many days disposed the coats of that canal to take on themselves the sloughing process. I have remarked indeed that in labour sloughs are more liable to follow a lingering case, if the child is in a putrid condition, than if it be not so; and I believe that either the contact of the putrid mass or the absorption of the putrid fluid, disposes to that specific unhealthy action which terminates in loss of substance. The peculiar feel of the vagina, harsh apparently in substance, but yet preternaturally smooth in surface, observed here, often precedes a slough; and I was therefore prepared for its occurrence. I had little hope, from the first, of the patient’s recovery; such a complete restoration indeed as occurred here, under such a debilitating disease, could scarcely have been anticipated. Fortunately, however, the stomach retained both nourishment and stimulants; and of the latter she took a very considerable quantity.”

#### SOME GENERAL OBSERVATIONS ON FATTY DEGENERATION.

This paper is a continuation of Mr Bowman’s observations, to which we have frequently referred. The first portion of the paper relates to the importance of studying the subject of degeneration of the small cerebral blood-vessels in relation to apoplexy, epilepsy, ramollissement, &c. The following remarks are interesting:

“Of course, in considering fatty degeneration, one is not bound to treat of every other product and evidence of atrophy and decay; but calcareous and fatty degeneration so often occur, and are apparently so frequently traceable to the same causes, that a word or two, at any rate, must be added, in reference to their mutual relations.

“In the atheromatous degeneration of the larger arteries, it has long been known that earthy and fatty matter were intermixed. It has been shown more recently, and first by Dr Jenner, that the same thing happens in the smaller vessels.

“In old age, no doubt, it frequently occurs that in one part mere withering, in another fatty, in a third, calcareous, degeneration is more prevalent.

“In the same spot, we may note atrophy here leading to fatty, there to calcareous degeneration; but why to one in this point and the other in that, is, so far as I know, not yet



to be explained. Thus, in a case of partial atrophy and degeneration of the placenta, laid recently before the Pathological Society by Dr Handfield Jones, 'the villi of the fœtal part were very distinct, and were in part simply atrophied, in part loaded with oil, or with oil and calcareous matter.'

"Fibrous tumours may pass either into fat or earth, or both; so may fibrinous degenerations. Crystals of cholesterine, according to Liebert, have been detected in tuberculous matter.

"Inflammation, too, disturbing and weakening nutrition, may even in parts especially prone to fatty degeneration, lead to that which is calcareous. Whether it ever does so in the cornea I am unable to state, yet this is an interesting matter for inquiry.

"Pericarditis has been known to lead not only to atrophy of the heart, but to cholesterine appearing in place of its fibres. Such a case has been described by that distinguished pathologist, M. Liebert. It is essential to note, that it was only the portion of the heart which lay beneath the adherent pericardium that was thus affected. 'Il paraît donc que dans cette partie malade du cœur, le tissu musculaire a presque entièrement disparu et a été remplacé par du tissu fibreux, par des matières minérales amorphes et par des cristaux cholestériques.' 'Ces plaques offrent, du reste, la même composition que nous avons signalé bon nombre de fois dans les plaques qu'on appelle ossification des artères. Il est probable qu'ici l'adhérence partielle du péricarde a eu pour suite l'oblitération d'une partie des vaisseaux nourriciers de cœur, et de là atrophie et dégénération.' Here we see that no *perversion* of assimilation, no *special* cause of deposition, is referred to; all is ascribed to atrophy, even as wasting always is, and as fatty degeneration always should be.

The varieties of degeneration which have been seen in the small arteries are—

"1. The fatty. 2. Calcareous. 3. The fatty and calcareous mixed. 4. The pigmental.

"It may be added that, M. Liebert has once noticed a tubercle in a small artery of the brain."

(From the 'Association Medical Journal,' Jan. 21.)

#### CASE OF FIBROUS TUMOUR OF THE UTERUS, IN CONJUNCTION WITH PREGNANCY; LACERATION OF THE PERITONEUM, AND HÆMORRHAGE INTO THE ABDOMEN.

This case is recorded by Mr R. R. Robinson.

The patient was delivered without the occurrence of any symptom causing alarm; but about five hours afterwards Mr Robinson was called to her in haste, in consequence of the patient suffering from cold chills, faintness, sickness, and the usual symptoms of impending collapse from hæmorrhage. By proper management she rallied, but died on the eighth day. On a post-mortem examination being made, it was observed that the body was

"Not so much emaciated generally as might have been inferred from the aspect of the face and chest. The abdomen was not much distended; it had some hardness and preternatural solidity at its lower part; the peritoneum lining the abdominal parietes was of a dark-green colour; the intestinal convolutions were of a dark-brown colour, in many parts being smeared with blood. Fully three pints of dark venous blood, quite free from coagula, were removed from the abdominal cavity. The convolutions of the small intestines were united to each other and to the uterus, by recent and easily separable adhesions. Upon breaking through these, there was observed, attached to the fundus of the uterus, but having no communication with its interior, a tumour of a livid aspect, in size and shape like a moderate-sized placenta, the long diameter of which was placed transversely. This tumour was covered with peritoneum, a prolongation of that enveloping the uterus: this membrane, near the angle of reflection, was lacerated to the extent of nearly two inches, and from it the blood found in the abdomen appeared to have oozed. Upon making an incision

along the upper part of the tumour, nearly down to its uterine attachment, it appeared to be composed of three lobes—a right, a middle, and a left, the middle lobe being separated from the others by a white ligamentous structure. The right and middle lobes were softened, and of a deep-chocolate colour, and appeared to be principally composed of a congeries of vessels; the left was of a pale-brown colour, and had a fibrous aspect. The uterus was not firmly contracted, but of the size usual in a person so recently confined; its mucous membrane was of a dark colour. The os uteri was elevated and granular. A drop of purulent-looking fluid issued from one of the veins, upon cutting into it. There was a patch of lymph, about the size of a shilling, on the mucous membrane of the upper part of the vagina. The ovaries, Fallopian tubes, and indeed all the other adominal and pelvic viscera were healthy. The head and chest were not examined.

"The preparation was subsequently exhibited at the Pathological Society; and upon a further incision being made into the tumour by Dr Quain, a cyst, about the size of a walnut, containing a clear colourless fluid, was found in the left lobe, and the base of the tumour was found of a deep-red colour, from extravasation of blood.

"Dr Quain also made a microscopical examination of the tumour, and the following is the account he has been kind enough to give me:

"I have examined the specimens of tumour which you gave me, and find them to consist—First: In some parts of a fibrous structure, altogether analagous to that of fibrous tumours, but apparently more vascular: at least, I can observe much larger and more numerous blood-vessels. Secondly: In the immediate vicinity of the cyst which was divided, I find the structure less distinctly like fibrous tissue; it is mixed with a quantity of granular matter, and numerous blood-vessels can be seen.

"The inference which I am disposed to draw is, that the tumour had increased during pregnancy,—the vascularity suggests that idea; and that this increase was subsequently much exaggerated by hæmorrhage and the coagulation of fibrin which subsequently took place. The length of time during which the preparation has been kept in spirits, renders the examination difficult, and its results doubtful; however, I have compared them with those found in an ordinary fibrous tumour kept under nearly similar circumstances."

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## HOSPITAL REPORTS.

### ST BARTHOLOMEW'S HOSPITAL.

*Dislocation of Right Os Innominatum—Laceration of Urethra—Fracture of Sternum, &c.*

John Burch, aged 44, a bricklayer's labourer, was admitted on July 16. He had been found, an hour or two previously, lying on his back on a heap of broken bricks. No one had witnessed the accident, but it was believed that he had fallen from a height of at least forty feet. Although perfectly sensible, he was in a condition of extreme prostration, his extremities being cold, and pulse hardly perceptible. He died about two hours after admission.

At the *post-mortem* examination, the third rib on the left side was found to be fractured close to its junction with the cartilage; the sternum had also sustained a transverse fracture across its upper third, the fragments being, however, in perfect apposition. A large extravasation of blood had taken place into the lower part of abdominal walls and the scrotum. The pubic symphysis was so far separated, that a hand could be easily passed between the bones, the edges of which were much comminuted. Separation, with similar comminution of bones, had taken place at the right sacro-iliac spondylosis, and the whole right innominate bone was thus entirely separated from the rest of the pelvis, and driven considerably backwards. Behind the peritonæum, in the lumbar and pelvic regions, was a very large quantity of extravasated blood. The triangular ligament was much lacerated, and the membranous portion of the urethra was torn across. The bladder itself was uninjured, but it, together with the ureters, contained much blood.

It is difficult to imagine in what direction the force had been applied which produced this very rare form of injury. The fatal collapse which it induced was doubtless much increased by the large extravasation of blood which had taken place.

### GUY'S HOSPITAL.

*Case of Perforation of the Cæcum—Communication with the Internal Iliac Artery—Death by Hæmorrhage per Anum—Autopsy.*

Jonathan Watson, aged 34, was admitted December 8, 1852, under the care of Dr Barlow. The patient is a muscular, well-developed man, of dark complexion, black hair, and dark eyes; he is unmarried; by occupation, a draper; of temperate habits, and good general health. The only serious illness the patient remembers to have had is an abscess in the right side, the scar of which remains in the lower part of the right hypochondriac region. This abscess is supposed to have originated in a strain or blow, and a very severe cold, about four years since, attended by great



pain in the back, which prevented the man for some ten days from attending to his usual work.

The patient's parents are healthy, and he does not know how to account for his present illness, which may be dated to about three weeks before admission, at which time he began to feel weak and ill, and to suffer from loss of appetite. These symptoms continued, with some pain at the lower part of the back, but not so severe as to incapacitate him from attending to his occupation.

Ten days before admission, he noticed that his evacuations, which had for some days been very costive, became numerous during the day; but he did not direct his attention to their nature. On the next day the evacuations still continued frequent, and on examination he observed them to be very black in colour, like dark clotted blood. This continued on the subsequent day (or third day after the attack), without pain or heat attending defæcation, and no symptoms of hæmorrhoids. On the second day just mentioned, whilst at his business, the patient was suddenly seized with a violent pain (or "twitch," as he called it), at the lower part of the back, with coldness, shivering, and copious vomiting of greenish matter, which attack compelled him to retire to bed. From this time he has continued to feel very weak and ill, and to suffer pain in the back.

The uneasiness was, however, on admission, not so distressing as it had been; it was situated chiefly on the right side of the spine, opposite the lower lumbar vertebrae, and extended round to the groin on the same side. These parts, as well as the lower lumbar spines, were very tender on pressure. Since the second day of the attack, the man had also had considerable uneasiness at the posterior part of the head, and a slighter kind of discomfort between the shoulders. There was some thirst; the tongue was large, pale, flabby, and indented by the teeth; pulse 84, weak and soft; pupils rather dilated; urine clear, not albuminous, and acid; no tumour or bruit discernible in the abdomen.

The patient continued to grow worse, and died on the fifth day after admission.

On a post-mortem examination, a probe introduced into the right internal iliac artery was found to pass directly under the small tumour above mentioned; the cæcum and adjoining parts, with the artery and tumour, were therefore dissected out and removed for examination, in doing which the anterior crural nerve was laid bare, and seen to be passing close behind the tumour. A small quantity of blood was found to have regurgitated into the ileum, and a large quantity was observed in the cæcum. These intestines were healthy, but the appendix cæci was found enlarged, so as to admit the finger; the coats were softened, and its cavity distended with dark clots of blood, giving it a blue tint externally; the appendix was adherent to the artery and neighbouring parts. The internal iliac artery was now carefully laid open, and just beyond the commencement a small, round, smooth-edged aperture came into view, about this size (O), communicating with the appendix, and through which clots projected. The lining membrane and structure of the artery were quite healthy, except a little fibrinous deposit just around the aperture.

During the greater portion of this inspection, the idea prevailed that the patient had died of aneurism of the internal iliac artery; and it was only after a careful dissection that the actual nature of the affection was ascertained—viz. adhesion between the appendix and the vessel, ulceration, perforation, and fatal communication between the two canals.

#### UNIVERSITY COLLEGE HOSPITAL.

##### *Fracture of the Ilium—Recovery.*

James Barnwell, aged 50, a joiner, was admitted on September 15, 1852, on account of an injury to the left side of the pelvis which he had just sustained. The accident had been a fall from a window fifteen feet high, in which he was engaged in putting in a frame, when his foot slipped, and he fell on to the level flags of the area below, pitching

on the hip. Immediately afterwards he had very severe pain in the part, which continued for some time, and he was also quite unable to stand or make the least use of the left leg. When admitted he was suffering much prostration, from which, however, he soon rallied. All movements of the part gave him pain, and, on coughing, a very distinct crepitus could be felt, as if deeply situated in the body of the ilium. Without resorting to an unjustifiable amount of manipulation, it was impossible to state the exact direction in which the fracture ran, but it was evident that it involved the body of the bone, and not merely a portion of the crest. In the course of the night he passed both fæces and urine, neither of which contained blood. He was an unhealthy-looking man, and subject to an habitual cough.

Mr Marshall, who, in Mr Erichsen's absence, took charge of the case, ordered a broad roller to be applied to the pelvis, and that mild doses of opiates should be administered, for the double purpose of relieving pain and allaying the troublesome cough. After the lapse of a few days the bandage was removed, and, for the sake of affording greater support, the whole left side of the pelvis was strapped with long and very broad strips of adhesive plaster. During the first week he suffered much pain and some constitutional disturbance, but, gradually recovering from them, he ultimately made an excellent convalescence, and was allowed to leave his bed in the end of October, soon after which he was discharged from the hospital.

#### ST THOMAS'S HOSPITAL.

##### *Compound Fracture of the Pelvis—Rupture of the Bladder.*

William Matthews, aged 34, a railway porter, was admitted on September 27, on account of severe injuries sustained by a heavy truck having been overturned upon him. He reached the hospital about an hour after the accident, and was then in a condition of collapse, his pulse being small, thready, and irregular, and his extremities cold. He was quite conscious, and very irritable, owing, perhaps, to his being partially intoxicated. He complained of no pain, except when moved, but was very desirous to be turned on to his side. On examination it was found that the crest of the left ilium and the tuberosity of the ischium on the same side had been fractured; there was also a wound in the integuments over the left side of the pubes, which apparently communicated with another fracture, and from which there was considerable oozing of blood. His bowels acted soon after admission.

Sept. 28.—He has slept at intervals during the night, and his pulse much improved in volume. He complains of no pain. A catheter being introduced, a considerable quantity of urine, mixed with blood, was drawn off. In the evening he vomited several times, and rather suddenly began to complain of severe pain in the lower half of the abdomen, which was tender to the touch. The urine now drawn off contained very little blood.

R. Morph. hydrochl. gr.  $\frac{3}{4}$ , statim sumend.

Sept. 29.—The abdominal tenderness is very slight, but he has vomited several times. A flexible catheter has been fixed in the bladder, and the urine passes away freely, mixed with a large quantity of blood. He takes nothing except a little milk and water.

Sept. 30.—He lay through the day in a state of insensibility, but appeared to suffer much pain during the few hours before his death, which took place late in the evening, exactly three days after the infliction of the injuries.

At the autopsy, it was found that the crest of the left ilium had been fractured in several places; the tuberosity of the left ischium was broken through, as also the rami of the ischiatic and pubic bones, at their points of junction on both sides. On the left side, the fracture extended to the body of the os pubis, and a detached splinter of bone had been driven backwards into the fundus of the bladder, in which there was a perforation capable of admitting the little finger. The peritoneal coat was but slightly wounded, and there did not appear to have been much urine effused either into its cavity or the cellular tissue of the injured



parts. The peritoneum itself was extensively congested, but contained only a small quantity of serum, and here and there a few patches of soft and recent lymph. There was much extravasation of blood around the fractured bones.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. IV.

#### HOLLOWAY'S PILLS AND OINTMENT.

*Continued from page 45.*

Our adventures last week have anticipated a portion of the article which we intended for the present number. The reader will doubtless have recognised in our "Interpreter," and "Foreigner," the present quack, Thomas Holloway, and the Italian, Albinolo. To restart from the period at which we last parted company, we must again look back some years. We will let the foreigner tell his own tale, which, as far as we shall give it, we believe to be true.

"M. Schneider having arrived in Paris from Vienna, and being about to take a journey to London, advised me to accompany him thither, in order to give publicity to my Ointment and Balm."

(Here these two worthies, like true knights of old, set out on a quack adventure.)

"I accordingly made a trip to London, and at Bacon's Hotel, 5 Paul's Chain, became acquainted with Mr Thomas Holloway, whom I took for my interpreter."

(Things went on comfortably enough for a time. The interpreter becomes correspondent, and salesman; and at length grows ambitious, and wishes to go "one step higher.")

"This man observing (my progress) requested to be my agent in England. I consented, on certain conditions; but a short time afterwards he wished to be made acquainted with the receipt of the ointment. I refused to gratify his desire."

("Now comes the tug of war." Albinolo is determined; Holloway rebellious.)

"As I was not acquainted with the English language, he caused all the letters (replies) written by medical men, to be addressed to himself, and when he was well provided with these, he manufactured an ointment of *his own*, which he sold for *mine*."

(This was atrocious! from their great similarity.)

"The world must know, then, that a part only of my discovery was surreptitiously obtained by this same Holloway, who profited by my isolated position as a foreigner, to have proper justice done. I am now reduced in means by my residence in London, prolonged for the purpose of unmasking the impositions of Thomas Holloway."

(Rather say, "to sell your *own* ointment." Poor old man! we should pity thee, if thine own calling were other than quackery.)

"Since that time, Holloway has overwhelmed the world with a composition which the *credulous* have purchased." (Vide Albinolo's Circular.)

Very true, Sig. Albinolo! Thou usest the word "*credulous*" most wisely. However, this "deluge of ointment" has been a gradual one. For many years Mr Holloway struggled on after his then peculiar fashion, of talking *much* but effecting *little*. In 1842-3, we recollect his closet in Broad-street Buildings, (by mistake, called an office,) exhibited poor proof of business prosperity. Himself and nephew were, generally, the only occupants. No wonder his temper grew sour, and his nerves irritable. No wonder blows followed hard words, and ended in the summary ejection of the youthful tormentor. Could mortal bear it quietly! Pots of ointment ready filled in abundance, but no purchasers; and dock-jobbing growing flatter daily. Even quacks are men! It was about this time, that the taunts of an acquaintance called forth the rejoinder from Mr Holloway—"Morisons be ——! I'll yet come up with

them! I'll leave them behind me!" How far Mr Holloway has kept his word, is probably known to every one. It would, therefore, be useless to attempt the task of following him in his wayward career, until he had achieved that success which enabled him to look with some degree of self-complacency on the past, and with confidence on the future. Since the time alluded to, he appears to have brushed up amazingly, and to have become one of the most hopeful disciples and imitators of the most celebrated of his predecessors and cotemporaries in the trade of quackery, and has distanced the Perrys and the Morisons in a most sportsman-like manner. In advertising, bill-posting, pamphleteering, and case-making, he has beaten them all; and we know not a single method of pushing his pills and ointment under the very nose of the public, that he has not adopted. A short time since, the footpaths of this crowded city were continually obstructed by men dressed in the cast-off liveries of "Beaf-eaters," and other royal dependants, bearing huge boards, proclaiming the pretended virtues of the nostrums in question. Soon after this, when called upon to give a statement of his affairs, the public were absolutely startled by the revelations respecting the princely sums he had spent in a few years in stamps, advertising, and printing. The consequence of all this has been the establishment of Mr Holloway as *one* of the principal, if not *himself* the principal, proprietor and vendor of quack medicines in these realms. Here let us leave the past; Mr Holloway has experienced the new birth; let us engage ourselves for a few moments with the puffs, pills and ointment of *Professor Holloway*, which are now before us.

We had hitherto regarded with some degree of respect the venerable adage, "there is nothing new under the sun;" but we are now taught that there may be perfect novelty, even in the nineteenth century. "The age of miracles has ceased;" but that of wonders and phenomena, according to the same authority, still continues with us. The world has been existing up to a very recent period in a state of gross ignorance and suffering, from which it was reserved for Thomas Holloway, like a second saviour, to ransom it. There is no earthly reason why men should ever become ill, or suffer pain and die, or that the sickly and infirm should longer remain the victims of their maladies. Professor Holloway has discovered the true elixir vitæ, the veritable essence of life, which he kindly tempers down, and dispenses under the forms of pills and ointment, and vends to the public at the low prices of 1s. 1½d. to 3s. 0d. a pot or box. Henceforth life assurance companies may "shut up shop," and the medical faculty throw their "physic to the dogs." Hospitals may be converted into barracks and union work-houses, and the instruments of the surgeon into the implements of manual labour. Away, ye professors of specialties, ye aurists, oculists, and other *ists*! Like Othello, "your occupation's gone." Ye have all been labouring under delusions until Professor Holloway, a Psychological phenomenon, has started up, and modestly blows his own trumpet, to proclaim to an astonished world that there is "Health! for all!!" "Where?—where?" exclaim the sick, the halt, the blind. "At No. 244 Strand," replies the worthy and disinterested professor. "There, and *there only*, can you find the temple of health and long life. Keep a box of my pills in one breeches' pocket, and a pot of my ointment in the other, and use them both *liberally*—when you are *well*, to keep yourself so, and when you are *ill*, to drive away disease; and ALL I promise my patrons *must* follow as inevitable consequences." Kind, benevolent, philanthropic Thomas Holloway! Let us raise him a temple worthy of his generosity, his goodness, and his fame. Let us forget the Hanways, the Howards, and the Wellingtons; their day is past. The good city of Westminster contains, at this very moment, a man who tells the world he is "greater than they." The shrine of Hygeia must now remain neglected, and her "indulgent smiles" sought only through the new mediator with the blooming goddess. Happy folks, they, who have lived to see *this* day! We, poor wights, are *still alive*, and looking round us; but owing to some strange obtundity of vision or want of perspicacity on our part, we have



not been able to discover the realisation of the blessings promised by Professor Holloway; nor can we see them, even, "looming in the future." We can only perceive the speculator of Broad street, and his grease and globules.

In looking over Mr Holloway's pamphlets, we are compelled to agree with him that they exhibit "very plain language, and an avoidance of all terms that might not be clearly (mis)-understood by the most homely persons." He, however, occasionally displays the depth of his research in language and philology, and shows a strong disposition to increase the copiousness of his native tongue by the introduction of words and terms not hitherto in use. His writings, as a whole, form a species of "olla podrida," in the fullest sense of the words, consisting, as they do, of a small sprinkling of physiological facts through a vast mass of impudent assertions and illogical deductions, at once ridiculous and amusing from their absurdity. "The simplest mode of eradicating disease and subduing pain is the best!" So says the sapient, Thomas Holloway, and who will deny the statement? "The complication of medicine renders it uncertain, inefficacious, and perilous." Here is a proposition that is only correct with reference to a charlatan and pretender like himself. The old bait, of "the impurity of the blood," and the conclusion drawn, that "Holloway's pills and ointment are the only cure for *all diseases*," are, of course, the staple materials and groundwork of his system. "Blood is itself really alive, and is the life of the animal." "Health and life depend on the quantity, quality, and distribution of the blood." "By the process of life, the blood is constantly rendered impure, and depurative organs are provided, to remove from the blood the injurious matter so formed." "If these organs fail in their duty, the health is disturbed and life endangered." "This is the cause of all diseases." "*Every disease yields to the power of my medicines.*" Here is a gap not easily supplied. The "why and the wherefore" is not given to the reader. Mr Holloway's assurance is quite sufficient. "If you doubt the assertion, buy my medicines and try them for yourselves."

The whole of Mr Holloway's pamphlets are of a similar character. They form a kind of miniature pharmacopœia, whose materia medica contains only two articles—"my pills" and "my ointment." The one, we are positively assured, will cure EVERYTHING, and the other will cure STILL MORE; whilst by *swallowing* the one and *anointing the body* with the other, the effects are "IRRESISTIBLE." In fact, it is a sine qua non in Mr Holloway's treatment of all diseases, that they be both employed together. "When the OINTMENT is used as an *external* application, the PILLS are the only *internal* medicine that should be taken; and when the pills be taken, no other ointment than mine should or must be used." A double sale is thus insured. The purchaser of the pills must necessarily take a pot of ointment, and vice versa. This certainly looks like business tact on the part of Mr Holloway, well worthy of his trade or calling.

At page four of Mr Holloway's Pill Pamphlet, he assures us that his "inestimable specific is composed entirely of medicinal herbs, innoxious to the tenderest infant, or the weakest constitution, and equally prompt and sure in eradicating disease from the most robust frame; perfectly safe in its operations and effect, whilst it searches out and removes complaints of every character, and in every stage, of however long standing, or deeply rooted." This is a plagiary on the Messrs Morison. It is, in truth, the tale of every quack. We have already exposed the character of such assertions in a previous number, and we must here again express our disgust at such revolting impudence and falsehood. The pills sold by Mr Holloway consist principally of aloes, and occupy a position between the No. 1 and No. 2 Pills of the Morisons, described at page 25.\* The best

that can be said of them is, that they may be useful as an occasional purgative, and in such complaints only in which the administration of aloes is admissible. Their indiscriminate use in large doses must be productive of the most dangerous results; whilst in the majority of cases their effects would be of a negative character, or absolutely amount to—*nothing*.

*To be continued.*

the dose, the speedier the cure;" and, of course *the sooner a fresh box is required*. The pills are very irregular in size and weight, some are 2½-grain, others only 1½-grain pills.

#### THE LONDON AND PROVINCIAL MEDICAL DIRECTORY FOR 1853.

It is with much pleasure that we reprint the following testimony in favour of the last edition of the 'London and Provincial Medical Directory,' from our contemporary, the 'Medical Times and Gazette:'

"We are happy to welcome the eighth annual issue of the 'London and Provincial Medical Directory.' The present volume has been prepared with the greatest care, and several new features have been introduced, which are worthy of attention. We are happy to find, that in obedience to a general wish on the part of the Profession, no notice is taken of the publications or appointments of homœopaths, whose names, addresses, and titles, are however retained. We do not see how the latter could have very well been omitted; but there was certainly no occasion to append their appointments, and thus give publicity to institutions which we believe to be founded only on credulity and imposture. We only wonder that the homœopaths do not repudiate us, and thus save the trouble of inserting their names at all in any work professing to give a list of gentlemen practising the Medical Profession. The Obituary this year contains, among others, memoirs of the late Sir A. M. Downie, Sir Charles F. Forbes, Mr Dalrymple, Dr William Thomson, Dr John Taylor, Mr Vincent, Sir John Webb, Mr John Lawrence, Dr Mantell, and Dr Merriman."

#### NOTICE.

As the subscribers to the 'London and Provincial Medical Directory' have by this time received their copies, we trust that, in proof of the safe delivery of the work, they will immediately remit the cost, viz., 5s., together with the postage, which we announced at 6d., but, as it was found that to enable the work to be sent for that sum, it would be necessary greatly to lessen its contents, we determined (at a great additional cost to ourselves in printing and paper) to leave the extra postage in the hands of our subscribers, few of whom, we presume, will grudge 6s. for the volume.—Post-office Orders to be drawn in favour of Thomas Rolfe, at 4 Adam street, Adelphi, payable at Charing cross.

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*\*\* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.*

\* These pills consist of aloes, four parts; jalap, ginger, and myrrh, of each two parts, made into a mass with mucilage and divided into 2½ grain pills, of which about four dozen are put into each 1s. 1½d. box. The dose, as given by Mr Holloway, is five to ten or more pills, once or twice a day. As with all other quack medicines, we are told, that "the larger



## BIOGRAPHICAL NOTICES.

## JAMES GEORGE DAVEY, M.D.

This gentleman commenced his medical career in 1827, when he became an apprentice to William Joberns, Esq., then of Ryde (Isle of Wight), and doing a large and lucrative practice. In 1831 he became a student of Bartholomew's Hospital, then and there the palmy days of Mr Lawrence. Dr Davey passed the Apothecaries' Hall in Oct. 1833, and in the following February accepted the appointment of medical officer of a merchant-vessel, in which he visited various parts of our East Indian possessions, and made an extended visit to many of the ports of China. At Canton he participated with the late Lord Napier in the general incivilities of the Chinese towards British subjects there resident. On returning to England, in 1835, he became a Member of the College of Surgeons, and not long after commenced practice at Portsmouth, his native town, where he purchased a share of a general practice, which, though long established, had become, from various causes, sadly impoverished. About this time Dr Davey contributed to the medical press several practical papers or essays on 'Tropical Disorders,' and 'Intermittent Fever,' 'Dysentery,' &c. With regard to the first-named, he discountenanced the idea of bleeding on the accession of the cold stage; and as to the second, he strongly advised, in the acute forms of the disorder, the FREE use of opium, with ipecuan and grey powder, with the MILDEST laxatives, &c., in preference to the antiphlogistic plan so much practised in India, and at that time strongly advised by the late William Twining, of Calcutta, to whose kind attention Dr Davey acknowledges himself much indebted, when staying at the "City of Palaces." He has also reported in the 'Lancet' of the same period various cases of interest, viz., one of Hydrophobia (in which it is suggested to open the trachea to relieve impending asphyxia from spasmodic closure of the glottis), of congenital absence of the eyes, and one of medullary sarcoma affecting the superior maxilla and parts adjacent. As one of the Poor-law Medical Officers, he was involved, at Portsmouth, in some of his first medical difficulties. As a commercial speculation, his partnership most fearfully failed him, and he was induced to bend his steps to the metropolis. In December, 1840, we find him appointed one of the Assistant Medical Officers at Hanwell Asylum, under Dr Conolly, and in this position he remained till 1844. In 1842 he became a Licentiate of the Royal College of Physicians of London. In July, 1844, he accepted an offer from Lord Stanley, then Secretary-of-State of the colonies, to proceed to Ceylon to look after the interests of the insane there, and to advise and superintend the erection and government of an Asylum, which should herald the non-restraint system of treatment to the Anglo-Indian. Dr Davey's experience at Hanwell of necessity fitted him for this peculiar mission, in which he achieved a great triumph—liberally and handsomely acknowledged by the local government of that interesting Colony. Such were the effects of free trade and rebellion on the finances of Ceylon that the civil medical service of the colony became literally stultified. Dr Davey was offered, and accepted, compensation, and in 1850 we find him again in England. His residence in Ceylon was, however, attended with other benefits than that mentioned. He there founded the Colomba General Dispensary, designed for the gratuitous medical and surgical relief of the native poor; the first medical charity which ever found either sympathy or support at Ceylon: to this he gave his unfailing and best attention. Constant occupation has, we learn, alone prevented Dr Davey from giving to the medical world some of the fruits of his large and general experience at Ceylon; more particularly in fevers, dysentery, (acute and chronic), and in affections of the eye and genitals—both of which latter are of every-day occurrence to the medical practitioner at Ceylon, or on the contiguous coast. Cataract is so common to the dark population in and about Colomba, that the extraction of the lens, Dr Davey tells us,

became a little pastime with him; and, as for scrotal enlargements and hydrocele, he was never without the care of several.

It may be considered worthy of notice to those of our readers engaged in ophthalmic surgery, and who prefer *not* to use the *left* hand, that, contrary to the usual practice, Dr Davey makes the flap of the cornea of the right eye by cutting downward, standing behind the patient, and using the *right* hand. We have seen lately a female, an inmate of the Colney Hatch Asylum, on whom he has operated, and with the best success. A case of acute inflammatory œdema of the scrotum is recorded by Dr Davey, occurring after the evacuation of the fluid in a case of hydrocele of an enormous size, and reaching far below the knees, and of proportionate circumference, which he treated by free incisions, and deep punctures (oft repeated) of four or six inches into the scrotal mass. The successful termination and even cure of the case he attributes to the local detraction of blood thus caused. There is, we believe, but one other similar case on record, and this is contained in a number of the 'Lancet' for 1850 or 51. It terminated, not in a restoration of the part affected, but in a gangrene of the enlarged scrotum. As an injection for hydrocele Dr Davey has employed with great success in a large number of cases a solution of zinc sulph., in the proportion of two grains to an ounce of water; and of this he has been in the habit of injecting about two ounces, by means of a common syringe, through the canula left within the tunica vaginalis, the trocar having been withdrawn, and then, by grasping the scrotum externally, he causes the astringent to be brought into contact with every portion of the serous sac, so as to produce the necessary adhesive inflammation. This plan has succeeded even after the failure of other means, as the injection of tr. iod. dil. port wine, &c., in the more ordinary way.

When at Ceylon, Dr Davey met with a case of uterine hydatids, the sequence of an early miscarriage. The peculiarity and urgency of the symptoms which accompanied this morbid and internal growth, and their certain dependence on it, induced him to attempt their removal by an artificial dilatation of the os uteri. This led to much uterine contraction, and the hydatid mass was, after some thirty-five or forty hours, duly expelled. The symptoms of impending dissolution were not only arrested, but the lady ultimately recovered her usual health. The particulars of this interesting fact are published in 'Braithwaite's Retrospect of Medicine' for January, 1850. This case is not less extraordinary than the treatment adopted for it was bold, and, under the circumstances, purely original.

A few months after Dr Davey's arrival in England, he was appointed to the New County Asylum at Colney Hatch—the sister Asylum to Hanwell. This large establishment has been opened for the reception of patients scarcely two years, but it numbers within its walls so many as 1,200 insane. Dr Davey is the author of many essays, &c., on subjects connected with psychology and mental disorders, and of these may be enumerated the following, viz.:—1st. On the Psychological Peculiarities of the Dark Races of Man. 2nd. On Crine, its Nature, Causes, and Remedies, psychologically treated. 3rd. Contributions to Mental Pathology. 4th. The Past and Present State of the Insane at Ceylon. 5th. An Analysis of the Law of Lunacy. 6th. The Pathology of Insanity, &c. It is unnecessary for us to allude at any length to the peculiar opinions of Dr Davey as elicited at the Inquisition on Mrs Cumming, since they must be sufficiently known to our professional brethren.

In his report of the Colney Hatch Asylum, which lies before us, we perceive that Dr Davey urges the atonic character of insanity, and its treatment generally, by tonics and good food. We believe Dr Davey was the first physician to give any real *individuality* to the above doctrine; and no writer so much as himself has taught and insisted on the general integrity of the intellectual powers among the insane, and that madness indicates rather an altered and depraved condition of the emotions or affections—the passions or propensities. This opinion has an all-important bearing on legal medicine.



The "Physiology and Pathology of the Ganglionic Nervous System" is treated by Dr Davey in a series of papers which appeared in the 'Lancet' of last year.

He is a warm supporter of the doctrines of Gall and Spurzheim, and, it may be added, the only writer on psychological medicine, besides the late Dr Andrew Combe and Dr A. F. Brown, whose pathological views are made to rest on the physiology of the brain, as first taught by Dr Gall himself.

GEO. BURT, ESQ.

STEPHEN J. BURT, ESQ.

J. MOULDEN BURTON, ESQ.

RD. FRANCIS BURTON, ESQ.

(Vide 'London Medical Directory,' 1853.)

JOHN BUSH, ESQ.

Mr Bush was apprenticed at Cheltenham, to Mr Minster, one of the surgeons to the dispensary. He afterwards studied in London at the Borough Hospitals, and at Mr Grainger's Anatomical School. He became a Licentiate of the Hall in 1826, and a Member of the College of Surgeons in 1828, and after several years' practice in the country, in 1843 he came to reside at the Clapham Retreat Asylum (as proprietor), since which time he has confined his practice to the treatment of the insane and mental diseases.

THOS. BUSHELL, ESQ.

GEO. BUSK, ESQ.

Mr Busk is well known as surgeon to the Seaman's Hospital, and for his scientific pursuits. The opportunity of studying disease in all its forms, and among natives of every clime, presented in the wards of the Dreadnought, could not fail to be turned to account by a mind of the inquiring order possessed by Mr Busk; and he has availed himself of the advantages of his appointment with much credit.

Mr Busk became a member of the College of Surgeons of England in the year 1829, and was made an Honorary Fellow when the new charter was granted in 1843. He is a Fellow of the Royal Society and of the Linnean Society, and resides at 2 Gloucester place, Greenwich.

WM. BUSS, ESQ.

ALFD. BUTLER, ESQ.

JAS. BUTLER, ESQ.

WM. BUTLER, ESQ.

ARTHUR MICHAEL BUTTON, ESQ.

HORACE HENRY BUTTON, ESQ.

JOSEPH HOLMES BUXTON, ESQ.

WM. JONATHAN BYAM, ESQ.

(Vide 'London Medical Directory,' 1853.)

SAMUEL BYLES, ESQ.

This gentleman is one of those medical practitioners who have aided in the cause of sanitary reform. Holding the appointment of Senior Medical Officer of the Whitechapel Union, he has necessarily become intimately acquainted with the evils which undermine the health and destroy the comforts of the humbler classes, and he has called public attention to the subject on various occasions. There can be no doubt that the great cause of preventive medicine has received more aid from the hard-working body of medical practitioners than from any other class in the profession—probably because it comes more directly under the department of applied or practical science, than abstract or experimental.

Dr Byles became a Licentiate of the Hall in 1821, and a Member of the College in 1843. He holds the office of surgeon to Bancroft's and the French hospitals. His residence is 7 Philadelphia place, Hackney road.

H. T. L. BYNE, ESQ.

THOS. CAHILL, ESQ.

GEO. CALANDER, ESQ.

SIMON CALDCLEUGH, ESQ.

(Vide 'London Medical Directory,' 1853.)

HENRY SWAN CALDWELL, M.D.

Dr Caldwell has been known for many years as a physician in Camberwell, and, in that capacity, doing a respectable local practice. He was formerly for five years physician to the City Dispensary. He is much esteemed, and is a safe practitioner.

Dr Caldwell graduated at Paris, taking the degree of M.D. in 1827, and in 1846 he took the same degree from Glasgow. He resides at 6 North Addington place, Camberwell.

THOS. CALLAWAY, ESQ.

This gentleman is the son of the popular borough surgeon of the same name, and bids fair to inherit his father's repute. Mr Calloway is possessed of abilities, such as will eventually bring him credit in his profession. He is the author of the Jacksonian prize essay for 1846, upon 'Injuries of the Shoulder-Joint.' He became a Member of the College in 1844, and a Fellow by examination in 1847. The appointments held by Mr Calloway are those of Demonstrator of Anatomy at St George's Hospital; Surgeon to the Asylum for Idiots; and Surgeon to the London Assurance Corporation. He is also a member of several scientific societies, viz., the Pathological, Hunterian, the Medico-Chirurgical, and Guy's Physical Societies. He resides at 7 Wellington street, London bridge.

## REVIEWS.

*What to Observe at the Bedside, and after Death, in Medical Cases.* Published under the Authority of the London Medical Society of Observation.

When we say that this little work contains 648 paragraphs, and that each paragraph on an average indicates about a dozen points to be observed, either at the bedside or after death, and of course duly recorded, it is manifest that the book is intended rather for study than for a bedside companion, as its title would seem to import. Even one case faithfully examined and reported upon this plan would constitute a treatise; and if the symptoms would last long enough, and the tissues did not decompose, would form a subject for study stretching over several years. Much thought and labour have evidently been spent upon this little volume, an attentive study of which will tend to methodise information, and enable the practitioner to proceed in the examination of a case in an orderly and systematic manner. He must not, however, aim at too much.

*A Lecture on the Working of the "Medical Charities Act."*  
By ANDREW ELLIS.

Mr Ellis has done the profession in Ireland good service, by collecting information on this subject, and publishing the results for the edification of the profession and the public. It is obvious to us that the "Medical Charities Act" has not worked so beneficially for the profession in the sister country as was anticipated. The following are the evils especially pointed out by Mr Ellis.

"First, the arbitrary and unconstitutional powers given by the Act to the commissioners to 'define the qualifications



of the medical officer,' and to dismiss him on what they (an irresponsible body) might, in the infinity of their wisdom, consider 'sufficient grounds,' appear to me to be so much at variance with the liberal policy inculcated and acted upon at the present time, that I think the authors of the Bill must not have contemplated the usurpation and despotism involved in their own legislation; and yet, judging from the enslaving rules and regulations prescribed by the commissioners for the medical officers, there is reason to believe that they are not at all unwilling to maintain in full force the plenitude of their authority!

"Secondly, in consequence of the length of time which elapsed after the passing of the Act, but before the dispensary districts were defined, and the managing committees appointed, the medical officers lost several months' salary.

Thirdly, the dispensary districts are entirely too large, whilst the salaries of the medical officers are unjustly and offensively small.

"Fourthly, the frequent returns required by the commissioners as regards patients, medicines, and medical appliances, are truly ridiculous.

"Fifthly, the complicated system of book-keeping is most vexatious, and the requiring of the medical officer to attend in cases of midwifery, to vaccinate every person who may be brought to him for that purpose, to certify for dangerous lunatics, attend the inmates of bridewells and houses of correction, and keep an account of the medicines used in these institutions, without any remuneration whatever for such extra-duties, is an intolerable piece of injustice which ought not to be borne with any longer!"

This act shall receive more of our attention at a future time, when we will recur to the further information contained in Mr Ellis's timely pamphlet.

#### *Researches into the Structure of the Spinal Chord.* By J. LOCKHART CLARKE, Esq.

This brochure is a reprint of a paper published in the "Philosophical Transactions." The following is a summary of the principal facts described:—

"That the posterior grey substance, at the lower extremity and in the dorsal region of the spinal chord, consists only of a single mass; and that the *substantia gelatinosa* there extends uninterruptedly across from one side to the other.

"That the nerve-fibres of the grey substance, including those of the *substantia gelatinosa*, are not grey fibres bearing nuclei, like those of the sympathetic, but fine tubules.

"That two considerable columns of caudate vesicles (which I have named the *posterior vesicular columns*), in intimate connexion with the posterior roots of the nerves, extend through the whole length of the chord; commencing small at its lower extremity, increasing in size in the lumbar and cervical enlargements, and terminating at the upper part of the medulla oblongata.

"That the number of caudate vesicles, particularly in the anterior grey substance, is in direct proportion to the size of the nerves.

"That the column of vesicles into which, in the cervical region, the spinal-accessory nerve may be traced, extends down the chord as far as the lumbar enlargement.

"That a considerable branch of the spinal-accessory nerve, after entering the grey substance through the lateral column, may be easily traced to the caudate vesicles of the anterior cornu.

"That the spinal accessory is the only nerve immediately attached to the lateral column.

"That the posterior roots of the spinal nerves are immediately attached to the posterior white columns only, and the anterior roots to the anterior column only; but,

"That fibres from both these roots, after traversing certain portions of the grey substance, pass out again into the white columns.

"That neither the anterior nor posterior white columns are connected by a transverse commissure.

"That the central portion of the grey substance imme-

diately surrounding the spinal canal is not a commissural structure, but a layer of fine fibrous tissue for supporting the walls of the canal, which is lined with a layer of columnar epithelium."

These observations are highly interesting, and deserve the attentive consideration of physiologists.

#### BOOKS RECEIVED FOR REVIEW.

A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages, &c. By Jas. Henry Bennet, M.D. London: John Churchill.

A Treatise on Operative Ophthalmic Surgery. By H. Haynes Walton, F.R.C.S. Eng. London: John Churchill.

#### MEDICAL NOTES AND QUERIES.

##### QUERY.

*Tænia Solium.*—Can any of your readers explain to me the meaning of solium in the above connexion. It is said in books to be from *solus* alone; but I cannot see how it can be derived from that word,—if the adjective, it would evidently be *tænia sola*.  
A TYRO.

January 18, 1853.

#### MEDICAL SOCIETIES.

##### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MR HODGSON, F.R.S., PRESIDENT, IN THE CHAIR.

##### THE PARTICULARS OF TWO CASES OF POPLITEAL ANEURISM TREATED BY COMPRESSION, WITH SOME GENERAL OBSERVATIONS ON THAT PLAN OF TREATMENT.

By BENJAMIN PHILLIPS, F.R.S., Surgeon to the Westminster Hospital.

The author's objects in laying this paper before the Society were to obtain a permanent record of perhaps a unique case—one of popliteal aneurism on each side in a female,—and to obtain a deliberate consideration by the Society of the treatment of aneurism by compression. As a proof of the necessity for further deliberation on this subject, he referred to the different estimate of the general applicability of the remedy in Dublin, London, and Edinburgh. The author alluded to the want of some tribunal before which important questions should be brought and discussed, as is done in the Academy of Medicine at Paris, where a subject such as the present would be referred to a Committee to report upon, and a discussion would take place on the report.

Of the two cases recorded, one was successful, but presents nothing for especial observation; the other was a case of popliteal aneurism on each side in a woman. Compression was employed unsuccessfully, and the patient at length died.

Mr Phillips, after commenting on the different effects noticed at the Reading Hospital, and under his own treatment, adverted to the fact, that authorities were still found in opposition to the treatment of aneurism by compression. It must, however, be judged of by its results; and if it be shown that more cases were cured by it than by ligature, it would ultimately be preferred. Mr Syme's statement, that he had tied the femoral twenty times without bad results, did not agree with the experience of this operation in the hands of others; and it appeared, by reference to cases, that the failures amounted to between one-third and one-fourth of the whole. The treatment by compression was far more favourable, its failures not exceeding one-fifth of the whole; and even when it failed, the patient's life might



be saved. The question, whether there were any objections to this mode of treatment so serious as to make the surgeon hesitate to employ it, was answered by the author in the negative; and he objected to Mr Syme's description of the time employed and the pain to be endured under it, as not a fair statement of the case. He admitted that cases had occurred where great suffering had attended the treatment by compression, but he conceived that this was unnecessary, and not the common result. It originated in a mistaken notion, that it was necessary to stop the current of blood entirely in order to effect a cure. Mr Todd did not think excessive pressure necessary; but those who followed him for some time acted on the opinion that what the ligature does, must be done by compression. But it had been proved that an aneurism might be cured, although the whole supply of blood be not completely cut off, even when the ligature has been used. The author maintained, then, that the surgeon was justified in adjusting the pressure to the enduring powers of the patient, rather than to the almost complete extinction of pulsation in the sac, provided the pressure be sufficient to produce a decided diminution in the force of the pulsation. As to the most eligible point for applying the pressure, he thought it should be where it can be best borne, and where it occasioned the smallest amount of inconvenience; and he did not think it of consequence that the pressure should be applied above the profunda. It was important, however, that the return of blood by the veins should be as little as possible interfered with, and for this reason he believed that the immediate neighbourhood of Poupart's ligament was the most desirable situation, while, at the same time, a smaller amount of pressure was necessary at that point. The author maintained that the pressure should be applied gradually, and not suddenly, so as to admit of the enlargement of the collateral vessels; and he thought it is clearly established, that continuous pressure was not absolutely necessary. The author concluded by saying, that he was justified in asserting, that pressure should be applied at points where it can be best borne, provided it be not too far removed from the sac; that, if possible, it should be so applied as not to prevent the return of venous blood; that it should be strong enough to produce a sensible influence on the strength of the pulsation in the tumour; and that it may be intermitted to a sufficient extent to make the treatment tolerable to the patient.

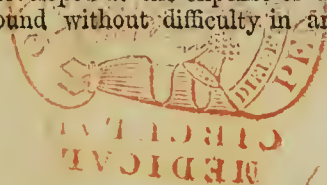
The President believed that the manner in which the treatment especially advocated by the Dublin surgeons proved successful was very much misunderstood. The arterial channel was not obliterated at the point of pressure, nor was it wished to be so; there were cases indeed in which the artery became closed below the seat of pressure by the extension upwards of the selfsame process by which the aneurismal sac became itself obliterated, but this was by no means invariably the case. In not a few instances the aneurism was filled by the deposition of coagulum, but the artery itself remained completely pervious, and this although the opening into the sac was wide and extensive. He was not acquainted with a single instance in which the artery became obliterated at the point of pressure, and thence downwards to the aneurism, as happened after the application of a ligature. He was inclined to believe that the amount of pressure required for the absolute obliteration of an artery was greatly under-estimated. Many years ago he instituted some experiments on horses, with a view of satisfying himself on the subject, and he found that an enormous amount of force was required to produce the obliteration of an artery in those animals, even when the vessel occupied comparatively a superficial situation. Respecting the mode in which pressure effected a diminution of an arterial canal, he would remark, that it was not, in his opinion, dependent on mere mechanical force; the principal and most efficient auxiliary being, he believed, the muscular coat of the artery itself. It had been shown by histologists, that as arteries decrease in size, they acquire a muscular coat which was developed at the expense of the elastic tunic, and might be found without difficulty in arteries of the third magnitude,

such as the radial and anterior tibial. By virtue of this muscularity, small arteries were enabled to close themselves completely when cut across, as happened in amputations; and he considered that the pressure exercised on the artery excited to action this contractile tunic, and thus the canal of the artery became diminished, even to some distance below the point at which the pressure was applied. Moderate pressure, discontinued, if necessary, from time to time, and again resumed, was, he thought, far more suitable than any other, the object being not to cut off the supply of blood altogether, but only to lessen the area of the stream, and so enable coagulation to take place within the aneurism. Among the many evils which resulted from powerful pressure, he might mention inflammation of the veins and secondary phlebitis, as the veins, from their greater delicacy of structure, were unable to support, without injury, an amount of pressure which might be inflicted on the arteries with impunity. Mr Fergusson stated that personally he fully approved of the practice, and quite agreed with the Dublin surgeons in their estimate of its value. About forty-five cases were now on record, and he believed only two of these had terminated fatally; while, out of 100 cases in which a ligature had been applied to less important arteries, sixteen had died. The advantages of the proceeding in aneurism of the lower extremity were clear and decisive, and could not be disputed; but whether it would be equally serviceable when applied to other parts was very doubtful, and perhaps not to be expected. A peculiar feature in Dr. Monroe's\* case was the application of pressure by the hand. This method appeared to him far better than any other, and should, he thought, be always employed when practicable. Surgeons were disposed to despair of success by compression too quickly, and to abandon the plan before a fair trial of it had been made; thus many cases had been set down as failures, in which the treatment might, in all probability, have succeeded, had it been properly persevered with. He had seen a case in which the sac continued to pulsate after intermittent pressure had been applied to the artery for six weeks, which nevertheless became subsequently filled with coagulum, and cured by persistence in the plan. He could not agree, however, with the President, that the results of compression were attributable to contraction of the muscular coat; in his opinion, they were rather to be ascribed to the quiescent state in which the vessel was placed, and to the slow and diminished current of blood that traversed its channel—conditions very necessary for the cure of aneurism. In Dr. Monroe's specimen, he had noticed that the artery, from the superficial femoral down to the sac, was not lessened in calibre, showing, he thought, that the effects were produced entirely by the pressure. It was neither necessary nor desirable completely to cut off the supply of blood; and it had been conclusively demonstrated by Mr Wardrop, (to whom the Profession were indebted for much valuable information on the subject), that the supply of blood was not completely cut off, even by the application of a ligature, a certain quantity finding its way into the arterial channel by inosculating branches, and thus affording material for the formation of coagulum, and the deposition of fibrine, by which the sac became ultimately obliterated.

The President thought the completely pervious condition of the artery, in Dr. Monroe's case, was a proof of the doctrine he had advanced; for, if the artery had been narrowed by any other influence except the contractility of its own muscular wall, inflammation would have been produced at the seat of pressure, which would either have caused complete obliteration of the arterial canal, or else have left evidences of its existence. The discovery that complete obstruction to the passage of blood through an aneurismal sac was not effected by deligation to the artery above, nor at all desirable, if it could be effected,—a discovery justly esteemed by Mr Fergusson of the highest value,—was not due to Mr Wardrop, but to John Hunter.

Mr Curling has seen two cases of popliteal aneurism, in which the treatment by compression of the femoral artery

\* We are unable to give the particulars of this case.





had been successful. He thought, however, great care was requisite in its application, for he had seen excoriations and sloughing readily produced by pressure by no means excessive. It had been stated that it was impossible completely to obliterate the canal of an artery by external pressure, but he had seen two cases in which secondary hæmorrhage took place after amputation, evidently in each instance from a large artery, which was completely controlled by the application of firm pressure on the upper part of the thigh; and he had seen an instance in which similar treatment was equally efficacious in preventing hæmorrhage from a divided vessel of large size in the arm; and these circumstances induced him to suspend his assent to the opinion that it was impossible to cut off entirely the flow of blood into an artery by pressure.

Mr Phillips remarked, that he brought the subject before the Society a second time, because he considered the manner in which pressure was at present employed wanted modification and improvement. It had been undoubtedly successful in a number of cases, and was certainly superior to the ligature in many respects. There were, however, objections to its use, foremost among which was the pain frequently occasioned by it. He believed this might be mitigated, and, in many instances, completely abolished, by adopting less severe pressure. It had been shown that severe pressure was not only not essential, but inferior in point of success to moderate pressure; there was, consequently, neither excuse nor necessity for applying it. He had laid it down as a principle in his paper, that moderate, long-continued pressure, intermitted from time to time, if requisite, would generally prove successful. It was well known there were some cases which could neither be cured by ligature nor compression, and one of those recorded by him afforded an instance of this kind. In the case to which he alluded, the artery gave way in its front wall immediately behind the knee-joint, so that pus and sanious fluid were found within the articulation. Now, it was stated by the Dublin authorities, that whenever the popliteal artery gave way in this situation, an invariably fatal result followed: and if such were really the case, then the instance to which he referred could not be taken as any evidence against the treatment by pressure, since whatever measures had been adopted must have been equally futile. He had come to the conclusion, that pressure, rightly adjusted and well managed, might be tolerated by almost every patient affected with popliteal aneurism with very slight inconvenience; and as the system was thus divested of many of the objections urged against it, he trusted it would be universally employed in cases suited for its application.

The Society adjourned at the usual hour.

We observe that Mr I. B. Brown has published a letter in the 'Medical Times and Gazette' to remove certain misapprehensions relating to the operation for Ruptured Perineum reported in our last number. In disavowing his supposed claim to priority, he says—

"In my pamphlet, published last year, I distinctly mentioned the names of other surgeons who had successfully performed this operation, and to whom I was indebted for different points of the operation and after-treatment; and in my clinical lectures at St Mary's Hospital, I have more fully dwelt on this subject. Allow me again to repeat the names of Copeland, Cooper, Arnot, Holt, Lane, Brooke, Fergusson, and others of my own countrymen; and among the foreign surgeons, Dieffenbach, Zung, and Chelius, in Germany; Ambrose, Paré, Mauriceau, Saucerotte, Lamotte, Montain, Roux, Nelpeau, &c. &c. in France. All that I intended to claim was, the adaptation of their plans to a perfect whole, and to insist on the necessity of division of the sphincter and the surrounding tissues on both sides of the os coccygis, and also on a careful attention to the minute details of the operation, as well as to the after-treatment; and I desired to show, by twelve successful cases, without one failure, that this serious lesion admitted of reparation more readily than is admitted by most obstetric writers, and therefore that the relation of my cases was worthy the attention of my professional brethren."

## MEDICAL LIFE IN LONDON.

### HALF-HOURS IN THE MUSEUMS.

"Our greatest museum in London was founded by an Irishman, Sir Hans Sloane; the great College of Surgeons' collection by a Scotchman, John Hunter; while at the College of Physicians, poor Harvey was nine years illustrating his doctrine of the circulation, with preparations, all in vain. 'He fell mightily in practice,' we are told; and in London it was believed 'that he was crack-brained, and all the physicians were against him.' His 'therapeutique way' was not admired, and he was left on the highroad to starvation but for King Charles. These facts, at least, should make us a little modest. It is good for us occasionally to think over the lives of such men. Hunter dying in debt, and his magnificent collection going begging, refused by the College of Physicians, and grudgingly received into its present situation. Sir Hans Sloane giving away thirty years' income as charity, but he himself now half forgotten.

"Sir Hans Sloane was born, according to some documents in the library of his splendid collection at the British Museum, in the County Down, Ireland, at a place called Killcagh, April 16, 1660. He stated in his will that the collection he was bequeathing the nation was richly worth 80,000*l.*; it contained 200 volumes of dried plants in the form of a *hortus siccus*, 30,000 mineral and other specimens of great interest in natural history, with a library of 50,000 volumes, and 3,566 very rare manuscripts. There are two pictures of this great and talented Irishman in the museum. One would like to see them more generally known. It appears from the little written of Sir Hans Sloane that it was in Ulster, in Ireland, he first imbibed that love of scientific pursuits that have since rendered his name, and we fear only his name, illustrious: in France and Ireland, in fact, was laid the foundation of his great museum. Like Hunter, Mozart, Goldsmith, Haydn, Johnson, and a legion of other great men, we find Sloane in early years struggling a good deal with adversity. Before he was of age he had several severe attacks of hæmoptysis, which threatened him with an early grave, like Laennec, Bichât, and others; death, however, spared him till he had done his work. Stahl, Ray, and another great countryman, Robert Boyle, were then in the ascendant, all of whom were known to Sloane, and helped to form his mind. And yet who thinks, amid the winged bulls from Nineveh, and the magnificent collection crowded at present in the huge building of the British Museum, of Sir Hans Sloane or Boyle. We think of Watt whenever we see a steam-engine, because with one happy thought he has made it the last wonder of the world in a utilitarian point of view: the great workers in the mine of abstract science and philosophy, we disregard. In 1683, young Sloane set off for France, and there seems to have been delighted with the botanical collections and lectures of Tournefort, and spent a year collecting plants for the museum. We find him next going out to the West Indies, a young man, under 30, physician to the Duke of Albemarle, and in spite of many crosses and disappointments, still further adding to his specimens 800 species of rare and valuable tropical plants. These two collections form the first nucleus of the British Museum. It seems all this time he never forgot his native country, Ireland, and we should in all probability have those specimens now in Trinity College, Dublin, and the British Museum (which would be a great blessing) quite a different institution, but that Sloane got married to a very rich wife and settled permanently in London. In 1693, he became Secretary of the Royal Society, and in 1727 was appointed physician to the King, and succeeded the great Newton as president of the Royal Society. George I made him a Baronet, and he died, at the age of 93, in 1753.

Of the life of the great founder of the Hunterian Museum we need say nothing; the facts of the eventful biography of Hunter are among the household words of the profession. He, too, was looked upon as an innovator like Harvey, and fought his way to his position among the



greatest men that ever lived. Hunter or Harvey have no monuments in brass or marble in London; but they want none, their memories and great acts are enshrined in every good man's soul without the empty nonsense of colleges. Our American and other friends, walking through the galleries of the museum, should recollect that it was Sir J. Banks and Lord Auckland rescued it from destruction; that poor Hunter's worldly chattels were all sold for debt—for debts incurred in putting the museum together; that the College of Physicians refused the museum as a gift, and that under certain favour it was offered a domicile by the College of Surgeons, whose income, from getting the hard-earned work of Hunter's life, was doubled after a little, so that in 1833 it was said to be over 10,000*l.* a-year, and 66,000*l.* in hand; the Government gave 30,000*l.* to build the museum, and 15,000*l.* for the preparations. With all this money, or a tithe of it, in Dublin, with another Sir Hans Sloane, Macartney, or Carmichael, what miracles might not Ireland perform. Poor Hunter's life seems to have been one battle. He set out early under the guidance of his brother, with whom he soon fell out; in 1753 he goes to Oxford, laughs at Latin and Greek, and a little after we find him battling with the Monros and his brother. His next encounter was with Pott—a sort of Syme of those days, that every one thought it correct to have a tilt with. Our intention, however, at present is to say something of the museum, and wish peace to the troubled shade of its great founder.—('Dublin Medical Press.')

## OUR NOTE BOOK.

### EXTRACTION OF A HAIR-PIN FROM THE BLADDER OF A FEMALE.

On the 1st of April, 1852, M. Fantozzi was called on to see a woman, aged twenty, who, for the last four months, complained of frequent desire to pass water, and severe pain especially accompanying the last drops of urine. The urine was turbid, depositing a sediment, and sometimes bloody. After some denials, she confessed that one night, while turning in bed, she felt a body, which she thought was a pin, which had fallen from her hair, penetrate into her urethra. This avowal rendered the nature of the accident apparent. After some trials with a sound, the presence of a foreign body in the bladder was demonstrated, which, in tilting against the catheter, gave the sensation of a metal. M. Fantozzi tried, but without much hope of success, to extract it by means of a small pair of polypus forceps. These attempts only increased her sufferings. He then had recourse to the instrument invented by M. Belluomini, and the description of which we have formerly published ('Gazette Médicale,' 1851, page 569), under the name of "Cysticampulque." On the 12th of April, having allowed the urine to accumulate so as to distend the bladder, he introduced the instrument, but was unable to meet with the foreign body. On the morrow he renewed his trials, and succeeded in seizing the pin. He then so applied the force as to double the pin into the end of the canula, and to conceal it within it, and extracted it without pain or danger to the patient. Although it had remained four months in the bladder, it retained its original flexibility. The calcareous incrustations were deficient in several points, and where present, were very thin. Probably these concretions were disintegrated as fast as they were deposited. There ensued after this operation merely a slight irritation of the canal, owing to the reiterated introduction of instruments. No fever or any other accident disturbed the usual course of recovery.—'Gazetta Medica Toscana in Gazette Médicale de Paris.'

### FIVE CASES OF PERSONS STRUCK BY LIGHTNING.

In five men who suffered from this accident, M. Minourid observed burns presenting black eschars, with destruction

of the epidermis, rete mucosum, and of a part or the entire thickness of the dermis, covered with a dark-coloured phlyctenæ, surrounded by an erythematous redness; the eschars were large, irregular, ill circumscribed, oval, or round, separated from each other by spaces of inflamed skin; no part of the body escaped, but they were particularly well marked on the outside of the lower extremities. It is remarkable that nowhere did the burn extend deeper than the dermis (the burn of the fourth degree of Dupuytren). Would it appear, then, that the subcutaneous cellular tissue is a non-conductor of electricity? Of ordinary burns, those which most resemble the effects of lightning are caused by gunpowder explosions; but the latter differ essentially, by bearing the marks of the grains of powder in the skin. In one of these men who died instantly, the writer observed that, though it was then the month of December, and the body had been left during the night merely covered with a cloth, and exposed to the air, yet after a period of thirteen hours, it was yet warm.—'Annali Universali di Medicina.'

ON THE EFFECT OF PROLONGED HORIZONTAL POSTURE IN THE PRODUCTION OF THE GREAT MORTALITY IN FOUNDLING HOSPITALS. By M. Hervieux.—M. Hervieux observes, that persons visiting the *crèche* of the Paris Foundling Hospital, admire the exquisite cleanliness, free ventilation, and mild temperature of that vast apartment. Still, of about 4,000 infants annually admitted, about 3,000, i. e. 75 per cent., die; and to explain this fearful mortality, the impoverishment of the blood of these victims of debauchery and poverty, their over-crowding, and the insufficiency of their nursing, have been referred to. All these have something to do with the result; but a chief cause of its production, hitherto overlooked, is the too prolonged maintenance of the horizontal posture. Each child is taken up, fed, and changed four times daily, and again at night when it cries. Suppose this operation is performed six times on an average, as it only occupies about twenty minutes, the infant is lying on its back for twenty-two out of the twenty-four hours, quite unable at this age to change its position. Motion and exercise are essential to the well-being of the infant, and its proper place is its nurse's bosom, the warmth of which is imparted to it. The children of the *crèche* die, in fact, of cold and hunger. Owing to the continuance of the horizontal posture, the temperature of the body becomes lowered, the limbs chilled, the circulation languid, and the respiration embarrassed. All the principal functions languish, the skin becomes indurated, and visceral congestions take place. Some of the children perish from sclerema, some from the so-called pneumonias, which are only sanguineous stases, and others from various serous effusions or hæmorrhages. The definitive cause of all these disordered conditions is cold, not cold engendered by the diminished temperature of the surrounding medium, but cold resulting from their prolonged immovability. We have also to inquire whether feeding infants four, six, or even eight times a day is sufficient. Books tell us that they should only be suckled at regular intervals, every three or four, or sometimes two hours; but any one practically acquainted with the rearing of young infants, must see the fallacy of this. In fact, they suck some thirty or forty times a day, absorbing, according to the calculations of Guillot and Lampriere, from three to four pints of milk. This suits them admirably, for in the first two or three years they have to acquire one-half the height and weight they will gain during the rest of their lives; and the limiting them to the periods and quantities suitable for older subjects is unphysiological and mischievous. It has been said that this so-called excess of food gives rise to the gastro-enteric affections, so frequently met with at this period of life; but, in fact, such diseases are not met with in private practice, either in the infants of the rich or of the poor, who are often so inordinately suckled, while the body of every child brought from the hospital exhibits more or less intense signs of acute or chronic gastro-enteritis. The practice of bringing up the children by hand has been assigned as a cause of the great mortality: but nothing similar to it is found among the children so brought up in the worst parts



of Paris, where they, however, get abundance of milk and good nursing. At present the eighty-four infants at the *crèche* have only nine nurses and two night nurses to attend to them; while M. Hervieux considers that one woman cannot pay suitable attention to more than two infants.—'L'Union Médicale,' 1852, Nos. 139, 140.

THE RESPIRATION IN PRESSURE ON THE BRAIN. By Dr Landgraf.—Dr Landgraf calls attention to the state of the respiration, in cases of cerebral pressure. It is frequently not stertorous and laboured, as described in books, till the agony; but it is interrupted, that is to say, after from six to twelve tranquil and easy respirations, a long pause ensues. The author details cases in proof of the existence and diagnostic value of this sign.—'Deutsche Klinik,' 1852, p. 39.

ADULTERATION OF SULPHATE OF QUININE. By Dr Moll.—The excessive price of the true cinchona, the calisaya of Bolivia, has led to the substitution of many inferior kinds, chiefly remarkable for their containing large proportions of *quinidine*. In consequence of their lower price they obtain admission to the quinine manufactories in large quantities, and much of the sulphate now produced is depreciated by the addition of *quinidine*. This substance differs from the sulphate of quinine by its greater specific gravity and less flocculent crystallisation, and it is much more soluble than it in water and alcohol. The addition of both *cinchonine* and *quinidine* may be detected by means of ether, for while *cinchonine* is almost insoluble in this substance, *quinidine* is so in a far less degree than is quinine, inasmuch as sixty drops of ether and twenty of ammonia will dissolve ten grains of quinine and only one grain of *quinidine*. On the addition of these quantities of sulphuric ether and liq. ammonia to ten grains of quinine, with ten drops of dilute sulphuric acid, and fifteen of water, all will remain dissolved, unless *cinchonine*, or more than ten per cent of *quinidine*, be present, the mechanical impurities only appearing at the surface. If ten per cent. of *quinidine* be present in the ethereal solution, it will soon crystalize on the surface of the ether. Traces of this substance can be yet more certainly discovered if ether saturated with *quinidine* be employed, when all that exists in the suspected salt will remain insoluble. If the powder contain *cinchonine*, or more than ten per cent. *quinidine*, it will remain undissolved at the line of demarcation of the two fluids. If it be *quinidine*, it is soluble in additional ether, which *cinchonine* is not. To establish the purity of quinine, we must also assure ourselves of the absence of *inorganic* substances, by calcination in platina, or by a solution of the salt in alcohol. Sulphate and carbonate of lime, magnesia, &c., remain undissolved, while boracic acid, though soluble, betrays itself by its blue flame on conflagration. The absence of *organic* substances, as salicine, sugar, starch, stearic acid, is known by the colourless solution which takes place in concentrated sulphuric acid. The presence of *ammoniacal salts* is revealed by the odour which ensues on the addition of caustic alkali.—'Revue Médico-Chirurgicale,' xii, 238.

## Obituary.

Dec. 18.—THOMAS WOOD FOSTER, Esq., M.R.C.S. Eng., 1838, at Ecclesfield, Yorkshire, in consequence of a fall from his horse, aged 39 years. The deceased was surgeon to the Wortley Union.

20.—JONATHAN PEREIRA, M.D., Erlangen, 1840; L.R.C.P. 1840; F.R.C.P. 1845; M.R.C.S. Eng. 1825; F.R.S.; at his residence in Finsbury square, from some internal organic disease; aged 48. The deceased, when on a visit a few weeks since to the Hunterian Museum, fell down, and ruptured one of the extensor muscles of the thigh, from the consequence of which injury he was gradually recovering up to the time of his decease. Dr Pereira held the office of Physician to the London Hospital; Examiner in *Materia Medica* and Pharmacy to the University of London, and Associate of the College of Physicians of

Philadelphia; and was, also, a member of several learned societies, both in Britain and on the Continent. He was author of several works remarkable for deep research, and which evidenced great talent, particularly his "Elements of *Materia Medica*," which appeared in 1839; a second edition in 1842; the first volume of third edition in 1849, and the remainder of which he had nearly completed when arrested by death: also, "Treatise on Diet," "Selecta à Prescriptis," "Lectures on Polarized Light," "Translation of the Pharmacopœia of 1824," "Student's Manual," &c. &c. He also contributed several papers, on different subjects, to the 'London Medical' and 'Physical' Journals, the 'London Gazette,' and the 'Pharmaceutical Journal.' Dr Pereira ranked high in his profession, and many will regret to hear of his decease.

24.—JOSEPHUS SEPTIMUS GREEN, Esq., M.R.C.S. Eng. 1844; L.S.A. 1820; at his residence, 81 Percy street, Newcastle-upon-Tyne, aged 55 years. Having become a Licentiate of the Apothecaries' Society, he practised at Houghton-le-Spring, in the County of Durham, where he remained many years. It was to Mr Green's credit, that in advanced life he concluded the necessary curriculum at the Newcastle Dispensary, and then took his diploma as M.R.C.S., when he removed to Newcastle, and there practised until the period of his death. Mr Green has left a large family to lament his loss, but it affords satisfaction to know that he has also left for them an ample provision, though not the fruits of professional emolument.

31.—PATRICK LESLIE, M.D. Aberdeen, 1816; M.A. 1806; M.R.C.S. Eng. 1808; (of 27 Wilton place, Belgrave square, London;) at Folkestone, Kent, aged 62. Dr Leslie was eighteen years Surgeon in the Honourable East India Company's Service, at Bombay.

Lately.—WILLIAM MARTIN, Esq., House-Surgeon to the County Hospital at Winchester.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 14th inst.:—Samuel James Burrows, London; William Coulthard, Borneo; Charles Francis M'Donald, Old Kent road; John Gosling Paine, Brighton; Sylvanus Tucker, Australia; Charles Vaudin, St Helier's, Jersey; Alfred Stephen Wood, London; Robert Welch, Taunton.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 13, 1853:—Richard Buswell, Northampton; Frederic John Thomas, Devonshire terrace, Kingsland.

ACADEMY OF MEDICINE OF PARIS: OFFICE BEARERS FOR 1853:—President, Professor Bérard; Vice-President, M. Nacquart; Annual Secretary, M. Gibert (the permanent secretary is M. Dubois d'Amiens); Treasurer, M. Patissier.

MEDICAL BENEVOLENT COLLEGE.—We have great pleasure in announcing that the Lord Bishop of London has kindly fixed the 8th of May next for advocating the claims of this national undertaking in St Peter's Chapel, Vere street, the Rev. Edward Scobell, the incumbent, having generously granted the use of his pulpit for that occasion. In addition to the land recently purchased by the Council at Epsom, a piece adjoining has handsomely been presented to the College by James Gadesden, Esq., of Ewell Castle, as also a donation to the funds of 25*l*.

ST LUKE'S HOSPITAL FOR LUNATICS.—A vacancy in the office of Resident Apothecary to this Institution, caused by the resignation of Mr J. J. Arlidge, was declared on the 20th inst.

LYING-IN HOSPITAL, YORK ROAD.—This week the annual meeting of the supporters of this hospital was held in



the board-room, Mr S. Somers Cocks, M.P., in the chair; when, from the report which was read, it appeared that the Committee had assigned a ward to single females, in order to keep them apart from the married. During the year, 261 patients were attended in the hospital, and 487 out of the institution. The receipts, including 400*l.* subscriptions, amounted to 1,600*l.*; and the expenditure to 1,304*l.*

**DISPENSARY AND INFIRMARY APPOINTMENTS VACANT.**—Resident medical officers are required for the Coventry and Warwickshire Hospital, salary, 70*l.* per annum, with lodging, coals, and candles; at the North Staffordshire Infirmary, salary, 70*l.*, with board, lodging, and washing; and at the Holloway and North Islington Dispensary, salary, 80*l.*, with lodging and 40*l.* a-year for coals, servant, &c. A medical man is also wanted by the guardians of the Sheppy Union, to reside in the village of Eastelurch. The salary fixed is 100*l.* a-year, with the extras provided by the Poor-law Board.

**SEAMEN'S HOSPITAL SOCIETY.**—Captain Brobyn presided at the last General Court of Governors, held in their offices, King William street, when the report was read, which stated that the in-patients for the last quarter were 738, and the out door 129. Since its opening, in 1821, upwards of 6,000 sick mariners of all nations have been participants in its benefits. The receipts for the quarter amounted to 1,639*l.*, while the expenditure figured 2,058*l.*

**MORTALITY AT TEWKSBURY.**—Last year the deaths in Tewksbury reached within twenty of the number that occurred during the cholera in 1849. The sanitary condition of this locality has engaged the attention of the Board of Health.

**THE PROGRESS OF CHOLERA.**—‘*L'Union Médicale*’ of the 4th of January, 1853, states that the cholera, instead of turning towards western Europe, takes its course in the direction of Russia and Persia. A letter from St Petersburg states that on the 16th of December, there were 521 cholera patients under treatment; on that day 158 new cases were reported, 50 cures, and 18 deaths. On the 17th, there were 53 new cases, 34 cures, and 22 deaths. On the 18th, 56 new cases, 26 cures, and 26 deaths; 512 patients were still under treatment. At Riga, the cholera is likewise raging with great intensity. The disease is very rife in Persia. A letter from Tauris, dated November 10th, 1852, mentions that a thousand patients die from cholera almost every day.

**POISONING BY ACONITE.**—An inquest was held at Bristol, on the 15th inst., to inquire into the death of Emma Forty, an inmate of the Roman Catholic Convent of the Good Shepherd, situated at Arnos-vale, near that city. Deceased, it appears, had, on Monday, January 10th, administered to her by mistake, by the sister-attendant, Miss Sophia Ryder, a deadly poison, instead of the medicine prescribed for her, which resulted in her death about five hours afterwards. It appeared from the evidence, that the unfortunate deceased was suffering from tape-worm, for the cure of which she was ordered, by the medical adviser of the convent, a decoction of pomegranate bark and quinine. According to the usual custom, Miss Ryder prepared the medicine; but, on going to administer it, took the wrong bottle from the dispensary, and gave, instead of the decoction, a drachm of Fleming's tincture of aconite. The coroner, after addressing the Lady Superioress as to the imminent danger of allowing unskilled persons to dispense drugs, summed up, when the jury returned the following verdict:—“That the death of Emma Forty was occasioned by the administration of aconite, a poisonous drug given to her by Miss Ryder in mistake for medicines prescribed for her. The jury wish also to express their opinion that much blame is attributable to the authorities of the convent for allowing a practice which prevails of permitting persons to dispense medicines who, from the want of the necessary education, are ignorant of their nature. The jury further express a hope, that in future such practices will be discontinued.”

**ARSENICAL CONFECTIONERY.**—At an inquest held this week at Ashford, upon two brothers killed by eating the

painted ornaments of a twelfth-cake, Professor Taylor, who analysed the stomachs of the deceased children, said that he detected arsenic, which the system had completely absorbed. In his opinion, the yellow colour of the ornaments that contained the poison was produced by orpiment, or sulphuret of arsenic. The quantity that he discovered did not exceed a quarter of a grain. The green colour of these ornaments was imparted by the arsenite of copper, which poisoned in small doses. During the two last years he had met with ten fatal cases from children eating these ornaments.

**THE STATISTICAL SOCIETY.**—The usual monthly meeting of the members took place on Monday evening, at the Society's house, St James's square, Lord Overton, the President, in the chair. An excellent and elaborate paper on the Property and Income Tax was read by Mr Farr, in which it was justly argued, that incomes ought to be taxed according to their nature, and that it was not an English love of money, but the English love of justice, which had excited so much dissatisfaction with the existing arrangements. Mr Babbage again stated his well-known views, and urged the necessity for an agreement in certain principles before the question could be argued with any prospect of arriving at a satisfactory conclusion. Dr Guy, Mr Jellieoe, Mr Grove, Mr Venables, Dr Trueman, Mr Neison, Mr Mackenzie, and the Chairman, also took part in the discussion, which was finally adjourned to the next monthly meeting. The paper was of much interest to the medical profession, the members of which are unjustly taxed by the present arrangements.

**WORCESTER OPHTHALMIC HOSPITAL.**—At the eleventh annual meeting of this institution, held in the Guildhall, R. Padmore, Esq., the Mayor, presiding, the secretary read the report; from which it appeared that 249 patients were admitted during the year, 143 were cured, 41 relieved, 6 pronounced incurable, 43 left without the results being ascertained, and ten remained under treatment. The Worcester Lodge of Freemason's subscribed 20*l.*, and the receipts reached 106*l.*, the ordinary amount being only 70*l.* The Lord Bishop was elected president for the ensuing year.

**WORCESTER LUNATIC ASYLUM.**—During the past year it appears that there were in this asylum 192 patients, of whom 7 were cured, 2 relieved, 36 restored to their friends, 4 died, and 1 escaped. Next Lady-day the charge for each patient will be reduced from twelve to ten shillings a week. The report passed a high eulogium on Dr Grahamsley, the medical officer. The new building will cost 47,000*l.*

**LORD ELTON.**—A commission *de lunatico inquirendo*, touching the state of mind of the Earl of Eldon, was held on the 15th inst., at Shirley Park, near Croydon, the residence of his lordship, by Mr Commissioner Winslow and a jury of seventeen gentlemen. From the evidence it appeared that up to June, 1851, Lord Eldon had performed all the duties of his station in the most satisfactory manner; but in that year, from close study, as it is supposed, his health began to fail, and it became necessary to call in Dr Sutherland. The characteristic description of the unsoundness of mind was partial dementia, with occasional attacks of mania. The death of Lady Eldon, in November last, rendered the present inquiry imperative, as, up to the time of her death, she had managed the property of her husband, and had also controlled him with great care and affection. The evidence of Dr Sutherland, Dr Forbes Winslow, and Dr Tyler Smith, conclusively proved that his lordship was of unsound mind, and the jury returned a verdict accordingly.

**IN RE CUMMING.**—The Lord Chancellor has declined making an order for the *supersedeas* of the commission of lunacy, on the ground that his lordship was not satisfied of Mrs Cumming's sanity.

**SANITARY CONDITION OF CROYDON.**—Dr S. Smith and other members of the Board of Health lately visited Croydon, in consequence of the unfavourable reports that were spread respecting the health of its inhabitants. Upon examining the registrar's books, Dr Smith found that the



deaths doubled the usual number, and that the water in the reservoirs was covered with a green film. In consequence of the spread of illness, the Friends' School sent the children home, and Addiscombe extended its vacation. A local paper, speaking of the measures adopted to improve the condition of Croydon, says, "a strong opinion prevails that the sanitary precautions adopted accelerate, instead of preventing, the spread of disease."

PROFESSOR TROUSSEAU, who had hitherto held the chair of Materia Medica and Therapeutics at the Faculty of Medicine of Paris, has lately been appointed to the chair of the Practice of Physic.

A CORONER BROUGHT TO HIS SENSES.—At the sessions of Longford for December, 1852, Dr Nicolls obtained a decree against one of the coroners of said county for 2*l.* 2*s.*, a *post-mortem* fee, which sum the grand jury had disallowed, the barrister, Thomas O'Hagan, Esq., Q.C., holding that the 30th section of the Coroner's Act made it obligatory on the grand jury to present such sum as would reimburse the coroner.

REDUCING THE SALARIES OF POOR LAW MEDICAL OFFICERS.—A parliamentary paper has just been printed respecting the Tewkesbury Union. The Board of Guardians carried resolutions to reduce the salaries of the medical officers, on account of the "cheapness of provisions." The officers appealed to the Poor Law Board, and the reasons were required from the guardians that induced them to pass the resolutions. They urged that the value of agricultural produce had been diminished at least thirty per cent., that the rates had decreased, and that food was cheap. The Poor Law Board replied, that they had "never recognised the principle that the price of the articles and of the produce referred to are to be the criterion by which the amount of salaries ought to be estimated and regulated, or that such salaries should be liable to vary as the price of food fluctuates." The Poor Law Board thought that no sufficient reason had been assigned for the reduction, declaring that the fixed salaries of the medical officers remunerated them only for their ordinary duties, and the Board did not see that sufficient grounds had been adduced for diminishing the salaries of the officers referred to in the resolutions of the guardians.

HOMŒOPATHY.—This week Mr J. M. Churchill, M.R.C.S., the coroner for Colchester, held an inquest on H. D. Digby, aged nineteen months. It appeared from the evidence, that deceased, who was teething, and suffered much, was attended by two homœopaths, who prescribed cold-water baths, and a powder dissolved in water, to be taken in infinitesimal doses. During the whole fortnight that deceased was under this treatment, he gradually sank, and at last became so ill that two medical gentlemen were sent for, who instantly ordered a warm bath; but deceased, who was in *articulo mortis*, died soon after their arrival. The coroner, in summing up, commented upon the folly of people confiding in homœopaths; and said, that if any one died from their treatment, the practitioners would be guilty of manslaughter. As there was no evidence to prove deceased died from the homœopathic treatment, a verdict of "Natural death" was returned. These observations of the coroner have drawn down upon him the ire of all the quacks of Colchester.

ST MARY'S HOSPITAL.—Dr H. W. Aldred and Mr W. H. Borham, have been appointed District Accoucheurs on the Maternity of St Mary's Hospital.

NUMBER OF MEDICAL STUDENTS INCREASING.—Commercial prosperity, cheap food, and emigration to the gold fields of California, have lately, both in France and England, enabled an unusual proportion of parents to give a liberal education to their children. The consequence has been a great influx of recruits into the professions, and particularly into the too crowded ranks of medicine, which, however, does not at once suffer by this unneeded accession, as many who were struggling for existence as medical practitioners have abandoned the weary contest and followed the multitude to the diggings, thereby in the meantime slightly relieving those left behind from the evils of undue competition.

It is not easy to ascertain the number of students at the different schools in London; but, as far as we can learn, it is greater now than for some years past. At Edinburgh, pupils are also more abundant. The 'Edinburgh Monthly Journal' of December says:—"It is once more our pleasing duty to record an increase in the number of medical students attending classes in the Edinburgh University. The numbers of the matriculated on 1st December, 1852, were 497, being an excess of 73 over 1851." We are afraid that the statement conveyed in the sentence which follows the above is not correct, and that the exodus to the diggings, in place of diverting students from metropolitan or other schools, is at this moment powerfully contributing to fill their benches, "We may add," says our contemporary, "that for some years past, the increase has been progressive, and that, too, in spite of the allurements of the 'diggings'—which are said to have diverted no small number of students from the benches of the metropolitan schools." We sincerely regret that we cannot congratulate our brother practitioners upon any such hope of relief as is here indicated. It is in Paris, however, that the present influx into the medical profession is most remarkable, as will appear by glancing at the subjoined statement of the number of inscriptions at the Faculty of Medicine during the last twelve years:—

YEARS.	INSCRIPTIONS.	YEARS.	INSCRIPTIONS.
1840	879	1847	859
1841	749	1848	784
1842	791	1849	880
1843	746	1850	1,223
1844	800	1851	1,300
1845	851	1852	1,437
1846	903		

The extraordinary increase during the later years, especially during 1852, may not perhaps entirely depend upon real abundance of capital, but partly upon the artificial means adopted during recent political changes to create an easy system of credit, and a free circulation of money among the speculative classes. However the facts may be explained, they deserve to be recorded, and considered with the light of future years.

THE MEDICAL STAFF OF THE EMPEROR OF THE FRENCH.—The Emperor of the French has appointed his medical attendants by a decree of the 31st December, 1852. The names are the following:—1. M. Conneau, first physician of his Majesty, and chief of the medical staff of the household. 2. Physicians in ordinary, Messrs Andral and Rayer, salary, 320*l.* per annum. 3. Surgeons, Messrs Jobert de Lamballe and H. Larrey, salary, 320*l.* per annum. 4. Consulting physicians and surgeons, Messrs Louis, Bouilland, Bégin, Michel Lévy, Bérard, T. Cloquet, Velpeau, and Gauthier de Claubry, salary, 240*l.* per annum. 5. District physicians and surgeons, Messrs Delarrouque, Tenain, L. Corvisart, Boulu, Longet, Arnal, Vernois, and Fleury, salary, 240*l.* per annum.

ST GEORGE'S HOSPITAL.—A vacancy has occurred in the surgical staff of this institution, owing to the resignation of Mr Keate. Mr Henry Charles Johnson has resigned the office of assistant-surgeon, in order to become a candidate for the surgeoncy; and Mr Pollock, for some time the Lecturer on Anatomy in the school attached to the hospital, has come forward as a candidate for the vacancy thus created. The election will take place on the 4th February.

UNIVERSITY COLLEGE HOSPITAL.—Mr Thomas Raikes has presented the hospital with ten guineas, being part of the sum claimed by and paid to him from the London and Brighton Railway Company in respect to the collision at Red hill, on the 1st of November last.

MIDWIFERY.—Isaac B. Brown, Esq., Surgeon-Accoucheur of St Mary's Hospital, Paddington, has been appointed Corresponding Fellow of the Hufelandian Society for Scientific Midwifery of Berlin.



## NOTICES TO CORRESPONDENTS.

**A SUBSCRIBER (Leeds).**—1st: The camphine used for illumination is seldom anything more than turpentine. 2nd: There is an oil used for lamps, which is pressed from a species of *Jatropha*, and which burns well, but it is dangerous, as it cannot be tasted without causing symptoms of poisoning. We should not therefore advise such an oil for common use. 3rd: We are not aware that there is any arsenic in Palmer's candles, and doubt it very much. At any rate we have employed a Palmer's lamp, as a reading lamp, for many years, and have never experienced anything unpleasant from its use. We do not profess to be learned in these matters. The other questions we cannot answer.

**J.B.W.**—No. A medical bookseller is the proper person to apply to for information.

**M.D., CANTAB.**—Mr Churchill is the publisher of the work in question, as also of the 'Journal of Psychological Medicine.'

**PHYSIOLOGIST.**—The mode of connexion between the tendinous fibres with the fasciculus of muscle was pointed out by Bowman, to whom we are indebted for many other researches in histology.

**MR I. WEST.**—Communication received. It has been handed to our publisher.

**M.R.C.S. (Portsea).**—Our correspondent has collected such a large amount of evidence against quackery, from authors of every species of ability, that we should hope these gentry would blush to find arrayed against them the best portion of the genius and learning of their fellow countrymen. Yet a man must have a large share of credulity, who can believe that a Morison or a Jacob Townshend will turn from the error of his ways at the reading of a moral lecture or a Hadibrastic sarcasm. Such men are impervious to censure or ridicule. They are case-mated in effrontery, and laugh securely behind a *nom-de-guerre* at the follies by which they thrive. The terrors of the law cannot deter them, and even a trial for murder has been to some of them an advertisement to fortune. The public will believe that there is truth in their professions, and only cling with the more tenacity to their belief, for the efforts made to destroy the object of it. This is a species of fanaticism. The only way to attack such a monomania effectually is to analyse the nostrums, and expose the so-called "secret" upon which the efficacy of each depends. Unveil the mystery, and the charlatan is stripped of his power. We all gape with wonder to see Mons. Robin pour half-a-dozen different descriptions of wine out of one bottle, but when we have heard Mr Bachhoffner, at the Polytechnic, explain the trick, we laugh at Mons. Robin. Truth will beat conjuring, and raise a laugh against the laughter till his pedestal of fame is converted into a pillory of punishment. This is what we are endeavouring to do in our "Anatomy of Quackery." The gentleman engaged in this duty knows his work and will perform it effectually. We thank you for the information you have sent us with respect to the pills mentioned, and will avail ourselves of it at the proper time.

**M.D., L.A.C.**—In the case of a chemical examination under the circumstances stated, you will be required to pay the expense yourself.

**A STUDENT OF ST BARTHOLOMEW'S** informs us that the 'Medical Circular' is not placed on the library-table of that hospital, as formerly. This is some neglect of the authorities. A complaint should be made.

**MR J. BELL.**—Dr Gavin Milroy published in the 'Lancet,' in 1846-7, papers on the "Life and Writings of Sydenham." We have no doubt the information could be obtained there.

**Q. IN THE CORNER.**—Our duty was fulfilled in the course we took. Thank you for the medico-chirurgical gossip.

**MR W. PARKER (Liverpool).**—Communication with enclosure received.

**MR T. WILSON (A Subscriber).**—We do not think that you can claim. The boy was not indentured, and it does not appear that the master requested you to attend. Unless the boy's friends will pay, we fear that the bill must be placed in the list of "bad debts."

**DR T. B. (Guernsey).**—Communication received, with much of which we entirely agree.

**SPECS.**—An appointment in the East India Service can be procured only through interest with a Director. There are several in the gift of the London hospitals. Work hard, and try. We do not like to encourage young men who are looking out for favours. If you wish to succeed in life you must begin early to labour and think. Rely upon your own resources, be diligent; industry and good conduct will command friends. This is the spirit in which to begin life.

**MEDICUS (Bradford).**—The best way to proceed for the abatement of the nuisance is to report it to the Local Board of Health, if you have one; if not, the Board of Health, in Whitehall. A very effectual method for burning the smoke of furnaces has been invented, so that the great manufacturers of whom you complain have no excuse. There is no doubt that the manufacturer in question could be compelled to burn his smoke, if you could prove upon competent authority that the means enabling him to do so had been invented. That your child is suffering from the nuisance is obvious.

**J. B. C.**—We cannot undertake to procure the information for you, and the subject is irrelevant to our "Notes and Queries."

**A LICENTIATE OF THE HALL.**—Your claim is good; but, to make safe, charge for medicines alone. Leave nothing to the chances of law.

**A LOOKER-ON.**—The affair is beneath serious notice. Facts are stubborn things.

**DETUR DIGNORI.**—We feel obliged to you for your kind expressions. We do not fear scandal, and we are quite sure no man of sense is misled by it. "Truth," and "Fair Play," are our mottoes.

**MR WOOD.**—Enough has been said about the short-comings of the "New Equitable."

**MR BETTS (Walford).**—Communication received with thanks for the information contained.

**DR GRAHAM.**—Your kind communication has been received and appreciated.

**DR JAMES SCOTT.**—The description of Dr Braxholm's instrument will be found in our sketch of the life of that gentleman, and can be seen on reference. If Dr J. Scott will send us some of his essays we will do our best to give them insertion.

**MR H. HARRIS (Redruth).**—A Giessen Degree gives no qualification to practise in this country. It could formerly be obtained without residence, and probably can be still. Write to the Registrar, and he will acquaint you with the facts desired.

**AN OLD FRIEND.**—1st: Such an appointment would not be legal. 2nd: Yes, read our article respecting the Degrees from Marischal College.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Some of my professional brethren may, perhaps, be enabled to inform me why Messrs Bright and Addison, of Guy's Hospital, have not completed their work on the Practice of Medicine?

SCRUTATOR, M.R.C.S., L.A.C.

*To the Editor of the 'Medical Circular.'*

**SIR,**—I purchased the other day one pint of liq. taraxaci, and the druggist where I bought it charged me 8s. What is the reason it is so expensive? And the ol. rhodii is also charged 1s. for gutt. XX.

ETIAM SCRUTATOR.

*To the Editor of the 'Medical Circular.'*

**SIR,**—I feel again compelled to solicit the favour of a small space in your 'Circular' for the purpose of setting the writer of "Leaves from a Doctor's Scrap-book," &c., right upon the subject of mesmerism. He speaks of the commission appointed in Paris in 1783 consisting of learned men, and particularly mentions Franklin, but he appears to be totally ignorant of the fact, that Franklin, being ill, was only present at one of the meetings, and that the celebrated Jussieu, who was on the committee, gave in a separate Report highly favourable to mesmerism; and, indeed, the Report, which was signed by Franklin, stated that, "and they recognised very surprising and unexpected phenomena in the physical state of the magnetised individual;" but, Sir, what astonishes me is that the writer, who seems determined that the French commission should settle the matter, should go so far back as 1783, when he must have known (if he has read or conversed at all upon the subject, which I very much doubt) that a French commission was appointed in 1825, consisting exclusively of medical men of the highest standing, who after examining the subject practically for six years brought in their Report in 1831, in which they state, "magnetism considered as a cause of certain physiological phenomena, or as a therapeutic remedy, ought to be allowed a place within the circle of the medical sciences."—I am, &c.,

Penrose Cottage, Clifton.

S. D. SAUNDERS.

\* \* We have inserted the foregoing letter in order that Mr Saunders may not complain of an injustice. Our readers will observe that the "Gatherer of the Leaves" had already recorded Franklin's observation.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Permit me to make a very brief reply to Mr S. D. Saunders's somewhat irascible strictures on a passage in the "Leaves from a Doctor's Scrap-book," in your last number of the 'Circular.' Mr S. evidently does not understand, still less, relish humour: he cannot take even the shadow of a joke, if it be the least at his own expense. Why, Sir, your correspondent does not seem to comprehend that one may speak of a man being a sad rogue, aye, and a hungry rogue, without exactly supposing or telling him that he would pick one's pocket; a merry rogue we generally find to be a merry fellow. That such a man as Dr Elliotson was no rogue, save in the way of picking his own pocket, the whole profession has to lament, for though, no doubt, sufficiently a clairvoyant, he appears to have stood in his own light; or, ere this he would probably have been the first physician of the day. With regard to mesmerism, homoeopathy, hydropathy, *et genus omne*, being spoken of as "short-lived," it was meant that the rage for them is so: mesmerism had its day sixty or seventy years ago; of late years it has sprung up again, and a few years back was rather the rage and fashion for a season,—but now, saving a comparatively few enthusiasts, the public in general care little or nothing about it. As to the numerous jests and anecdotes against the doctors which Mr S. could produce, I have myself been a pretty extensive collector of such-like effusions of many a funny rogue, and could perhaps supply two to every one furnished by Mr S., with about an equal number for them. The best joke in our and their favour, always seems to me to be—that let any one, when well, laugh at and despise them as much as even your correspondent would desire, when really dangerously ill, he is sure to resort to them and seek their aid. As Byron has it,



## Advertisements.

"Although we sneer

In health, when ill, we call them to attend us,  
Without the least propensity to jeer;  
While that 'hiatus maxime defendus,'  
To be filled up by spade or mattock's near,  
Instead of gliding graciously down Lethe,  
We tease mild Baillie and soft Abernethy."

As to the last remark about Billingsgate and the 'Lancet,' with what follows, I must own that if the expression "hungry rogues"

be worthy of either of these, they must have sadly fallen off from what I have heard or read of them; or your correspondent must have become extremely thin-skinned, perhaps while exhausting himself of that "agency by which he has been able to effect cures to no inconsiderable number." I will not trespass further on your valuable space, and am, Sir, &c.,

THE GATHERER OF THE LEAVES.

ERRATUM.—It is stated in our Biographical Notice, published in last Number, that we were born in 1815, it should have been 1817.

### MR HOOPER'S IMPROVED INVALID WATER, OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See 'THE LANCET,' Jan. 25, 1851.)



CUSHIONS for BED-SORES—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

### Medical Agency, 50, Lincoln's-

inn fields, conducted by Mr BOWMER, M.R.C.S.L.—All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.—(Office hours, 11 till 4.)

### New Truss for Hernia.—F. Wal-

TERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cycoloidal enema Syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate street, City.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Hospital Sulphate of Quinine, Pure

CRYSTALLISED, prepared by

EDWARD HERRING,

for the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

It was originally introduced for the use of Hospitals, Dispensaries, and Public Charities; but its PURITY AND GREAT REDUCTION IN PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the processes of manufacture will therefore be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each, capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,

Chemical Works, Trinity street, Southwark, London.

October 23, 1852,

### Important to Surgeons and the

PROFESSION requiring Instruments to Design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker, and Cutler), 3 Bedford court, Covent garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

B.'s Registered Guard Razors are universally approved.

	s.	d.	£	s.	d.
Circular Spring Truss .....	from	5	0	double	0 7 6
Single Patent, Salmon's.....	"	7	6	"	0 19 6
Cole's .....	"	10	6	"	0 18 0
Scott's Reservoir double action Aperient Vase, sold at 3l.3s. 2					2 0
Ellis's Belts and Splint for Fractured Clavicle .....					0 18 0

Bleeding Lancets, 18s. a dozen; dissecting-cases, from 12s.

Improved Elastic and Spring Crutches, Stockings (no lacing), Knee and Ankle Socks, Bandages, Artificial Legs, Arms, &c. Manufactory, 3 Bedford court, Covent garden.

Army and Navy Surgeons' Outfits at an hour's notice; and a variety of Cases, equal to new, for Navy and Emigrant Surgeons, cheap.

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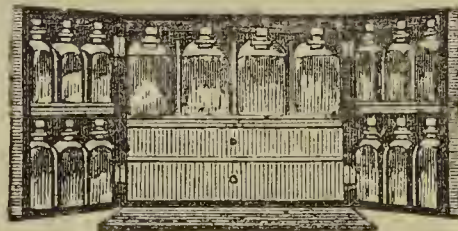
TO THE LATE

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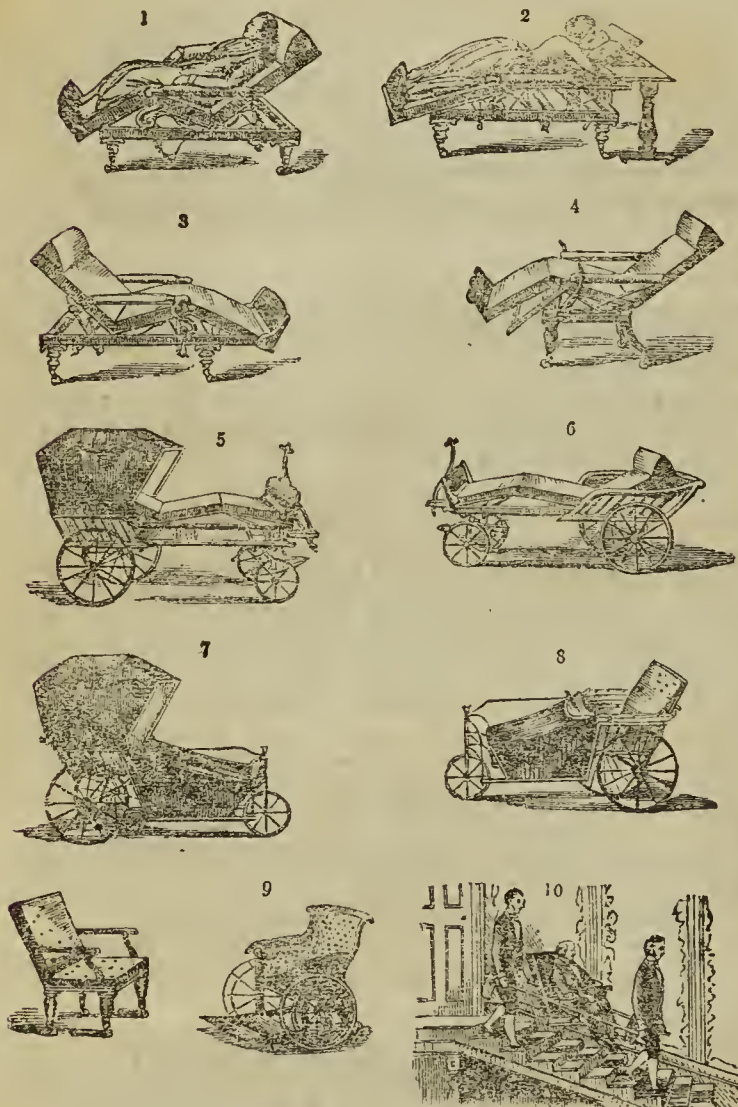
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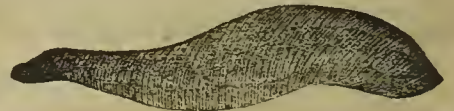
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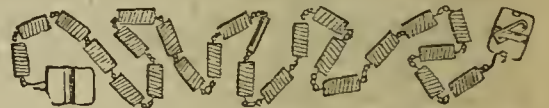
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THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 5, NEW SERIES. }  
No. 31. }

WEDNESDAY, FEBRUARY 2, 1853.

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## The Medical Circular.

WEDNESDAY, FEBRUARY 2, 1853.

### THE GUARDIANS OF THE TEWKESBURY UNION.

Our readers may have noticed a paragraph in the "News" department of our last week's number relating to the reduction of the salaries of the medical officers of the Tewkesbury Union. We had thought that throughout the country the remuneration awarded to Union Surgeons for their laborious services was screwed down to a point low enough to satisfy the discontent of the flintiest member of the most illiberal Board that was ever intrusted with the sacred duty of dispensing charity to the poor and the distressed. But we were mistaken. We vainly imagined that we had sounded the lowest depth of official meanness; but there was a lower deep still, and the guardians of the Tewkesbury Union have fathomed its recesses. Let them have due honour for their boldness and ingenuity.

We are not acquainted with the amount of payment at present given to the medical officers of the Union, but, whatever it be, the guardians think it too much, and recently passed resolutions to diminish it on the ground of the "*cheapness of provisions*." These gentlemen are without doubt profound political economists, and know the exact ratio which the intrinsic value of medical skill should bear to the price of a pound of beef or a stone of potatoes. They have gauged the utilities of medical science to a fraction, and have balanced the value of health against the cost of maintaining it with infinitesimal accuracy; they have solved the delicate problem of the exact decimal value of a pauper's life at the varying seasons of national prosperity, and graduated it on a sliding scale for ready reference at Board meetings and quarterly audits.

Well done, ye satists and accountants of the Tewkesbury Union! You should embody your laborious researches in a "Vade Mecum" for the guidance of the legislative clodpoles who preside over the local institutions of the country. The "Guardian's Ready-reckoner" would soon be popular with a class of men too lazy to initiate, unable to think, but ever glad to find a reason or an authority for being stingy and ungrateful. "Tewkesbury" shall be the model Union of Great Britain: all honour to it!

We are very happy to hear that the cost of living is, on account of the "*cheapness of provisions*," less oppressive to our provincial brethren now than formerly that hashed mutton is indefinitely supplanted by the more savoury ragout, and that gooseberry-wine, facetiously ycleped champagne, has given way to its more orthodox French representative. This intelligence, we say, is highly satisfactory to us; and we hope that this prosperous state of affairs will continue. It is too shabby, however, for the guardians of the Tewkesbury Union to cast an evil eye over the dinner

tables of their medical officers, and, in a moment of jealousy, resolve to deprive them of their newly-acquired comforts. It is, we believe, the first instance on record of the country surgeon growing fat and rubicund over the festivities provided by his salary as parish doctor.

The Tewkesbury Guardians, notwithstanding the stern character of their resolutions, were not destined to succeed in their design. It was necessary to have the assent of the Poor Law Commissioners, and that Board refused to allow the reduction. Mr Baines deserves the thanks of the profession for his decision.

There is one circumstance, recorded in the same number of our journal, that aggravates the charge of injustice and meanness which we have brought against this Board of Guardians, viz.—the fact that "*last year the deaths in Tewkesbury reached WITHIN TWENTY of the number that occurred during the cholera in 1849*," and that the general bad sanitary condition of the Union has engaged the attention of the Board of Health. Certainly, no opportunity for the reduction of the salaries of the medical officers could have been more happily chosen!

Nothing more need be said in reprobation of the sordid parsimony of the Tewkesbury Board of Guardians. Every man of right feeling must burn with indignation at the mere perusal of the facts recorded in these columns; what, then, must those gentlemen experience whose arduous, indispensable, and perilous services have been so disgracefully requited? If there be a spark of honest manly feeling in Tewkesbury, the medical officers will resign their appointments; and all the medical practitioners in the town and district will unite in a determination to refuse to serve the office of Union Surgeon, until the salaries be raised to a standard considered to be a sufficient remuneration for the importance of the duties performed. This would be an appropriate answer to the resolutions of the Board of Guardians.

### THE INCOME TAX.

The elaborate expositions of Mr Farr have made it obvious that a modification of the "income tax," so as to apportion the liability of income in a more equitable manner, is a measure easy of arrangement. An impost of such varied injustice as the present tax should be protested against in every form until the principal grievances it inflicts are ameliorated or removed. We are happy to find that the two chief advocates of the just claims of the professional and mercantile classes, in opposition to the unsound and rigorous pretensions of the statist and political economists are medical men—Mr Hume and Mr Farr; and it behoves their professional brethren, if they sincerely desire to see this tax modified, to support the advocacy of these gentlemen with all their strength.

We recommend the example set by the practitioners of Torquay to the imitation of all our brethren, who should remember that Parliament meets on the 10th of February, and that at as early a period as possible it will be necessary



for the Legislature to consider the question with a view to a continuance of the tax for another year. There can be no doubt that at that time its merits and defects will undergo a searching examination. The friends of a modification of this tax would feel their hands much strengthened if the House were deluged with petitions from members of the medical profession residing in all parts of the country. It is not necessary that these petitions should be numerous signed. A large number of petitions produce a stronger impression in the House than a large number of signatures to a few petitions. Let our readers take this matter into their earnest consideration, and we trust that they will act upon our counsels.

## Mirror OF PERIODICAL LITERATURE.

(From the 'Lancet,' Jan. 29.)

### ON MEDICO-LEGAL EVIDENCE IN CASES OF INSANITY.

Dr Winslow continues the publication of his lectures on this interesting subject. After showing that the term "unsoundness of mind" has no settled meaning in a legal sense he thus treats of it:—

"*Unsoundness of Mind in its Psychological acceptation.*—Unsoundness of mind is to be considered either as a 'diseased' or 'healthy' condition of the intellect. If the term indicates only *natural decay*, unassociated with any well-marked symptoms of disease of the brain, the excitement of insanity, or delusive impressions, occasionally exhibited by persons of healthy intellect, the mental infirmity often combined with old age; if it refers to an incapacity and inaptitude for the performance of the ordinary business affairs of life, and which may exist apart altogether from connate idiocy or acquired imbecility, or lunacy; then we have no authority to take cognizance of the condition—it does not legitimately come within *our* medical jurisdiction. If we accept the phrase 'unsoundness of mind,' we can attach, *medically*, no other signification to it than that of a *mind in an unhealthy condition*. Admitting this to be a rational view of the matter, it will be our duty to consider the term as synonymous with insanity, aberration of mind, or lunacy. We cannot admit the existence of a *legal* apart from a *psychological* unsoundness.

"*Interdiction.*—In making this distinction I do not wish to prejudge the important question, as to whether there are not in reality states of mind clearly accompanied by an incapacity to manage both the person and property, the result of a premature and natural decay of mind, independently of actual disease of the nervous matter of the brain, which would justify us in bringing the person so affected within the wise and protective influence of the law? It is quite possible that in some conditions of the intellect, '*interdiction*' and '*protection*' may be desirable for the purpose of guarding the person and property of the individual, who could not, without an act of great injustice, and a monstrous and cruel perversion of the law and of science, be pronounced to be, in the right acceptation of the term, either imbecile or a lunatic. Should such a class of case be recognised by statute, and made the subject of legal inquiry and protection, it will be necessary for us to adopt proceedings very dissimilar to those of an ordinary commission *de lunatico inquirendo*; neither should we be justified in applying to those so brought within the jurisdiction and control of the law, the terms usually adopted in writs of this description: in other words, the phrases, lunatic, imbecile, idiot, or unsoundness of mind, should never be applied to them.

"There are upon record cases of this nature, which have been made the subject of judicial inquiry. In the case of *Ridgeway v. Darwin*, a commission of lunacy was supported against a person who, when sober, was a very sensible man, but being in a constant state of intoxication, he

was pronounced incapable of managing his property. This liberality of courts of justice is clearly at variance with the *dicta* of Lord Coke, who pronounced the drunkard to be '*a voluntarius demon*.' By the Roman law, if a man by notorious prodigality was in danger of wasting his estate, he was considered as *non compos*, and committed to the care of *curators* or tutors, by the praetor. By the laws of Solon such prodigals were branded with perpetual infamy. Blackstone questions the propriety of the Roman and Grecian law with regard to drunkards and spendthrifts. He says, it was doubtless an excellent method of benefiting the families, but it hardly seems calculated for the genius of a free nation, who claim and exercise the liberty of using their own property as they please. '*Sic utere tuo ut alienum non laedas*,' is the only restriction our laws have given with regard to economical prudence."

Some good advice is then given as to the manner of conducting the medical examination of lunatics, and of the deportment of the medical witness whilst under examination in court. Dr Winslow makes the following observations on the

"*Definitions of Insanity.*—All attempts at a *definition* of insanity should be abstained from. The legal profession is too disposed to regard all judicial investigations involving the question of mental capacity as they do proceedings at *nisi prius*; and, under, I have no doubt, a conscientious appreciation of their functions as advocates, often strive their utmost to destroy, if possible, the opposing medical testimony. Knowing the obscurity of the subject, and the difficulties with which the medical witness has to contend, in giving an accurate definition of insanity, the counsel most unfairly endeavours to pin him down to one, and then, by demonstrating its fallacy, overthrow the whole moral effect of his testimony. If asked to define insanity, it will be more judicious at once to candidly acknowledge our utter incapacity to comply with the request, than, by a vain and ostentatious display of metaphysical lore, to peril the life and interest of a fellow-creature.

"There are two principal modes of establishing the existence of insanity during investigations under a writ *de lunatico inquirendo*; first, by proving the existence of a *specific* delusion; and, secondly, by showing that the party was guilty of a series of acts of extravagance in opinion and conduct originating in unsoundness of mind. The first is the most satisfactory and conclusive kind of evidence; and, when clearly established, carries conviction at once to the judgment of the court. When the proof depends upon the existence of a series of extravagant acts, the witness must protect himself against a common mode of legal procedure. A number of acts of eccentricity and oddity, both in ideas and conduct, are detailed by the witness, from which he infers, and perhaps very rightly and justly, the existence of insanity and unsoundness of mind. Viewed in the *concrete*, such facts afford to the mind irrefragable evidence of a certain questionable mental condition; but in the cross-examination, counsel, by a well-known mode of legal analysis, skilfully separates the whole conduct of the supposed lunatic into detached portions or sectional divisions; and putting each extravagance, eccentricity, and oddity (alleged to be symptomatic of insanity), *seriatim*, to the witness, inquires, whilst specifying such *individual characteristic symptoms*, whether each one, considered independently of the others, is, in the estimation of the witness, a proof of incapacity, insanity, or unsoundness of mind; and thus, unless conscious of the purport of the questions, the witness may be reduced, by his replies, to the necessity of renouncing his previously expressed opinions; or of absurdly maintaining them after all the facts upon which they are based are knocked from under him by the cleverness and ingenuity of counsel!

"Refusing to involve himself in a metaphysical disputation, by declining to give a definition of insanity, the witness will, in all probability, be asked, what is insanity, and by what process of reasoning he has arrived at the conclusion that the party respecting whom he is giving evidence is insufficient for the government of himself and his affairs, or



is of sound or unsound mind? In reply to such interrogatories, it is sufficient for the witness to say generally, that he has formed his judgment of the condition of mind, by the *conduct, conversation, and ideas* of the person; by considering the symptoms of the case, in the aggregate, specifying, of course, the morbid peculiarities of conduct, and the character (should such exist) of the delusive impressions. By this general mode of recording his opinions, the witness will protect himself from a legal snare often laid to entrap and embarrass him.

"But whilst suggesting the avoidance of all definitions of insanity, I consider it necessary to recommend the witness to be prepared to answer satisfactorily any questions that may have reference to the scientific import of the terms ordinarily referred to in these judicial inquiries to designate recognised legal forms of insanity—viz., *delusion, idiocy, dementia, and imbecility*. I have often been amazed at the answers received by counsel to questions of this character, and given, too, by witnesses of known experience and established reputation. A medical gentleman of some position, whilst giving his evidence very recently in a disputed commission of lunacy, in answer to the question of counsel, defined *idiocy* to be '*inertness of mind*.' The acute lawyer made the most of this unfortunate definition; and feeling that he had within his grasp a witness who used terms without having any clear idea of their signification, tortured him to his heart's content, much to the annoyance of the medical gentleman, and the amusement of the court."

#### THE PHYSIOLOGY OF EPILEPSY.

Dr Marshal Hall publishes an elaborate chart on the subject of his recent observations on epilepsy. The tables are thus explained:—

"I have endeavoured, in the preceding tables, with great labour and care, to arrange, in physiological order, the lengthened series of causes and effects in epilepsy and apoplexy of inorganic origin. Beginning with the exciting causes, I have traced their mode and medium of operation, with their nervous and muscular relations. I have proceeded to show the effects of these actions on the vascular and especially the venous structures of THE NECK, and thence on the nervous centres—the medulla oblongata and the cerebrum—on their functions, &c. &c.

"I think epilepsy and apoplexy, their paroxysmal forms, and their dire effects, in coma, paralysis, mania, &c., are explained as they have never been explained before, and as few diseases are explained.

"In doing this, I think I have uprooted in all thinking minds all the empiricism in which epilepsy, more perhaps than any other disease, has been involved. Will any one, having *studied* these tables, again trust the treatment of this complicated malady to silver, copper, or zinc, to the cotyledon umbilicus, or the powder of Baron Sloet? Shall we not all rather endeavour to ascertain, by a just DIAGNOSIS, the distinct character, the special exciting causes, and their special effects, in *each* case, and so adapt and appropriate our remedies to the requirements of the individual patient?

"I confess that, after all the attention I have given to the subject, no class of patients has caused me so much of anxiety and harass in practice. So many events in diet and regimen occur to frustrate our best efforts, when these appear to be about to be most rewarded—patients and their friends bear these events with so much impatience and unreasonableness—that the physician whose chief care is that of such cases, has much to try his equanimity. Still I believe it to be his imperative duty to pursue his career of *investigation*, and not to permit himself to be deterred by the difficulties of science, or turned into the easier path of empirical prescription, so cutting the Gordian knot he ought to untie.

"Feelings of this kind out of the question, there is nothing in medicine so replete with physiological interest as this class of diseases. Every case, every attack, is comparable to an experiment, with this difference: whilst in an experiment we know the cause and observe the effects, in a patient we see the effects only, and have thence to infer the

cause or causes, and discover the remedies. *Felix qui potuit!*

"When I so contemplate these things, and then turn to the medical follies and superstitions of the day—homoeopathy, mesmerism, &c.—how is it possible that I should not deplore these mockeries and desecrations of my noble science and profession?

"With these brief remarks I beg my reader's attention to these tables. Let him *study* them with great care, and let him make every effort to improve them. On a future occasion I may add a more elaborate commentary on them: but I think they are, even without any such commentary, perfectly intelligible. I will now add one observation only: It will be apparent enough, from them, *what* place I give to tracheotomy, or tracheotomy, in the treatment of epilepsy and apoplexy.

"I would that *such* tables were constructed of the other diseases of the nervous system! I trust this, with an *epitome* of the whole subject, displaying our present knowledge, will speedily be accomplished by my friend, Dr Reynolds."

#### MORPHIA AND CHLOROFORM IN PUERPERAL CONVULSIONS.

Mr Andrew Bolton, of Ebchester, reports the following case:—

"Elizabeth —, aged twenty-two, unmarried, at the full period of a first pregnancy, healthy, but for some time past in a desponding way, was seized Jan. 9, at four a.m., with pain in the head and loss of vision. At eight a.m. I was summoned in time to witness a severe convulsive paroxysm, attended with stertor, lividity of countenance, and apparent impending suffocation. Twenty ounces of blood were drawn from the arms, and the cold douche unsparingly used to head and shoulders. In ten minutes she was calm again, the pulse reduced in tone, 100. On examining the os uteri, it was felt high, slightly dilated, and extremely rigid. The mere introduction of digit sufficed to bring on the convulsions, which recurred again and again, with intervals of five or ten minutes, the whole muscular system participating in the spasms. Eleven a.m.: Paroxysms continue, and she is with much difficulty restrained. At the suggestion of my father, two drachms of Sol. Morph. Ph. L. were given, producing an hour's repose. Half-past twelve: Dose of morphia repeated, convulsions having recurred with increased violence. Countenance and general surface pale; the extremities cold. As her condition appeared hopeless, should the paroxysms continue, chloroform was administered, on a piece of linen, in half-drachm doses, and its full effect kept up for three hours. At two p.m., there was a slight return of convulsion; skin warm and perspiring; the os uteri was found steadily dilating; and, from her uneasy movements, it was apparent that uterine action had begun. Half-past three: The membranes were ruptured, and brisk uterine action ensuing, a dead child was expelled, immediately followed by placenta. She regained her senses during the expulsive efforts, but appeared entirely ignorant of her previous condition. Recovery followed without any bad symptoms.

"In conclusion, I would remark, that the convulsions were in no measure mitigated by the depletion, which was carried to the utmost, nor was there any yielding of the os uteri until the chloroform was inhaled."

(From the 'Medical Times and Gazette,' Jan. 29.)

#### ON THE MODE OF FORMATION OF SECONDARY ABSCESSSES

Mr Henry Lee relates a series of cases of injury followed by secondary abscesses, and then treats of the question proposed for consideration. He denies the old and prevailing doctrine, that the lining membranes of the veins are analogous in their morbid actions to closed serous cavities, and that, in accordance with this theory, secondary abscesses are caused by the secretion of purulent matter by an inflamed vein. He observes—

"This subject is one of too great magnitude for me to enter upon fully at present; but, at the same time, it is abso-



lutely necessary that the ground should be cleared before we can form an unprejudiced judgment regarding the morbid processes which take place in veins. I will, therefore, offer one illustration only, which will, however, I think, be sufficient to establish the points which I have touched upon. I have here the drawing of a preparation now in the museum of King's College. In this case some cotton wadding was introduced into the cavity of a vein, and a similar piece into the peritoneal cavity of an animal forty-four hours before death. The means were thus afforded of testing, by direct experiment, whether these parts were really analogous in their morbid actions. The result was such as I confess I had anticipated. The cotton wadding which was introduced into the peritoneal cavity was surrounded by firmly-adherent lymph, whereas the cavity of the vein, from which the blood had been carefully excluded, contained no lymph at all. Its lining membrane presented rather a redder appearance than usual, owing, probably, to the increase in the size and number of the vessels in its cellular coat. Its valves, two sets of which were in contact with the cotton wadding, had not lost their natural transparency, nor was there any change in their colour. We have, then, here a decisive proof that the blood-vessels are not analogous in their morbid actions to the serous membranes of the body, and especially that they do not, like them, readily supply those secretions which are the common products of inflammation.

"You will, then, doubtless, be ready to ask me whence are those materials derived which have the appearances of lymph and of pus, and which are so frequently found in the interior of the blood-vessels. They are deposits undergoing various kinds of changes from the blood itself, and will never be found, until these changes are far advanced, to have any intimate connexion with the sides of the vessel in which they are contained. This is a point of some importance in the consideration of these cases; for lymph secreted as the result of inflammation always adheres firmly to every part of the surface with which it is in contact. This is, as I have said, not the case with the fibrine when first deposited in the interior of the blood-vessels.

"The fibrine once separated from the circulating masses of the blood, may, as I reminded you in a former lecture, undergo various changes. One of these is its liquefaction. The mass, as I then mentioned, may become softened down. The softening proceeds from the centre towards the circumference. This is illustrated in this preparation, where the central portions have been softened down, and have escaped, leaving the external and firmer parts in contact with the lining membrane of the vein. Large quantities of white, purulent-looking fluid may in this way be formed in the veins; and it will afford a very nice subject for any gentleman who will undertake the investigation, to ascertain the qualities of this fluid, its actions, and its microscopical appearances compared with pus.

"Having, I trust, shown that pus is not so readily secreted in the veins as has been generally imagined, I should have little difficulty in giving other reasons to prove that, even where it is so secreted, there would be little ground for maintaining the theory of the formation of secondary deposits, upon the supposition that the pus-globules were mechanically retained in the structure of the organs through which they passed."

Mr Lee then considers more specially the mode in which these deposits occur in consequence of alterations in the blood, and the circulation of blood through the veins. With regard to treatment, he remarks—

"Bleeding, calomel, and antimony have a tendency to diminish the coagulating power of the blood, and are, therefore, I apprehend, not suitable remedies for this disease. If such means be employed, they will loosen the adhesions, and dissolve the connexions formed between the coagulated blood and the sides of the vein. In this way the local appearances of irritation may be subdued. The redness, the swelling, and the pain of the part may be in some cases entirely relieved; but this is only because the vitiated contents of the vein are dissolved and carried to some other part of the

system; and while the surgeon is congratulating himself upon the disappearance of the local malady, he may be surprised to find other symptoms of a still more formidable kind developing themselves in some distant part.

"The plan of treatment which I have now for some time followed in these cases is to give the patient all those articles of diet or of medicine which are calculated to support his general strength, and especially such as are calculated to maintain unimpaired the coagulating power of the blood.

"I do not say but that, in some of the congestions arising from and connected with this disease, local bleeding may not be of advantage, especially as it may tend to unload the distended vessels of their morbid contents. But this treatment is not at all incompatible with the use of every means calculated to support the patient's general powers. In several cases I have now from the earliest stages of the disease given tonics freely, and especially I have used as medicine the different preparations of bark. Both in the primary and secondary forms of this disease, wine or other stimulants may often be given with much advantage. The patient to whose case I last alluded took at one time as much as twelve ounces of brandy a day, with the most signal and marked benefit. The effects of such means upon the system must of course be carefully watched; but, under due regulation, I have no hesitation in affirming, that in any given number of cases, the tonic mode of treatment, pursued from the commencement, would prove far more efficacious than any of a different character."

#### ON THE ARREST OF CONTINUED FEVER BY CINCHONISM.

This paper, by Dr Robert Dundas, is a reply to that by Dr Barclay on the same subject, which was noticed in our journal of January 19. He says—

"The perusal of Dr Barclay's interesting paper, as well as what I constantly hear and witness, proves to me the necessity of once more placing briefly before the profession some of those points in the treatment of continued fever by cinchonism, on which I have already urgently insisted—orally and in my several publications—during the last three years. As these points are in nothing modified by subsequent experience, I shall give the precise words in which I originally stated them, under the impression that this mode of recalling the subject may be more advantageous than any new or more lengthened statement:—

"I would here beg to recal briefly a few of those principles on which I have elsewhere strongly insisted, namely, that the value of cinchonism in typhus will be in proportion to its early induction; that, adopted early, it arrests with certainty, in the vast majority of cases, the course of all continued fevers, and thus presents the complications which prolong the disease and peril life; that we cannot arrest all cases of typhus fever by cinchonism, nor can we all cases of ague; serious visceral disease, in either case, will interrupt the specific power of the remedy; also, idiosyncrasy in some, and a broken-down state of the constitution in others, will prevent its success; that a vital organ already seriously damaged, or the vital fluids already seriously vitiated, will necessarily render the success of cinchonism doubtful; but that in none of the foregoing conditions, idiosyncrasy excepted, should the remedy be altogether suspended, for even in these, its administration will prove commonly useful, and *always* safe: that after the first impression has been made on the disease by cinchonism, the patient should be constantly and *well supported*: no slops. Wine will be often necessary, and (especially with hospital patients) brandy. To the purely medical measures I need not refer, but there is one point on which I am anxious to fix the attention of the profession, namely, that in estimating the specific power of cinchonism over typhus fever, the practitioner *must carefully distinguish those cases of visceral disease, attended with low inflammation and typhoid symptoms*, which are continually admitted into hospitals as typhus, or typhoid fevers. In these cases, the failure of cinchonism attaches, not to the remedy, but to the physician."—Appendix, p. 61.

"I may, perhaps, be permitted to add, that the dose I first adopted, namely, ten or twelve grains every two hours



to an adult, is that which I still find to be the most uniformly advantageous, and attended with the fewest inconveniences to the patient."

A report of a successful case, treated by Dr Gull, at Guy's Hospital, is then given.

#### THE FEVER AT BOA VISTA.

A controversial paper, in answer to Dr G. King's recent work, is published on this subject by Dr J. O. M'William. The article enters elaborately into the question, but it could not be profitably abridged.

(From the 'Association Medical Journal,' Jan. 28.)

#### ON INFLAMMATIONS OF THE SCLEROTICA.

After stating that this affection occurs commonly in the autumnal and winter months, Mr White Cooper thus describes the symptoms:—

"The tough, fibrous sclerotic has little sensibility in its normal state; but when the vessels composing its areolar tissue swell under inflammation, the membrane yields to the distension slowly, obstinately, and with grievous pain. To a superficial observer, the inflammation appears much less severe than in conjunctivitis; for in place of the bright crimson of the latter, the eye has a generally diffused pink hue, caused by the minute capillaries of the white sclerotic being gorged with red blood. On close inspection, there will be seen a series of straight vessels running from the periphery of the globe towards the cornea, separately at first, but insensating at acute angles as they approach it; these are manifestly deeper than the more tortuous vessels, which may always be seen coursing over the surface.

"Whenever the sclerotic is inflamed, there is deep-seated pain of an aching, throbbing character. The globe feels too large for the socket, and is tender to the touch; the pain is not confined to the eye, but extends to the temple, which is bruised and sore; in severe cases the whole side of the head, even to the occiput, together with the brow and cheek, participate in the suffering. This is aggravated at night, and it is supposed that in true rheumatic cases, the periosteum lining the orbit participates in the inflammation. Be that as it may, the patient is generally awakened about two in the morning by a paroxysm of pain, which gradually increases up to a certain point, and then as gradually subsides; and this is repeated night after night, till the sufferer, though jaded and weary, dreads the approach of bed-time, and the morning finds him tossing, feverish, and unrefreshed.

"When the great vascular communication which extends from tunic to tunic of the eye is considered, we may readily conceive that inflammatory action commencing in the sclerotic is speedily extended to the other membranes. Accordingly, within a few days after the pinkiness of the sclerotic manifests the presence of inflammation, the conjunctiva will redden, and the iris will be slightly changed in colour; for instance, a blue iris will assume a slight greenish tinge without perceptible dulness, and about the same time the patient complains of some mistiness of vision; the pupil too will be rather contracted, and will not act freely. These symptoms indicate that the iris and choroid participate in the morbid action. When the iris becomes involved, the characteristic zone around the cornea becomes strongly marked, being gradually shaded off into the general pink of the sclerotic, above which a pretty close network of inflamed conjunctival vessels can be seen.

"At the first onset of scleritis, the whole membrane is not suffused at once; a patch, generally near the cornea, first becomes injected, and from this the inflammation, if not checked, rapidly extends.

"Being desirous of ascertaining the relative frequency of scleritis in different places, I have compared the reports of the Liverpool, the Bristol, and the Moorfields Eye Infirmarys; and taking the average of three years, 1846, 1847, and 1848, for each, I have found the proportion of rheumatic cases was to the whole number of cases as follows:—

At Liverpool	.	.	.	1 in 128.29
Bristol	.	.	.	1 in 71.53
Moorfields	.	.	.	1 in 53.64

According to M. Cunier, the proportion of rheumatic cases in Belgium is about twenty-two per cent.—an enormous proportion, fully bearing out his statement, that in order of frequency, rheumatism stands next to scrofula as a disease of the poor in that country; and we cannot fail to remark, that the proportion is greater in London than in either Bristol or Liverpool."

Cases are given in illustration of the different forms of the disease; and the author, after premising that each case should be treated according to its peculiarities, advises the following remedial course:—

"As a general rule, there can be no doubt that judicious depletion, by cupping or leeching, is beneficial. The vessels are thereby unloaded, and brought into a favourable condition for responding to the action of medicines; and I may remark, that the mastoid region is preferable to the temple for the abstraction of blood. The bruised and tender feeling of the temple, which is characteristic of scleritis, renders cupping on that spot a very painful proceeding, and leeches occasionally cause much irritation and erythematous swelling, when applied there; these objections do not apply to the mastoid region, and the relief is equally great when the blood is taken from thence.

"As regards general treatment, much will, of course, depend on the condition in which the patient was found. The bowels should be well cleared in the first instance, but afterwards mere purging does little good. The point to be held in view, should be correction of the secretions, and regulation of the bowels, rather than active purgation: no less important is it to maintain an action of the skin, by doses of Dover's powder, or James's powder, where the surface is dry. A valuable medicine, after the tongue has become clean, is bark and soda, five grains of each of which, combined with two of powdered colchicum, or without the colchicum, may be given thrice a day with the happiest effect. The iodide of potassium, too, often exerts great influence over scleritis, especially after it has become chronic. From three to five grains thrice a day, in a light bitter infusion, as that of hop, will often remove the lingering inflammation with great rapidity."

Mr White concludes with some remarks favourable to the use of benzoic acid.

#### ON THE AFFECTION TERMED MOUNTAIN SICKNESS.

Under this term are grouped those abnormal sensations experienced on ascending lofty mountains, and Dr S. T. Speer, the author of the paper, has analysed the phenomena with much minuteness and at great length. Numerous tables are given of the frequency of the pulse in different situations, and at different altitudes. The following is the author's resumé:—

"1st. That in mountainous districts, and upon attaining a certain elevation, a series of physiological phenomena manifest themselves, which differ widely from the standard of health, and exist as long only as the exciting causes are in activity; disappearing upon a return to the ordinary level of human habitation.

"2nd. That the discrepancy existing among travellers relative to these phenomena, is to be accounted for by their variability both in nature and degree; this variability being itself dependent upon conditions referable on the one hand to the individual, and on the other to the locality.

"3rd. That, on the part of the individual, the following circumstances may modify the nature and intensity of the 'mountain sickness': idiosyncrasy, previous condition of health, the habit of fatigue (especially that produced by ascents), and previous residence in a rarefied atmosphere.

"4th. That, as regards locality, the phenomena in question are most strongly marked where a considerable elevation above the previous residence of the individual is attained in a short space of time; as on the Pass of the St Bernard, the Col of the Mont Moro, and the Col de St Theodule, in the Alps.

"5th. That the mountain sickness is characterised by the following symptoms, the entire category of which, however, is seldom, if ever, united in one individual: vertigo, head-



ache, somnolence, dyspnoea, constriction of the chest, palpitation, syncopal tendency, occasional oozing of blood from mucous surfaces, increased rapidity of pulse, anorexia, nausea and vomiting, thirst, febrile tongue, muscular pains, sense of extreme debility in the lower limbs, with general prostration of strength.

"6th. That these symptoms may be referred to a threefold source, viz., a gradually-increasing congestion of the deeper portions of the circulatory apparatus, increased venosity of the blood, and loss of equilibrium between the pressure of the external air and that of the gases existing within the intestines.

"7th. That these exciting causes of mountain sickness are themselves the result of a change from a given atmospheric pressure and temperature, for one in which both are greatly and suddenly diminished."

#### SUDDEN DEATH FROM COLLAPSE IN A CASE OF RUPTURE OF THE BLADDER.

Dr Paterson of Altrincham communicates the following case:—

"January 15th, 1853, M. Corr, æt. 45, a labourer, was, at half-past eleven, P.M., slightly intoxicated, and engaged in a quarrel with another man. On receiving a blow on the chest, he fell, but appeared not much hurt. He was separated from his antagonist and walked a short distance. The two men then met, and renewed their dispute; and, collaring each other, rolled down together, Corrfalling on his back, and his antagonist upon him. As Corr was rising, his antagonist, who had regained his feet, ran towards him, and kicked him in the lower part of the abdomen. The blow was the more violent as the man had wooden clogs on. Corr fell back, and died immediately.

"On making a *post-mortem* examination, on the 17th, I found the brain healthy, though congested; the heart was free from disease, but much distended with black, feebly-coagulated blood. The abdomen appeared to be healthy, and free from all injury. On scratching aside the peritoneum from the pelvis, my finger passed into the bladder, through a rent almost two inches in length. There was some bloody urine, perhaps an ounce, effused into the cellular tissue. The injury occurred on the left side of the body of the bladder. That organ and the urethra were healthy, and the peritoneum was uninjured. The body did not exhibit any internal marks of violence.

"REMARKS. I have not met, either in Beck's or Taylor's Jurisprudence, with a similar case: and though I have seen several fatal instances of laceration of the bladder, death has not occurred for some hours or days.

"It appears to me clear, that in this case death resulted from the shock to the sympathetic system; and that the rupture of the bladder had nothing to do with it. The darkness and fluidity of the blood, and the congested state of the brain, lungs, and especially of the heart, all confirm this view."

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**Dublin Medical Press.**—(No. DCCXXXIV. Vol. XXIX. Jan. 26, 1853.)—ORIGINAL COMMUNICATIONS.—Dr Geoghegan on an Examination of the Medical Facts in the Case of the Queen v. Kirwan: with Medico-legal Observations.—PROCEEDINGS OF SOCIETIES.—Medical Society of London: Dr Chowne on a Case of a Bearded Woman.—TRANSLATIONS FROM FOREIGN JOURNALS.—M. Henri on Quinine and Quinidine. S. Laureuzi on Cure of Neuralgia of Facial Nerve. M. Sandras on the Employment of Ice Pontics.—SELECTIONS FROM MEDICAL JOURNALS.—Dr R. L. Macdonnell on Successful Treatment of a Large Encysted Tumour. Mr W. B. Hamilton on the Oil of the Argemone Mexicana as a remedy for Cholera.—REVIEWS.—Clinical Reports on Ovarian and Uterine Diseases; with Commentaries. By Robert Lee, M.D., F.R.S.—LEADING ARTICLES.—"Examinations Real, not Verbal." Medical Journalism in England. Right of Practice in England.

**MORTALITY AT SEA.**—The Ticonderago, from Liverpool to Port Philip, with emigrants, lost on her voyage 120 passengers from fever; and when she reached Port Philip Heads she had 200 lying ill from fever, in consequence of which she was placed under quarantine.

**APPOINTMENTS.**—Dr Miller has been elected physician to the St Marylebone General Dispensary, in the vacancy occasioned by the resignation of Dr Wadham, who has just been elected Assistant-Physician to the Hospital for Consumption.—Mr William P. Kirkman has been appointed Assistant-Surgeon to the Suffolk County Lunatic Asylum.



## HOSPITAL REPORTS.

## LONDON HOSPITAL.

*Wound of the Radial Artery; Aneurismal Tumour; Suppuration of the Sac; Deligation of the Vessel in the Wound; Repeated Attacks of Hæmorrhage; Cure by Compression.*

"Joseph A —, aged eighteen years, of light complexion, healthy constitution, and following the occupation of barman, was admitted under the care of Mr Curling, January 16th, 1852, with traumatic aneurism of the radial artery on the right side.

"It appears that the patient, whilst ascending the stairs with a coal-scuttle in his hand, fell forwards, his wrist unfortunately coming in contact with some broken glass. One of the fragments probably wounded the radial artery, for the accident was immediately followed by severe hæmorrhage from the wrist. The bleeding, which was very alarming, was stopped by pressure, at a chemist's shop; and several days elapsed, during which the patient seemed to be going on very satisfactorily. Hæmorrhage did, however, occur twice within the first week after the injury; it was, in both instances, restrained by pressure, and the wound seemed likely to cicatrize kindly. At the second attack of hæmorrhage the patient noticed a swelling situated close to the wrist-joint, gradually increasing in size, but giving no pain. He went into the country for a week, thinking that rest would do him good; but as the wrist and thumb were becoming stiff and inflamed, he applied to this hospital, thirty-three days after the occurrence of the accident.

"On admission, an aneurismal tumour, about the size of a marble, was observed; it was situated one inch above the wrist-joint, lying between the tendons of the flexor carpi radialis and supinator longus muscles. The skin covering the tumour was very thin, of a bluish colour, and the pulsations were very strong. An abscess had in the meantime formed between the volar muscles.

"Mr Curling, on seeing the patient, judged that an operation was necessary, and immediately resorted to the following measures.

"An incision was made about an inch above the wrist, and the aneurismal sac cut into; the latter being found connected with an abscess, the wound was enlarged upwards, the artery secured above the sac, and a cold poultice applied to the part to restrain the hæmorrhage.

"Every thing went on favourably for four days after the operation; but on the fifth, hæmorrhage occurred in the night whilst the patient was turning in bed, and a large quantity of blood was lost. Compresses and lint dipped in cold water were immediately applied, and the bleeding completely ceased. The patient was given twenty-five minims of laudanum.

"No hæmorrhage occurred on the next day, but in the evening of the 23rd (two days after the first attack) bleeding came on again. The quantity of blood lost on this occasion was trifling; pressure again commanded the hæmorrhage, and a tourniquet was loosely applied over the brachial artery, with directions to the nurse to tighten it if bleeding took place again. Twenty-five minims of laudanum were given at once, and doses of ten minims were to be repeated if necessary.

"Two days after this, hæmorrhage occurred again to a great extent, and Mr Johnson, the then house-surgeon, enlarged the wound, and endeavoured to apply another ligature to the artery; but the state of parts was such that this could not be accomplished. The wound was therefore plugged with lint, dipped in cold water, and the compresses kept dipped in cold water. The tourniquet was screwed down, and opium given as before.

"The report states that the patient passed a bad night. He was ordered middle diet; the dressings were frequently changed; and the tourniquet kept on for eight consecutive days. This restraint gave the patient considerable pain, and caused a little sloughing in two places, although the apparatus was repeatedly shifted. The ulcerated spots

healed up, however, under ordinary means, no more bleeding took place, the patient progressed very rapidly, the wound healed very satisfactorily, assisted by light strapping, and the boy was discharged on the 29th of February, forty-four days after admission."

## GUY'S HOSPITAL.

*Injury to the Ulnar Artery, and Partial Division of Ulnar Nerve, from a Lacerated Wound of the Fore-arm; Deligation of the Artery; Improved Method of Continuous Irrigation.*

[Under the care of Mr Hilton.]

We advert to this case for the purpose of explaining the new mode of irrigation employed in the treatment of injuries:—

The irrigating means hitherto employed at Guy's Hospital had consisted of a receptacle for water (a glass funnel generally, with a cork inserted in its narrow end), suspended as best it could be to some part of the frame of the patient's bed, with worsted threads so placed that one set of ends could be immersed in the water, and the others hang over the part to be irrigated, capillary attraction completing the rest of the intention. Mr Hilton, observing the occasional inefficiency of this instrument, had constructed, by Mr Bigg, of St Thomas's street, the apparatus used in this case; and as it seemed to answer the purpose, we shall just describe it:—

The instrument consists of a zinc reservoir, with a vulcanized india-rubber tube opening from it at its side, close to the bottom. The entrance of water into the tube is regulated by a stop-cock; at the other end of the tube is affixed a broad zinc head, resembling a compressed or flattened rose of a watering-pot, a linear series of perforations being cut through its lower or convex edge. Equidistant from each other, and about half-an-inch apart, threads of worsted were passed through these holes from within, and made to project about three-quarters of an inch below the metal. This end was suspended over the part to be irrigated; the reservoir charged with water placed upon the usual little shelf situated at the head of the bed, and the stop-cock being turned, allowed the water to escape into the tube. The extent and rapidity of the irrigation were, by the aid of the stop-cock, perfectly regulated. A small sheet of oil-silk was placed under the arm and separated from the bed, the oil-silk being so arranged as to conduct the water which had passed over the limb into a basin or upon the floor of the ward. It is obvious that water of any temperature, or medicated in a prescribed manner, may be made, by this simple and cheap apparatus, to distribute itself over any part, however small or extensive it may be. The advantages of this instrument are, that the supply of water can be regulated by a stop-cock, so that there may be a definite and equable amount of irrigation to every part of the injured structure, or to any particular region, which irrigation can be regulated according to the sensation of the patient, or the temperature of the textures under treatment. By enlarging or diminishing, by elongating or shortening, the head, or varying its form, the drops might also be carried simultaneously over a larger or smaller, or any irregularly-formed surface.

## ST BARTHOLOMEW'S HOSPITAL.

*Rupture of Liver and Intestine from Concussion of Abdomen.—Death in seventeen hours.*

[Under the care of Mr Stanley.]

Thomas Hart, aged 15, a tall, thin youth, sustained in the evening of the 20th of August an injury to the abdomen from the fall of a very heavy chest, which struck him in the belly. He was admitted almost immediately after, when, although he exhibited in his countenance and manner an extreme and peculiar degree of anxiety and restlessness, yet there were present none of the symptoms of deep collapse, which are usually considered to mark grave visceral lesions,



His pulse was of good volume and but little quickened, and his skin warm. Those who saw him differed much in opinion as to whether he had sustained a severe injury or none of importance.

R Tinet. opii mx., 4tis horis; brandy ℥ss. statim.

August 21.—The night has been passed in extreme pain. He has been much troubled with hiccough and vomiting of green bilious matters. Urine has been passed in full quantities and unmixed with blood. His aspect is sunken, and of a pale leaden hue; hands cold and clammy. Death took place in the afternoon, seventeen hours after the accident. During the last two hours of his life his appearance had approached that of a patient in cholera.

There was found at the post-mortem examination a short laceration in the under surface of the liver, and another of very small dimensions in the duodenum in relation with that viscus. There was also another laceration in the first part of the jejunum; it was, however, very small. The peritoneum was extensively congested, and contained some turbid fluid mixed with flakes of lymph, as also a small quantity of bright yellow bile, and some bile-stained fecal matter.

## THE ANATOMY OF QUACKERY.

QUACK MEDICINES,  
THEIR HISTORY, COMPOSITION, AND QUALITIES.  
No. V.

### HOLLOWAY'S OINTMENT.

*Continued from page 68.*

Passing from Mr Holloway's Pills to his Ointment Pamphlet, we encounter a similar mass of trash and humbug to that which we have before alluded to. Here he favours the reader with a physiological lecture on the absorbent system, in which he assures us that his "invaluable ointment may, by being rubbed upon any part of the body, be imbibed, and be conveyed to the lungs, the heart, the liver, the stomach, or to any inward sores or ulcers, as well as all diseased or suffering parts, *without its undergoing any change whatever* in its healing or medicinal qualities." This the worthy Professor attempts to explain by referring to the way salt is forced into meat,—“When it even penetrates the bones and preserves the marrow,—so that if any part of a living body be well anointed with my ointment, it will be carried in the space of ONE HOUR to every part of the system, giving tone, energy, and health to the whole human frame.” Then follows the “momentous question” and the “ready answer.” “If my ointment will cure *ulcerated legs*, why not benefit *ulcerated lungs*?—if it will reduce a *swelling*, why should it be inefficacious for *diseased liver, kidneys, stomach, or womb*?” “The outward application of my ointment will cure dangerous and deep-seated inward complaints, as *surely* as it does wounds or sores palpable to the eye.” Bah!

We are next favoured with a list of diseases (à la Morison) which it “will” cure, about 80 in number, beginning with “asthmas” (in A), and ending (in Y) with “yaws,” wherein we are assured that this ointment will cure everything, from a “corn” to a “consumption;” from “bad legs” to “bad eyes,” and “baldness.”\* That “this ointment is composed entirely of very rare and valuable balsams, possessing the most surprising virtues. Even the most fearful cases, which have resisted every kind of treatment resorted to by surgeons of the greatest eminence, readily yield to its powers.” Then comes the climax of empiric impudence. “I (Thomas Holloway) challenge the whole College of Surgeons to produce any remedy which will admit of a comparison with the extraordinary curative powers of my ointment.” Well done, Professor Holloway! you are doubtless a hero of your kind, though your mission is only to gull

\* This is no exaggeration. Vide Mr Holloway's pamphlet, where the words occur, and an alphabetical list of diseases is given.

the multitude into the purchase of your pills and unguents. You verily draw the “long bow” with a vengeance, and with a nervous arm. Who can disbelieve you? Only those who, like ourselves, *have* examined and tested your potted grease, and found it *worthless*. Who can doubt you?—when you modestly charge the public at the rate of 1l. 2s. 8d. per pound\* for your compound of butter and bee's-wax.† No wonder quackery is an increasing trade, when it is so profitable a one. The “*rare and valuable balsams*” we have searched for in vain. We suppose they are used in homœopathic quantities.

In the pamphlets before us, Mr Holloway has wisely omitted the marvellous “cases of cure” with which their pages were formerly burdened. He confines himself to assuring the reader that “thousands are indebted to the use of my remedies for sound limbs and sound bodies, after all other means had failed.” “Many have left the hospitals un cured, and come to me! Many of these poor people made affidavits before the Lord Mayor of London and other magistrates, establishing the truth of my statements.” We have neither space nor time to devote to a full exposure of these dangerous assertions. The task has already been performed by the conductors of another publication. The spirited proprietors of the ‘Weekly Dispatch’ some little time since, thoroughly investigated the matter, and gave such an *exposé* of Mr Holloway's testimonials and doings, as, perhaps, never before issued from the public press in connexion with quack medicines and quackery. The results went to show that the statements made were either entirely unfounded or enormously exaggerated. In reference to the boasted affidavits, it was shown that it is illegal for a magistrate to permit such proceedings to take place before him, and that hence it was impossible they could ever have been made in the manner asserted in the pamphlets and circulars of Mr Holloway. The pretended patronage of the ointment by several eminent medical men was also investigated and exposed. The ‘Dispatch’ concluded by expressing their belief that the only use to which the ointment was at all applicable was as wheel-grease for their carts. We see that Mr Holloway still continues to employ the names of several highly-distinguished practitioners. We have communicated with the whole of these gentlemen who are still alive or in England, and the results have been as we anticipated. They *one and all deny having ever given any approval*, either directly or indirectly of Mr Holloway's nostrums; and three or four of them assure us that they have tried the ointment, and either find it *useless* or *injurious* in the cases for which it is recommended.‡ We understand that some years since Mr Holloway was restrained by injunction from pursuing this nefarious system. He abandoned it for a time, and on re-adopting it confined it to his circulars and pamphlets. Previously, he had extended it to his “showboards” and “posters.”

The success (if any) of Mr Holloway's medicines must be attributed to the regimen which he enjoins along with them,

\* A 1s. 1½d. box contains three-quarters of an ounce (barely). This is just 1s. 5d. per ounce, and 1l. 2s. 8d. per pound. A very good price, this, for a commodity that costs about a shilling per pound.

† The principal ingredients in Holloway's Ointment are butter, wax, and resin. The formula employed for an imitation ointment by those who prepare it on the large scale is—butter, eight parts; wax and olive oil, of each two parts; pale resin, two parts; Venice turpentine, one part. Melt; sprinkle in a few drops of strong acetic or nitric acid; stir for some minutes, allow it to settle well, pour off the clear, and further add a few drops of balsam of Peru or liquid styrax; again stir well, and when about half cold, pour it into the pots, previously warmed, and allow it to cool slowly. Should the butter be of a very pale colour, a small quantity of palm oil may be added; and if too soft, a little more wax, or a little sebum. No two samples of the ointment are of precisely the same character. The formula used by Mr Holloway himself is precisely the same as that of Albinolo, from whom, as we have already stated, he borrowed it.—(Vide ‘Albinolo's Ointment.’)

‡ The original letters may be seen on application at the office of the ‘Medical Circular.’



and which forms the chief point in what he calls "the Hollowayan system of medicine." In most cases his pills and ointment would otherwise prove quite inefficacious. In this respect he has borrowed largely from the system of the homœopaths and hydropathists. For example, he directs the free use of broiled or roasted fresh meat, once or twice a day, with stale bread instead of vegetables, and a total abstinence from "spirits, wines, beer, or other intoxicating liquors, strong tea, coffee, broth, stews, &c." Nothing but water, or the weakest tea, must be taken. We are also told that frequently drinking "half-a-pint of cold water" during the day, will prove advantageous. Attention to exercise, ventilation, warmth, &c., is also insisted on. The application of alum, loaf sugar, verdigris, or gall, &c., to ulcers, and common caustic (fresh-slacked lime and soft soap) to the horny skin of bad legs, with an *outside* dressing of ointment, is of a like character, although allopathic. As many of the maladies under which the poorer classes suffer arise from insufficient nourishment and the use of inferior food, there can be no doubt that a plentiful supply of good fresh meat will work wonders in the way of cure, whilst in others, abstinence from fermented liquors, is equally advantageous. In such cases, however, the small globules gathered from a pasture, or pills made of "powder of post," with an unguent formed of hog's lard or mutton suet, would prove fully as efficacious as Mr Holloway's medicines.

Many amusing tales are related in connexion with Professor Holloway and his medicines. A contemporary journal has, however, done full justice to the subject. As illustrative of the painful fact that the use of quack medicines is not confined to the poor and ignorant, we may relate the following anecdote, which is not only recent, but we believe also true:—A lady, for some years a resident in India, had adopted the use of Mr Holloway's medicines. She at length was about to return to Europe, and felt anxious to secure a continued supply of her favourite remedies. It had been asserted in her neighbourhood (in the usual manner) that the demand for these medicines was so great in England, that they were scarcely obtainable for money. She rushed with eager steps to the Indian agent, who assured her that such was the fact. What could she do? She at once determined to take in a large stock; and she immediately invested many pounds in such a purchase. On her voyage home she expressed to her fellow-passengers her firm conviction that the assurance on which she had acted was strictly correct; nor is her mind even yet fully disabused. As a further instance in proof of our position, we may state that one of the gentlemen connected with this journal had, a few years since, as private pupil, a son of one of the most eminent lawyers that ever occupied the judicial seat of Lord Chief Justice. This brought him into almost daily connexion with a certain lady, alike remarkable for her acquirements, her amiability, and goodness of heart. But the lady had a favourite crotchet with which she was very fond of "boring" our friend. She had read Holloway's pamphlets, had become one of his disciples, and patronised his pills and ointments wholesale; indeed, we might almost say, that she had opened a *free* "Hollowayan dispensary." Her zeal on the subject was extreme, and would have been commendable in a better cause. In fact, she proved not only a disciple, but an active apostle of the dogmas of Mr Holloway. Our friend listened with politeness and submission to these daily lectures. At length his "lukewarmness" in reply, called forth an actual demand for the open expression of his opinions. He complied mildly and deferentially; but the spell was broken. He lost cast. The favourite had fallen. His precepts had lost their weight and value in the given quarter. He encountered a coldness of language and demeanor daily for weeks, until his independence of mind led him to abandon the scene where the above incidents in his career occurred. What was the cause of this? Simply a disbelief in the quackery of Holloway, and the virtues of his grease and globules. Thus we see that gullibility is not confined to the lowly and the ignorant.

The extent of Mr Holloway's business at the present time may be appreciated by a visit to his establishment, close to

the west front of Temple bar. About thirty persons will there be found arranged behind the counters, potting, stamping, labelling, &c. &c. his pills and ointment; whilst several others are engaged in different departments of the building. We understand that altogether Mr Holloway's staff consists of between fifty and sixty souls, all of whom, we hope, he keeps well supplied, gratuitously, with his medicines. A short time since he succeeded, by means of an injunction from the Court of Chancery, in "putting down" the opposition of Henry Holloway, who, lured by the success of his brother, had started in the pill and ointment trade. This really did appear a hard case, as the luckless brother declared his nostrums the "better of the two."\* However, Mr Thomas Holloway's star has recently been in the ascendant: we hear of his fine carriages and horses, and we understand that he has lately connected himself with one of the principal Yankee sarsaparilla depôts in the Strand. He also dabbles largely in bonded wines, and is always ready to make an advance on "warrants," if the quality be marketable. In fact, we are told that he has both cash and energy for any speculation that promises large profits. At present he is said to be in Rome; but whether he aspires to be a Cardinal, we cannot say. Perhaps he is preparing a new version of his pamphlets for the Kaffirs, but this we leave the reader to decide; and tendering the latter our copies of Mr Holloway's effusions in English, French, Dutch, German, Spanish, Portuguese, Italian, Turkish, Bengalee, Goozeratee, Oordu, Visaya, Camarine, Tagalee, and Chinese, we will leave him to amuse himself until we wait on him again.

*To be continued.*

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, Esq., M.D., F.S.S.

### CHAPTER III.

A.D. 1400—1711.

(Continued from Number XXIX.)

Dr Ridley was nominated. Fedor died; and Boris was elected Emperor in 1598, when Elizabeth wrote to congratulate him on the event; in the same letter she prayed "at the request of the friends of Mark Ridley," that his Majesty would grant the said Mark Ridley, Thomas Ridley, and L. Nightingale, his "high licence to depart." From other letters it is evident that the court physicians were not free agents. By a royal letter (1601), we learn that Dr Wylls was dismissed from Russia without entertainment. The charge was, (1) that he had letters which he did not deliver; (2) that he had no books or other provisions meet for his place. To this it was replied, that he had sent both his books and drugs by sea. A succession of English physicians has, since 1557, been entertained at the court of the Czar. Dr A. Dee (1621-34) had a yearly salary of 250 rubels, besides 72 rubels monthly, and 1114 silver rubels yearly, for board, without reckoning provisions procured from the crown stores. There were ten apothecaries in 1631, and two of them were English. Drugs were then chiefly obtained from England, Holland, and Germany. Dr Samuel Collins, the celebrated anatomist, was eight years in Russia, (1659-1667.) The state of medicine in Russia presents an exact picture of the state of things in England during the Saxon and Norman periods. Foreign drugs and physicians were introduced at the courts, but the common people had no medical attendance; nor was this allowed, if it existed in Russia, without special permission.†

\* It has been rumoured that the unhappy Henry has been forgiven, the injunction quashed, money put in his pocket, and a commission given him for the "diggings." Not so bad, after all!

† Qui (Magnus Muscoviae Dux) si quis ad mortem laboraret, ne permisit quidem, ut e suis medicis aliquis agrotum invisat, &c. 'Muscov. Antonii Possevini.' Ant. 1587. P. 75.



The names of the principal writers will exhibit the progress of *medical science* in the three centuries, 1400-1711. When an author was of any note in his age, one of his works is specified.

The dates of the writer's birth and death, when known, are given: *d.* stands for died; *b.* for borne; *f.* flourished.

## FIFTEENTH CENTURY.

*John Marfelde*, flourished in the reign of Henry VI. *Praxis Medicinæ*.

*Nicholas Hostresham*, *f.* 1443. *De Modo conficiendi, et dispensandi*. L. 1.

## SIXTEENTH CENTURY.

*Linacre*, 1460-1524. *De Sanitate Tuenda*, (Tr. from Galen), 1517.

*T. Vicary*, Serjeant Surgeon to Hen. VIII, Ed. VI, Mary, and Elizabeth. A treasure for Englishmen, containing the Anatomy of Man's body, 1548.

*W. Butts*, *d.* 1545.

*J. Chambre*, *d.* 1549.

*Sir Thomas Elyot*. The Castell of Health, 2nd Ed., 1541

*Andrew Borde* (Merry Andrew.) *Breviarie of Health*, 1547.

*Reorde*, *d.* 1558. The Urinal of Physick, 1547.

*Phayer*, *d.* 1560. Treatise ou the Pestilence, (Tr.) 1544.

*Turner*, *d.* 1568. On Bathes in England, 1562.—Herbal, 1551.

*J. Jones*, *f.* 1556.

*Thomas Gale*, *b.* 1507. Institution of a Chirurgeon, 1553.

*Kaye (Caius)* 1510-73. A Boke of Counsell against the Swcat, 1552.—*De Ephemeræ Britannica*, 1556.

*Bulleyne*, *d.* 1576. Defence against all Sicknesse, Soar-nesse, and wounds, 1562.

*R. Caldwel*, 1513-85.

*Clowes*. A briefe and necessary Treatise touching the cure of the disease now usually called Lues Venera, 1585.

*T. Moufet*. *De Jure et Præstantia Chemicorum*.

*Gwinne*, *f.* 1596. *Medicamentorum*, 1584.—*Health's Improvement*.

The names of *Wotton*, *Owen*, *Hyll*, *Gibson*, *Clemont*, *Securis*, *Etheridge*, *Baker*, *Banister*, *Baley*, *Halle*, *Rhese*, *Butler*, *Lowe*, *Anthony*, and *Banister* have also been preserved.

## SEVENTEENTH CENTURY.

*Gilbert*, *De Magnete*, 1600.

*Mayerne*, 1573-1655. *Medicinal Counsels*, 1677.

*Arthur Dee*, *b.* 1579. *Fasciculus Chemicus*.

*Gulston*, *d.* 1632.

*Winston*, 1675-1655.

*Harvey*, 1578-1658. *De Motu Cordis*, 1628.]

*Venner*, 1577-1660.

*Ent*, 1603-89.

*T. Johnson*. The Herbal gathered by J. Gerard, enlarged by T. Johnson, 1633, (apothecary).—He also translated *Ambrose Paré*.

*Glisson*, 1597-1677. *Anatomia Hepatis*, 1654.

*Kenelm Digby*, 1603-65. On the Sympathetic Power, 1658.

*Parkinson* (apothecary.) *Theatrum Botanicum*, 1640.

*Sir T. Browne*, 1605-82. *Religio Medici*, 1642.

*Wharton*, 1610-1673. *Adenographia*, 1656.

*Higmore*, 1613-85. *Corporis Hum. Disquisitio Anatomica*.

*Willis*, 1622-1675. *Cerebri Anatome*, 1664.

*Charleton*, 1619-1707.

*Sydenham*, 1624-89. *Observationes Medicæ*, 1666.

*Lower*, 1631 (?) -91. *T. De Corde*, 1669.

*Grew*, 1628-1711.

*Locke*, 1632-1704. On the Human Understanding.

*Goddard*, *f.* 1668.

*W. Briggs*, 1641-1704.

*E. Browne*, 1642-1708.

*R. Talbot*, 1642-81.

*Mayow*, 1645-79. *Tractatus quinque Physico-medici*, 1669.

*Floyer*, 1649-1734.

*Wiseman*. *Chirurgical Treatises*, 1676.

*Bidloo*, 1649-1713. *Anatomia Corporis Humani*, 1685.

*Chamberlen*, 1664-1728.

*S. Collins*. *Systema Anatomicum*, 1685.

*R. Morton*. *Phthisiologia*, 1689.

*Keil*, 1674-1719. Account of Secretions, 1708. Anatomy of the Human Body, abridged, 11 editions between 1698-1745.

*Cheyne*, 1671-1743. On Health and Long Life.

*Gideon Harvey*, 1699.

*W. Cowper*. *d.* 1710. *Myotomia Reformata*, 1694.

Science made no evident progress in England during the 15th century. Friar Bacon, Wickliffe, and Chaucer were dead; and the energetic intellect of the people fell struggling to the ground. Medical science scarcely exhibited a trace of its existence. No insect, or "bird of the air, or beast of the field," gave a sign of animation; it was the still morning of a harvest day.

Italy—the fruitful soil upon which Roman civilisation decayed, had given birth to flourishing republics—and commercial cities—Milan, Genoa, Pisa, Florence, and

"Fair Venice, flower of the last world's delight;"

besides Naples, and imperial Rome. Petrarch and Boccaccio sprang up; but before them the majestic Dante—vigorous as the giants of a young world—and then Leonardi da Vinci, the harbinger of Michael Angelo and Raphael. The pure sciences came with the Greek literature, carried thither by Chrysoloras, Theodora of Gaza, Callistus, Chalcondylas, Lascaris, and other refugees who escaped from the ruins of Constantinople (1453.) From the death of Galen, (200), an unbroken series of Greek physicians had been maintained in the empire. Oribasius, Aetius, Alexander of Tralles, Paul of Aegina, Simeon Seth, and Johaunes Actuarius, were authors of works that have escaped oblivion; and Hippocrates, Aretæus, and Galen, in their native language, were always accessible to the Greeks in the public libraries.

To be continued.

## NOTICE.

As the subscribers to the 'London and Provincial Medical Directory' have by this time received their copies, we trust that, in proof of the safe delivery of the work, they will immediately remit without further delay the cost, viz., 5s., together with the postage, which we announced at 6d., but, as it was found that to enable the work to be sent for that sum, it would be necessary greatly to lessen its contents, we determined (at a great additional cost to ourselves in printing and paper) to leave the extra postage in the hands of our subscribers, few of whom, we presume, will grudge 6s. for the volume.—Post-office Orders to be drawn in favour of Thomas Rolfe, at 4 Adam street, Adelphi, payable at Charing cross.

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\*\* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.





### BIOGRAPHICAL NOTICE.

#### THOMAS WAKLEY, ESQ.

Mr Wakley need not tremble, for he has not fallen into the hands of the Philistines. Not one word more than the truth—not one word less than justice—shall he receive from us in blame or praise. Nay, we will deal leniently with his offences, play with his wrath, smile at his alarm, and modestly bow to his unquestionable abilities. Have we beaten him for nothing? It would be robbing ourselves to steal anything from his merits. What becomes of our triumph, if he was not a worthy antagonist? No, Thomas Wakley, we know you well; have admired your talents, wondered at your self-assertion, applauded your energy, accepted your praise, and risen erect before your open enmity and secret slander. We can be generous, for we never felt a wound. It is no merit, therefore, in us if we do not manifest that acrimony which you may be prepared to expect. There is a certain consciousness of strength that soars above the reptile meanness of indulging in low and rancorous dislikes, and of that quality you will reap the advantage.

Pray, Sir, be seated for your portrait. Compose your irritability. Do not move, Sir. That ringlet does not fall elegantly over your ear. There! open your eyes: look straight: don't shift: be steady. No! that expression is bad,—very. "Indeed," as a well-known photographer re-

marked the other day to a gentleman from whose physiognomy his art could not borrow a compliment—"indeed, Sir, either the sun libels your face, or your face is a libel on my art!" Try again, Sir. Zounds! your countenance will never do for a daguerreotype; the process is too true; so we will engrave the painter's ideal; and if our picture prove defamatory, bring an action at law, and sue for the damages.

The reader will understand that, having failed in procuring a daguerreotype of the ex-Member for Finsbury, we have availed ourself of the only means at our command for redeeming our pledge. Behold, then, the lineaments of Thomas Wakley, as he was some twenty years ago, soon after he became a Member of Parliament, and before his natural inclination to obesity had blurred the bloom of his features, and added breadth to his proportions. He was then a comely man, fair and ruddy, with flaxen locks of most indisputable beauty of curl, and features rather delicately than strongly marked. He was not very different from this when we first knew him; but within these few years he has attained an extraordinary physical diameter. His amplitude is amazing—his exuberant shoulders stretching the broadcloth till the stitches groan; and his countenance, broad, oily, and rubeose, looking like the fac-simile of that



ardaceous son of mythology, the sleek and saucy Silenus, or that jolly representative of Britain's favourite beverage, John Barleycorn, whose fat, puffy, laughing, round face and luxuriant curls we have seen figured a thousand times on our delf jugs and ale-cups.

Truly may Mr Wakley say, like the inimitable hero of the modern drama, "When I was about thy years, Hal, I was not an eagle's talon in the waist; I could have crept into an alderman's thumb-ring:—a plague of sighing and grief! it blows a man up like a bladder." Mr Wakley's features are not boldly chiselled, and do not at the first view manifest any force or peculiarity of character. His eye is the index of his soul. The man is displayed in his glance. He seems to know it, and has a trick of laughing and shutting his little eyes to baffle observation; but the expression is only the more significant of the character. A physiognomist, too, concludes that less is owing to trick than nature, and understands for a revelation the gesture of concealment. He rolls his burly person along with considerable speed, for he is generally in a hurry; and, under the influence of habitual irritability, his mouth seems to be always parched, and his face flushed and febrile. To give him due praise, however—for we would rather be condemned to live upon skimmed milk all our life than to deprive a man of what he richly merits; such a costive, starveling spirit is not ours, we aver—Mr Wakley is a man of uncommon force of character, bold in his views, persevering in their accomplishment, of indefatigable activity, and capable of immense exertion: he is wary withal, and, in many of the most trying events of his life, has manifested much prudence and circumspection. It is not for us to say whether this quality has not too often degenerated into a fault—our readers must determine. His judgment, which is limited in its operations, is especially evidenced in his dealing with plain facts, and in the business of life. It is exhibited to a certain extent, also, in his political conduct; for with all his uproarious radicalism, he always managed, while in the House of Commons, to keep "on terms" with the Government. As Coroner for Middlesex, the Radical Member for Finsbury, and a Medical Reformer, his discretion must often have been severely tasked. His peculiar talents consist in his common sense, and that quality not often associated with it, but very necessary to make a successful politician, called *finesse*. As a "mob orator" he certainly shines. Performing in this not very elevated character, his plain popular style, well suited to the intelligence of ten-pound voters, meets with a quick appreciation; and his jokes, broad, vulgar, unctuous, grotesque, and repeated *iterum iterumque*, tickle the ribs of his auditory till they almost cry "mercy!" But his jests are usually low and trite, and pressed into service at different times and on different occasions. Thus, when he was opposed at Finsbury by Mr Samuel Warren, the barrister, he nicknamed him "Soft Sam," and luxuriated in the fun he seemed so merrily to have conceived; yet it was but a stale joke, for he had stigmatized Mr Samuel Whitbread with the very same *soubriquet* at a former election. When he made an effort to amuse the House of Commons, and he rarely spoke for any other object, he generally relied upon two staple jokes—very sad ones too, but they were dragged forth on every occasion. He was either, as coroner, about to hold an inquisition upon a defunct ministry, or prepare a new pill to revive a sinking one; and at such twaddle as this our British legislators laughed immoderately. Legislation must be dull work! Of invention, then, Mr Wakley has but little; of taste, less. But he can speak on grave occasions remarkably well. When the subject requires it, he can be serious and impressive, and his manner is so easy, his enunciation so well timed, that with a prepossessed auditory he generally commands success. Without this, however, the most eloquent speaker is a mere trumpet of brass, and gives forth nothing but a melodious sound. We have seen Wakley stand up in the Hanover square Rooms, and speak with energy in the presence of 1,200 medical men, and at last sit down dejected and overwhelmed, amid only 14 supporters. This was, indeed, throughout his public life, "the unkindest cut of all."

In the House of Commons, the caressing tones of his voice, and his good-humoured gestures, often belied the apparent strength of his observations, so that a speech which in print looked like a fierce attack upon the Government, was actually delivered in accents so gracious and silvery, that it did not grate offensively on the ear of the Minister. This was an important aid in gaining the amount of success he achieved in the House of Commons.

Whatever commendation we may bestow on Mr Wakley's manner, we cannot extend equal praise to his matter, which is ordinarily common-place, superficial, and unsatisfying. He cannot reason on his legs; nor can he glow with real fervour and enthusiasm. If he cannot jest or gloze, he can do nothing, and having observed him closely, we suspect that he must have often felt the desire to sit silent, when most tempted to maintain his position by a speech.

As a politician and public speaker, Mr Wakley has neither history, commercial knowledge, depth of argument, imagination, nor statesmanlike ability;—as a medical journalist, he has neither science, taste, literature, nor good repute, yet he is said to have succeeded in both instances! From such success defend us! He has *tact*! On many occasions, however, even his tact has been at fault, for he has allowed himself to be swayed by an undue self-importance, and he has let his interests fly down the wind before the impetuous gusts of his passions. Once committed to an error, his pride or vanity would not permit him to confess his imprudence; and he has rushed from folly to folly with a precipitancy which imperilled his most vital interests, and which, we fear, led to results that have soured his temper, and may continue to agitate the remainder of his days. This is a consequence every man must regard with sorrow.

Our narration of the events of Mr Wakley's life will be but brief, as there are many things which he as well as ourselves would not care to recall. He is the son of Mr Henry Wakley of Membury, Devonshire, and was born in the year 1795, consequently is now 58 years of age—not yet old; and certainly too young to retire voluntarily from the honours of Parliament. He was married, in 1820, to the youngest daughter of Mr Joseph Goodchild—a lady, we believe, possessed at that time of some personal attractions, and who has presented him with three sons, and one daughter; the latter of whom has long ceased to smile upon his hearth. Having become a member of the College of Surgeons in the year 1817, he embarked in general practice, first in Honiton, Devon, afterwards in London, but, from what we have heard, we surmise that he did not succeed in this vocation. We must, however, leave these minor details, and come at once to more important matters.

The establishment of the 'Lancet,' the first number of which was issued on Sunday, Oct. 5, 1823, was an epoch in the annals of medical literature. It took the profession by surprise, disgusting the lovers of propriety by its coarseness and obscenity, and startling every body by the novelty of its plan. Curiosity was awakened, and it sold—all, we suspect, that its proprietor desired. Yet, looking back upon its pages, we are amazed that it should have attained any circulation among educated men. Through its whole history, too, the ignominy of its origin has left a taint of pollution on its character, and to this hour it is smeared with the disrepute of its natal abominations.

It may, perhaps, gratify curiosity to recite the Tables of Contents of the first two Numbers of this Journal, as recorded at page 108 of the first volume:—"Contents of No. I.—Preface.—Sir Astley Cooper's Introductory Surgical Lecture, delivered at St. Thomas's Hospital on the 1st inst.—Enlightened Liverymen; DR COLLYER.—The Drama.—Medical and Surgical Intelligence.—Medical Extracts.—Compositions of Quack Medicines.—Table-Talk.—*Elia v. Southey the Laureate.*"

"Contents of No II.—Sir Astley Cooper's Surgical Lectures continued.—A cut at, and exposure of, the morbid parts of Dr Collyer's case; with new depositions from Piper, Povey, and Towsey, and a deposition from another eyewitness of the name of Keates.—The Drama.—Medical



Extracts.—Compositions of Quack Medicines—Miscellaneous.—Table-Talk.—Birmingham Musical Festival."

These tables indicate the leading features of the 'Lancet.' Those points for which the Editor deserves our praise, were the practice of reporting "Lectures," and "Cases" treated in the public Hospitals. It is well known that Abernethy in particular disputed the right of the Editor to pursue this system, and endeavoured to procure an injunction;—the pages of the present Weekly Journals testify with what success. General politics, the drama, the news and small scandals of the day, with chess problems, made up the remainder of the weekly numbers: so that, after all, it was not so much a Medical Journal as it was a trashy Magazine of ephemeral gossip. There is one subject, however, to which we cannot refer without deep pain, and an expression of regret that it should have ever been permitted to soil the pages of a Medical Journal—we allude to the charges alleged against Dr. Collyer, which, at that time, the Editor considered to form so attractive a subject, that he has actually indexed it in capital letters. We cannot lift the veil that shrouds these revolting obscenities. Messrs. Piper, Povey, and Towsey—the informants, have, we hope, long ago repented of their share in these loathsome transactions; and we trust that a Mr. Ryland, who was tried at the Old Bailey two or three years since, for threatening to republish these charges unless he was bought off by a bribe, has also in an appropriate cell counted his beads in a spirit of penitence and sorrow.

We need only refer briefly to the action for libel brought by Mr Bransby Cooper against Mr Wakley; and as, from certain signs we have recently observed, we presume that the wounds received in this conflict have scarred and healed, we shall refrain from opening them anew. Although we intend to dilate at greater length on these matters at the end of our sketch, it is unnecessary at present to do more than allude to the action for libel brought against Mr Wakley by Dr Ramadge; but we must say a few words more on another action for libel instituted against him by Dr Roderick Macleod, the Editor of the 'Medical Gazette.'

The physicians and surgeons of the London Hospitals, affronted by the repeated attacks upon them in the 'Lancet,' started a new Journal, the 'Medical Gazette,' under the editorship of Dr Roderick Macleod. This gentleman soon became the object of the 'Lancet's' vilification and invective; and he at length sought redress by an action at law, for an impeachment of his veracity of which the 'Lancet' had been guilty. He gained a verdict, and FIVE POUNDS in damages—a jury's appreciation, we presume, of the value of the veracity of an editor of those days. Dr Macleod was an honest and good man: what would have been the damages if the case had been reversed? However, the 'Lancet,' nothing daunted, continued its ribaldry against the 'Medical Gazette' and its devoted editor; and since Mr Wakley has within these few years become so very susceptible of censure, and so prone to threaten legal proceedings against any body, however humble or exalted, who ventures even to remind him of his antecedents, and to question the faultlessness of his taste or his morality, we will quote a few sentences to show that he is the last man who should indulge in a mawkish sensibility in this regard. By his acts let him be judged. Here is a specimen of the native gentility of his spirit, and his courteous forbearance towards a literary rival:

"Poor Roderick having completely floored Dr Elliotson, has once more bestirred himself in the mud, like a donkey in convulsions, and has made another effort to soil the robe of the professor. But the attempt having been peculiarly feeble and *asinine*, like all the previous performances of this unhappy wight, every time he has attempted to rise, he has fallen back deeper into the mire, an object of pity and contempt with the two classes of initiated beholders. Had Roderick's nonsense-room been *full of dupes* (sic in italics) the Goth would have made no attack on the eminently-successful lecturer at the University. But enough of this. There are BRUTES that are not worth the lash of a halfpenny whipcord."—'Lancet,' 1832-3, p. 277.

Again: "When the prospectus of the *MOCK LANCET* of LONGMAN and the BATS was issued, the direction which the projected publication would take was at once evident to every man who saw below the surface of things. *The professions were saint-like, but the intentions DEVILISH.* When 'personalities' were denounced, there was a fixed determination to make private character the object of the never-ceasing virulence and malignity of 'THE PARTY.' The assumed garb was too transparent. The intellectual faculties were not strong enough to conceal the odious workings of the animal propensities. Who was the writer of that prospectus—a document put forth with so much pomp and ceremony, yet equalled in malignity only by its stupidity,—ridiculous beyond conception, as a specimen of reasoning, and worse than contemptible in point of grammatical construction? Who?' 'Oh, but the gentle, the amiable, RODERICK can have no hand in such ASSASSIN-LIKE work. Nevertheless some person had; and would that RODERICK possessed the power to make the secret ASSASSIN stand forth in the open face of day! and thus, by seeing him acknowledged, we might not be guilty of the unpardonable sin of visiting even a reflected portion of his guilt on an unoffending fellow-creature."—'Lancet,' 1832-3, pp. 404-6.

How cunningly is not this libellous attack apparently diverted from its intended object? Which is worse, this, or what the editor calls secret assassination? One quotation more;—after an enthusiastic eulogy on Dr Elliotson, the editor says: "On perceiving the just estimation in which this excellent and celebrated physician is held, the arm of the scribbling assassin begins at once to wriggle under its moral disguise. It wishes, but dreads to strike; but, reptile-like, it spews out the slime of affected tenderness, while its ultimate purpose is cruel, poisonous, deadly."—'Lancet,' 1832-3, p. 406.

Again, in the same article: "But here was an occasion of exultation for the secret vilifier of the *MOCK*. He gloated with SATANIC joy over the supposed sacrifice of the reputation of the generous LAMBERT, as does the thirsty vampire over its conquered prey." We do not know what amount of damages for libel Mr Wakley could expect to gain after being the writer of these and other such ferocious slanders on his literary brethren? These sentences look as if they had been written by a cannibal, with the point of his scalping-knife. The 'Lancet' was mis-named: it should have been called the "Gibbet."

(The remainder of this sketch will be published in our next Number.)

PETITION TO PARLIAMENT AGAINST THE INCOME-TAX, FROM THE MEDICAL PROFESSION IN TORQUAY.—The practitioners of Torquay have placed in the hands of Sir J. Yarde Buller, one of the members for South Devon, the following Petition for presentation to the House of Commons. This example should be followed throughout the country. "The Humble Petition of the undersigned members of the medical profession, practising in Torquay and St Mary Church:—This petition sheweth,—That your petitioners only derive from their professional exertions most uncertain and precarious incomes, and which of necessity cease under impaired health, in advanced life, and at death. That your petitioners are, for the most part, married men, with families, for whose education and present and future support, under the contingencies of illness, advanced age, and death, they have to provide by these uncertain and precarious incomes. That your petitioners feel it a great grievance, and cannot but consider it most unjust, that their professional incomes, thus precarious, should be taxed at the same rate as incomes derived from realised property, which are not affected by the health or age of the possessors, and which descend to their families after their death. Your petitioners, therefore, humbly pray that, in re-imposing the Property and Income Tax, your honourable House will so alter its adjustment as to press less grievously upon them, in common with all others alike depending upon temporary and life incomes. And your petitioners will ever pray," etc.



## REVIEWS.

*A Practical Treatise on Inflammation of the Uterus.* By JAMES HENRY BENNET, M.D.

This is the third edition of Dr Henry Bennet's ingenious work on Affections of the Uterus. It is hardly necessary for us, in noticing this volume, to expatiate on the peculiar doctrines taught by Dr Bennet, inasmuch as all our readers, in the least degree acquainted with modern medical literature, must be sufficiently acquainted with the leading points he has inculcated. His views on ulcerations of the cervix uteri, and their significance in relation to the symptoms manifested, have been discussed with unusual acrimony in this country, and while several of our leading accoucheurs have ranged themselves on his side, others not less eminent, have repudiated his doctrines. The use of the speculum in forming a diagnosis in these affections is strongly urged by our author, and it is well known that in this respect also his practice has been strongly condemned. Our opinion is, that with reference to the speculum there has been much rash declamation. There are few men we apprehend who, in a doubtful or stubborn case, would reject the aid of this instrument. There are still fewer, we hope, who would unnecessarily wound the sensibilities of a female patient, by using it where it is not required. It is not the use, but the abuse of the instrument that should be condemned. There is also a manner of doing these things which in a necessary case removes all indecency from the act. A practitioner, who habitually and unnecessarily, and without due propriety, had recourse to this instrument would deserve the severest censure. The objections, therefore, in our view, are based less upon considerations of science than of morals; and while we would never consent to sacrifice morality to science, yet, on the other hand, it is quite possible to sacrifice science at the shrine of a culpable prudery, improperly arrogating to itself the title of morality. We need not fear that any man, who in our profession violates the decencies of life, will not be quickly arraigned before the bar of public opinion.

This work, on its first publication, attracted great attention on account of the novelty of its views; that interest has not yet subsided. Attempts have been recently made, as our Journal testifies, to subvert the pathological doctrines; but the question is still *sub judice*. We have no hesitation in recommending this volume to the careful perusal of our brethren, for assuredly, whether the points in dispute shall eventually be substantiated or not, they will acquire from it a large amount of practical information. Dr Bennet writes in a perspicuous and interesting manner, and his work is deserving a prominent place in the library of every medical practitioner.

*Operative Ophthalmic Surgery.* By HAYNES WALTON, Esq., F.R.C.S., Surgeon to the Ophthalmic Hospital, and Assistant-Surgeon to St Mary's Hospital.

This production is unquestionably one of the most complete works on operative ophthalmic surgery that has come under our observation; and the credit it reflects upon its author is not less than the honour it does the profession to which he belongs. It is written in a superior style; and the subject matter and arrangement are unusually good. The rules Mr Walton lays down for the treatment of the various affections incidental to this organ and its appendages, are concise, simple, and judicious; and are founded in sound reasoning, close observation, and the successful results experienced both in his private and hospital practice.

The author begins the work with a very interesting historical sketch of ophthalmic surgery, in which he traces its cultivation from the days of the early Egyptians, and its progress onward through the ancient Greek, Roman, and Arabian schools, down to its position at the present time in this country. He has judiciously devoted one chapter to ophthalmic instruments in general; in which he has made several valuable suggestions, and says—

"It is easy to comprehend the extent of influence exerted over the success of a surgical operation by the perfection or imperfection of the instruments with which it is performed. It may even happen that the defects of the instrument shall amount to a prohibition of obtaining, by means of it, the effects which it is intended to accomplish; and if this be the case in surgery at large, it is more particularly true in ophthalmic operations."

Mr Walton recommends the use of cotton wool to scalds and burns about the eye, perfect rest, and none but soothing applications when the organ itself is involved in the mischief.

In the treatment of inflammation of the globe of the eye, he advocates a very mild use of mercury, and considers that the effects of a free employment of the mineral are as often injurious, or more so, than beneficial; and to illustrate this opinion we cannot do better than quote the following case. He says—

"Within a very recent period I was requested to meet, in a case of syphilitic iritis, a well-known surgeon, who uses a great deal of mercury in his large syphilitic practice: the disease was far advanced, and the pupil contracted and irregular; the iris discoloured; the cornea hazy; in fact all the symptoms of inflammation of the eye-ball were present, and vision nearly extinct. The patient was sixty years of age, fat and feeble. I ordered him the chalk and mercury in two-grain doses, three times a day; which this surgeon considered to be worse than useless. Five days after, I saw the patient with Mr Austin, of Rotherhithe, the regular family surgeon, who had been present at the consultation, and we found that the mouth was sore, and the iritis yielding. The quantity of mercury was now lessened, and its administration so regulated that salivation was kept under; and when I again saw him, at the end of a fortnight, the iris had quite recovered, the pupil acted well and dilated fully, a little redness of the sclerotica and of the conjunctiva alone remaining, and vision was nearly perfect."

He says—

"I am certain that relapses are very much less frequent under this cautious use of the mineral, than when it is lavishly administered."

The author is in favour of the operation for squinting in young subjects, and the signal success that he has met with in these cases, certainly recommends it.

He remarks—

"A long and familiar acquaintance with the subject has convinced me, that to the operator is to be attributed the odium of failure in most of the unsuccessful cases occurring in early life. I have myself operated a second time on cases that have passed under the hands of other surgeons—in all, I have succeeded—the second attempt being undertaken in each instance on account of the adducting power not being defective."

He further says—

"A partial separation will frequently lessen the squint; but or its entire removal not a portion of the muscle must remain undivided; and to this I know of no exception. After the muscle has been divided, the patient has not the power to adduct the eye in concert with the other."

Our space will not allow us to do more than give an imperfect outline of this work; on account, however, of its great practical value, we strongly recommend every surgeon to possess the treatise, as it certainly must take its position amongst the standard works of the day. The volume is beautifully illustrated with 169 accurate engravings by the Messrs Bagg; and altogether the work is admirably got up.

EDINBURGH ROYAL LUNATIC ASYLUM.—In this institution the non-restraint system is carried out to its fullest extent, and with the most beneficial results. The inmates enjoy their out-door walks, drives, and picnics; and also amuse themselves with bowls, quoits, skittles, and musical parties. They have also the luxuries of newspapers and periodicals.



## ORIGINAL COMMUNICATIONS.

## CHLOROFORM IN PUERPERAL MANIA AND HYSTERIA.

By ALEXANDER CURRIE, Esq., M.D.

Case I.—On the 10th of December, 1851, I was called to attend Mrs McE ———, aged thirty-four, mother of three children, the youngest being only fourteen days old. On my arrival, I found the patient suffering from a severe attack of puerperal mania. Her conduct being so very violent towards herself and those around her, left me no alternative but to have buckets of cold water dashed over her head and body for about a quarter of an hour. This hydropathic treatment had so far the effect of allaying the violence of the excitement as to enable her attendants with difficulty to convey her to bed. The formidable circumstances of the case induced me to administer chloroform, which was given in the usual manner. Under its benign and soporific influence she was kept four hours and a half, at the expiration of which time her extreme sufferings were not only relieved, but reason completely restored. Her only complaint being at this stage a slight headache, accompanied with a great degree of lassitude. Six grains of calomel were given her, and warm fomentations to the genitals. It is gratifying to state that this patient has enjoyed an uninterrupted course of good health since.

Case II.—On Jan. 7th, 1853, I had another opportunity of testing the excellence of chloroform in nervous affections, in the case of M. C—., a stout plethoric woman, aged 24, who was seized for the third time with a severe attack of hysteria, the symptoms being unusually violent. The patient beat her breasts with her fists firmly clenched, and shrieked loudly; she wept and talked incoherently, which was sometimes attended with nausea and vomiting. Equal parts of ether and opium in teaspoonful doses were given, which failed to produce the desired effect. The patient was afterwards put under the influence of chloroform, which had the effect of putting an end to the hysterical paroxysms; and restoring the catamenia, an obstruction to which, being in my opinion the exciting cause in her of this dreadful malady.

Bowmore, Islay, Jan. 22, 1853.

## MEDICAL SOCIETIES.

## MEDICAL SOCIETY OF LONDON.

Mr BISHOP, F.R.S., President, in the Chair.

## LEUCOCYTHEMIA.

Dr Lankester exhibited under the microscope a specimen of white-cell blood. He had taken it from a man who had presented himself that morning at the Royal Pimlico Dispensary. The patient was between forty and sixty years of age, and had served in the army for twenty years. About five months ago he had an attack of purging and vomiting; afterwards he felt pain in his right side, his appetite had failed him, he got thinner and weaker, and had since his first attack been under medical treatment without much benefit. His bowels were now constipated, his pulse low and feeble, his whole frame emaciated. He had tenderness on pressure below both hypochondria, especially the right, and there was evident enlargement of both liver and apparently of the spleen. He had recently been taking tonics, but with little or no amendment. On placing a small quantity of the blood under the microscope, it exhibited an evident increase in the number of colourless corpuscles. The red corpuscles coalesced more readily than in healthy blood. Dr Lankester alluded to the researches of Dr Bennett on this subject, and the conclusions he had arrived at with regard to the cause of white-cell blood, and thought that further evidence was necessary to confirm the theory of the connexion between its presence and disease of the

spleen and lymphatic glands. In three cases recorded by Dr Bennett, no such disease of the lymphatic glands or spleen could be found. It was very desirable to multiply instances of the occurrence of an increase of white cells in the blood, as in this way alone could we make out the true relation of this state of the blood to the general condition of the body, and render it of value as diagnostic of disease. He referred to the view, that the colourless cells were incipient conditions of the red corpuscles, and suggested that we might as fairly attribute this condition of the blood to an arrest of development of the white cells as to an increase of them from excited action of the glands which were supposed to form them.

Some conversation relative to this specimen ensued, in which several of the Fellows took a part.

## STONE OF SUGAR-APPLE IN ONE OF THE BRONCHI.

Dr Crisp exhibited the seed of a sugar-apple, which had remained ten months in a child's lung, and was then suddenly expelled. The particulars of the case were furnished by Mr Reece, late of Barbadoes: "Rebecca Jane, aged two years and one month, daughter of Thos. Drayton, carpenter, of Christchurch parish, Barbadoes, in playing with the seed of the sugar-apple, contrived to let it slip down her throat. This happened on the 19th of June, 1846. The child suffered great agony, as might be expected, for the seed could by no means be ejected. Her sleep was irregular, and broken by convulsive jerks. She could not bear to be held in any other than a vertical position in the arms all day, and was propped up during the night. She also frequently expectorated small clots of blood. She was removed by her father to Bridge-town, and became an object of intense interest to the medical men of the island; one of whom, Dr Borel, declared from the first (by means of auscultation) that the seed was lodged in the left lung. Things continued in this state until the 10th of April, 1847, when the child suddenly threw up the seed, which was found to be enveloped in a yellow mass of some gelatinous stuff, oval in shape, and indeed not unlike the cocoon of the silkworm. I removed this matter, and washed the seed, which I send to you." Dr Crisp said the seed was three-fifths of an inch long, and about the same in circumference, its exterior surface resembled that of a tamarind-stone. He thought the case of great practical interest, and it was one also of rare occurrence in so young a child. There were numerous cases on record of extraneous bodies in the air passages, but they had generally occurred in adults, or in children from six to twelve years of age. Nature often managed these matters better than the surgeon or physician, and it was not improbable, judging from recorded cases, that if tracheotomy had been performed in this instance, that the result would have been unfavourable. A case bearing some resemblance to this, was related by Mr Travers, jun., in the 'Medico-Chirurgical Transactions.' A girl, aged six, had a cherry-stone in the bronchus. From the urgency of the symptoms Mr Travers was induced to perform tracheotomy on the nineteenth day after the accident. The stone was not found; the wound healed, and on the ninety-sixth day the stone was expelled with a tablespoonful of pus.

Dr Hassall then read his paper

## ON A REMARKABLE CASE OF SARCINA VENTRICULI WITH ANALYSES (MICROSCOPICAL AND CHEMICAL) OF THE FLUID VOMITED, AND OF THE URINE.—ILLUSTRATED BY FIGURES.

This case occurred in the person of a member of the Medical Profession, by whom Dr Hassall was supplied with a very interesting and detailed history of the symptoms. Its chief features were, occasional severe gastrodynia, constant cardialgia, intense acidity of the contents of the stomach, frequent vomitings, distension from flatus, obstinate constipation, and usually an alkaline condition of the urine from fixed alkali, with copious deposit of the earthy phosphates. Dr T—— had suffered from this distressing affection, off and on,



for upwards of fifteen years, the symptoms having, however, within the last year become much aggravated. He consulted some years since Dr Elliotson, Dr G. Tothill, Dr James Johnston, and, within the last five years, the late Dr Prout; took charcoal, gunpowder, bismuth, prussic acid, ereosote, nitrate of silver, and nitro-hydrochloric acid, without experiencing the least benefit—the latter remedy, indeed, increased greatly the pain, without lessening the severity or frequency of the vomitings. Dr Hassall subjected the urine and vomited matter to careful microscopical and chemical examination. The deposit of earthy phosphate, usually so abundant in the night excretion, examined by the microscope, was found in one sample to consist chiefly of a great number of long and slender crystals, stretching right across the field of vision, pointed at either extremity, frequently split or divided into smaller secondary crystals, and more or less aggregated into bundles. The deposit procured from another sample consisted principally of the same crystals, although they were very much larger, and of a somewhat different shape. Their form, as nearly as could be ascertained, was that of a six-sided prism, the extremities being usually pointed and furnished with two unequal facettes; not unfrequently, however, the ends were truncated, and occasionally oblique. The deposit was examined chemically more than once both by Dr Hassall and Dr Letheby, and was found to consist chiefly of phosphate of magnesia, with some ammonia, and a little phosphate of lime; the latter substances being present as impurities, and forming, in all probability, no part of the composition of the crystals. Dr Hassall stated that, on referring to the works of Griffith, Owen Rees, Golding Bird, Bence Jones, and some other writers, he did not find these crystals either figured or described, although they were by no means uncommon, and he had himself detected them in several cases. In the vomited matter placed under the microscope, Dr Hassall discovered the sarcina ventriculi in great abundance, presenting all its usual characters; intermixed with it were numerous starch corpuscles of wheat, many sporules of the common fungus, penicillium glaucum, as well as some sporules of another kind of fungus, which he had not seen described in connexion with sarcina, and which resembled rather closely in form and size the cholera sporules of Dr Swaine. In the vomited matter subjected to an able chemical analysis by Dr Letheby, considerable quantities of free hydrochloric and butyric acids were discovered. Dr Hassall considered that in the discovery of the sarcina he had obtained an important clue by which many of the most urgent and distressing of the symptoms of the case were to be explained, and by which also the treatment to be adopted with a chance of success must be regulated. Thus the sarcina satisfactorily explained the intense acidity of the contents of the stomach, upon which the vomitings to a great extent depended; these in their turn, by interfering with nutrition, accounted for the many symptoms of prostration and debility presented, and particularly for the alkalinity of the urine. Dr Hassall next considered the indications which ought to be followed out in the treatment of this case; one of the chief of these was certainly to destroy the fungus, and this he thought was to be effected by two means; first, by the regular and systematic exhibition of alkalies, so as to neutralise the acidity of the contents of the stomach, and which acidity formed a condition essential to the development of the parasite; and, secondly, to administer some remedy capable of exerting a destructive effect on the fungus. With these objects in view, infusion of quassia and bicarbonate of potash were prescribed in mixture, and doses of the sulphite of soda separately, the diet being also regulated. After the lapse of a short time, Dr Hassall learned that, although the sulphite of soda had not been taken, but only the quassia and bicarbonate of potash, yet that a marked and encouraging improvement in the symptoms had taken place, the frequency of the vomitings especially being diminished. Subsequently the sulphite of soda was administered; this remedy, together with the potash and quassia, having the effect of stopping entirely the vomiting for a period of five weeks. In fact, up to the date of Dr Hassall's communication to the Society,

not only had the vomitings ceased, but the bowels, before so obstinately confined, had become perfectly regular; there was no distention of the stomach or flatulency; the urine was clear, free from deposit, and passed in normal quantity; exertion does not now cause fatigue as formerly, and the sleep is invariably sound and refreshing.

Dr Lankester, Dr Hare, Mr Richardson, Dr Camps, Dr Fuller, Dr Snow, and several other gentlemen addressed the Society, which adjourned at the usual hour.

## OUR NOTE BOOK.

*Experimental Inquiry concerning the question, whether the Purgative Action of the Neutral Salts is the effect of Endosmosis?* By Dr H. AUBERT.

Aubert made his experiments with the purpose of examining the correctness of the view spread under *Liebig's* authority ('*Untersuchung der Mineralquelle zu Soden und Bemerkungen ueber die Wirkung der Salze auf den Organismus.*'—*Wiesbaden*, 1839), that the purgative action of the neutral salts is a merely physical process, being the consequence of exosmotical transudation from the walls of the intestinal tube, effected by the more concentrated solution of these salts within the cavity of the tube. The experiments were instituted in the following manner:—Solutions of different neutral salts were put into a cylindrical glass tube, the lower end of which was covered with a piece of membrane, from a pig's bladder; then the tube was immersed into serum of blood, and the changes going on in the solution within, and the serum without, were examined at different intervals. Another series of experiments was made by taking internally solutions of these salts. As the result of both series, Aubert draws the following inferences:

1. The purgative effect is not influenced by the degree of concentration of the solution; the number of stools produced by a certain quantity of salt will be the same, whether the salt is dissolved in six or seventy-two ounces; the water of the solution is excreted by the kidneys, the salt exercises its influence on the bowels.
2. No albumen is found in the alvine excretions, as ought to be the case, if the action of the salts was an endosmotical one.
3. The quantity of salt excreted through the urine, compared with the quantity of water contained in the discharge from the bowels, is not that which it ought to be, according to the laws of endosmosis and exosmosis (as much, at least, as they are known at present).
4. Peristaltic motion of the bowels is constantly excited by the neutral salts; the rolling and rumbling, which Aubert always observed soon after taking the salts, as well in a concentrated as when in a diluted solution, is attributed by him to the action of the salts on the nerves of the intestines, and to the reflex motion excited in consequence of this.
5. A part of the *sulphate of magnesia* appears to be decomposed within the organism, as the magnesia is excreted in a larger proportion than the sulphuric acid with the faeces; the sulphuric acid in a larger one than the magnesia with the urine.
6. The remedy produces the characteristic effect on the bowels, when a solution of it is merely infused into the veins of an animal.

It must be, however, remarked here, that *Liebig* himself, in a work of a later date ('*Untersuchungen ueber einige Ursachen der Saeftebewegung im thierischen Organismus.*' 1848), states, that he does not intend to explain the whole action of the neutral salts by endosmosis, but that he considers this to be one of their influencing qualities.—*Henle und Pfufer's Zeitschr. für Ration. Medic.*, 1852, Bd. ii. p. 225.

*On the Influence of the Sympathetic Nerve on the Animal Temperature.* By Dr T. BUDGE.

To the communication of Bernard's observation, that by dividing the sympathetic nerve between the first and second ganglion cervicale, the temperature of the corresponding side of the head soon rises several degrees, and remains increased for some days ('*Compt. Rendus.*' Mars, 1852), Dr Budge adds the remark, that he had observed the same fact



already in December, 1851. In another experiment, Dr Budge destroyed the lumbar part of the spinal marrow, after which he observed a considerable decrease of temperature in the whole of the posterior part of the body.—*Froriep's Tagesber.*, No. 512, 1852.

*On Albumen in the Urine of Various Diseases.*

HELLER asserts that albumen is present in the urine in all kidney-lesions, though sometimes in small quantity, and that it exists in many other diseases, and often in greater amount.

1. *Pneumonia and Tuberculosis acuta.*—At the commencement of exudation, while yet the chloride in the urine is in undiminished quantity, no albumen can be found. As exudation increases, and as the chloride in the urine diminishes, a very small quantity of albumen appears, and continues for a long time. This appearance is not constant, but is very frequent. The greater the albumen, and the less the chloride in the urine, so much the worse is the prognosis.

2. *Pleurisy.*—Albumen does not appear so frequently, even when the chloride is much diminished. In the period of absorption it sometimes occurs, and is attended with carbonate and hydrothionate of ammonia.

3. *Acute Liver-Affections.*—In chronic or subacute inflammations, where the chloride of the urine is diminished, albumen appears as in pneumonia.

4. *Pericarditis and Endocarditis.*—In the first case albumen sometimes occurs; in the last, very seldom, even when the chloride is much diminished.

5. *Peritonitis.*—Albumen is frequently found and continues sometimes long after the customary amount of chloride has reappeared, and morbus Brightii is then, perhaps, left.

6. *Metritis and Eclampsia Puerperalis.*—As in peritonitis.

7. *Cholera.*—More or less albumen.—*Archiv. für Pathol. Chem.*, Band i. Heft 8.

THE CASE OF POISONING BY ACONITE, AND  
THE INQUEST AT THE CONVENT OF THE  
GOOD SHEPHERD.

[The subjoined letter, which appeared in the last number of the 'Association Medical Journal,' is highly interesting both in a pathological and medico-legal view. It adverts to a subject to which we have already called public attention, and which we shall certainly follow up, in order that a check may be given to the insulting practice of excluding medical witnesses from the Coroner's court].

Sir,—As few complete cases of poisoning by tincture of aconite are on record, may I beg insertion in the 'Association Journal' of the following remarks, in addition to, and in explanation of, the account of the inquest which appeared in the number of last Friday, p. 71. The conduct of the jury and of the coroner were so unusual as to claim attention from the profession.

I was requested, on the 5th of this month, to visit some patients at Arno's court, near Bristol, an establishment for the reformation of unfortunate females. Two were suffering from severe neuralgia of the face, and one (the individual whose case I am about to describe) complained of tape-worm, with which she had been afflicted for some years. I ordered her to take one drachm of the bark of the root of pomegranate, and one grain of quinine in water, every morning, fasting; and, after a week, to take half an ounce each of spirit of turpentine and castor oil, also in the morning. I directed for the other two proper diet, a mild aperient, and thirty drops of the following embrocation, to be applied externally over the seat of pain:—Tinct. aconiti (Flem.)  $\mathfrak{z}$ ss; acet. morphiæ gr. iv.; to be marked—"The embrocation for external use only; a piece of linen, the size of half a crown, to be wetted with thirty drops, and applied over the seat of pain, covered with oil-silk, and a bandage." Unfortunately, at 7¼ o'clock, a.m., on the 10th inst., the pomegranate being prepared in water, and placed in a bottle next to the embrocation, the lady who undertook to administer it, poured, by mistake, rather more than a tea-spoonful of the embrocation into a cup, and then half filled

it with water, and gave it to E. Forty, who drank it at once, and in a few minutes became very thirsty, and complained of a great burning and pain in her stomach and throat, and drank two tumblers of cold water, and in fifteen minutes began to vomit violently, which she continued to do for two hours. At first, she stood up to vomit; on a second attempt, she fell back in the arms of an attendant, helpless as if dead. She was very restless; the pain in the epigastric region increased. After the first hour, she was unable to do more than turn her neck and head a little, and to vomit. She now had tenesmus and convulsive movements of the muscles. At nine o'clock she began to look stupid, complained of vertigo, and was covered with cold sweats. At ten o'clock she was quiet as if asleep; at a quarter to eleven she was still conscious, replied to questions, and said, "Lord, have mercy on me;" she then apparently went to sleep, and was not discovered to be dead until half-past eleven o'clock, a.m. There were no general convulsions observed. Pain in the epigastric region was very marked up to the last.

Jan. 14th. My friend Mr Prichard made the post-mortem examination with me. We found the face looking swollen and dark-coloured, as well as the lips; the muscular system rigid; the pupils rather dilated; the eyes very bright. The expression of the countenance was that of a person who had died a violent death. The membranes of the brain were congested, but the brain itself firm and healthy. The lungs were also healthy, with some post-mortem congestion from gravitation; when the thorax was opened, they did not fill the cavity. The heart was flaccid, and the walls of the ventricles were rather thin. The uterus was rather congested, the bladder empty, the sphincter ani was relaxed, and the anus very open. The stomach contained some mucus, and the membrane lining the large curvature was injected in patches, but otherwise natural. The abdomen contained thickened mucus, and the mucous membrane was in a high state of inflammation, abraded in patches; the membrane being in them dissolved and broken down. There were many spots of a very dark colour. The small intestines contained a large tape-worm, many yards long.

As I did not see the patient whilst suffering under the effects of the aconite, I have collated these symptoms from the very imperfect information of non-medical persons; pain in epigastric region, thirst, vomiting, vertigo, muscular prostration (as evidenced by her inability to stand), cold sweats, irregular convulsive movements of the muscles, some stupor of the countenance two hours after the dose was swallowed; in three hours, apparent sleep, but consciousness and speech to within half an hour of death. The state of the abdomen shows well the irritant action of the poison. The grain of acetas morphiæ the deceased took with the aconite, neither appeared to produce sleep nor stop the pain.

I was summoned by the coroner to attend as a medical witness at the inquest, the deceased having been attended by me a few days before her death.

The conduct of the jury and coroner in this case deserves a few remarks. When the jury met at Arno's court to view the body, they directed it to be undressed for them to examine it. The coroner informed me that the jury could not permit me to be present, as they desired to make remarks they did not wish me to hear. One of the jury insisted on taking the case out of my hands, and on nominating another surgeon to make the post-mortem examination, without any reference to me. This gentleman the jury had agreed to appoint; but I declined to meet him under the circumstances, and intimated that I would retire at once. Such conduct appeared to me to be in contravention of the Medical Witnesses Act, 6 & 7 of William IV, c. 89, 1st clause, to which I beg to refer. After some discussion, my friend Mr Prichard was ordered by the jury to make a post-mortem examination, and I was requested to assist. In the third place, I was ordered to leave the court during the whole time the witnesses were examined, without reason assigned, against which I protested, but in vain.

The effect of the jury taking the place of the medical witnesses in examining the body for themselves, was, that two spots of commencing decomposition on the abdomen



were taken by them for marks of violence, and insisted on, even against my positive evidence to the contrary; and they apparently yielded when Mr Prichard demonstrated the absence of the effects of violence in the tissues, and otherwise corroborated my statement. I say apparently, for Miss Ryder was recalled, and sworn to the fact, that no violence had been used to the deceased.

What shall I say of the exclusion of the medical witness from the court?—*a hitherto unheard-of proceeding.* I was thus prevented from hearing and judging of the facts of the case which might come out in evidence, and which, in most cases, would materially assist in deducing just conclusions. I had, however, taken care to examine all the witnesses myself, and had quite made up my mind that Emma Forty had died from the effects of about seventy drops of Fleming's tincture of aconite, given by mistake.

JOHN O'BRYEN, M.D.,

Physician to St Peter's Hospital, Bristol.

Clifton, Bristol, January, 1853.

## Obituary.

October 5th, 1852—RICHARD PARR BAMBER, ESQ., M.R.C.S. Eng., 1819; L.S.A. 1819; at his residence, Patricroft Barton, upon Irwell, Manchester, aged 59. For many years the deceased had suffered from an irregular action of the heart, and in July, while coming out of a warm bath, was seized with severe pain in the chest and great difficulty of breathing, attended with that peculiar sound indicating diseased valves of the heart. He bore his intense and prolonged sufferings with patience and resignation, calmly watching, during a period of ten weeks (eight of which were passed sitting in an upright position, with his head leaning forward), the progress of a disorder which he knew would prove fatal; and died on Tuesday, October 5th, peaceful and happy in the prospect of future bliss. Mr Bamber was a member of the Literary and Philosophical Society of Manchester, and of the Linnean Society. His professional skill, integrity, uprightness, and benevolence endeared him to a large circle of friends, whose confidence he enjoyed, and by whom his loss is since ely deplored.

December 3—ANDREW HEWAT, Esq., M.R.C.S. Eng. 1814; at Lauder, Berwickshire, aged 60. The deceased was born in Merton, Roxburghshire, and was the son of Captain Hewat, of the "King's Florida Rangers," during the time of the American war. After obtaining his diploma as M.R.C.S., Mr Hewat went two voyages to China in merchant-vessels, and then obtained an appointment in the East India Company's Service, as Assistant-Surgeon to the 23rd Regiment Madras Native Infantry; was a considerable time in India, but was obliged to resign his post on account of ill health, though he had made three voyages homeward at different times in the hope of recruiting the same. On arriving in Scotland he established himself at Lauder, where he has practised during the last twenty-eight years. Mr Hewat was a general favourite among his friends, respected by all as a gentleman, and enjoyed considerable repute as a medical practitioner.

Jan. 25, 1853—GEORGE GREGORY, M.D., Edin. 1811; F.R.C.P. 1839; at his residence, 6, Camden-square, Camden New Town, after a severe illness. He had, for some time past, suffered occasionally from disease of the heart, and latterly from dropsy. Dr Gregory was well known to the profession and the public as the Physician to the Small Pox and Vaccination Hospital, which office he had held for many years. This disease occupied his attention and employed his pen, though his views in respect to vaccination were by no means settled, and of late had given rise to much controversy. He published an excellent elementary work on the 'Practice of Physic,' which had reached the sixth edition, and was in much request amongst students and junior practitioners, and has also been most favourably received in the United States of America, in our East Indian territories, and is still used as the text-book of most of the

Army medical officers. Also 'Lectures on Eruptive Fevers,' and several papers from time to time in 'The Cyclopædia of Practical Medicine,' 'Medical Repository,' 'Transactions of the Royal Medical and Chirurgical Society,' &c. &c. Dr Gregory was also a Lecturer on the Practice of Medicine at St Thomas's Hospital.

## MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 20th, 1853:—Richard Brownlow Benson, Queen's road, Bayswater; James Hadaway, St Nicholas, Isle of Thanet; John Fearn Holden, Kingston-upon-Hull; Henry Liveridge, Peterborough Infirmary; Richard Patrick Burke Taaffe; John Newnham Wiuter, Brighton.

ROYAL INSTITUTION.—The evening lectures at this Institution were resumed on Friday last, when a lecture was delivered by Professor Faraday, before a brilliant and crowded audience, comprising some of the most distinguished scientific characters of the present day. Among the company we noticed Earl Granville, the Lord Chief Baron, Sir Charles Lyell, Sir John Herschel, Sir Roderick Murchison, Dr Paris, and most of the professors of natural science at the metropolitan schools. The object of the lecture was to communicate to the public the result of some researches lately made by Dr Faraday upon magnetic repulsion. The distinctions drawn between the paramagnetic and diamagnetic properties of bodies has already been amply illustrated by Dr Faraday in previous discourses, but his late investigations upon the subject have been directed to the measurement of the exact amount of the repulsive or diamagnetic power. The ingenious apparatus employed for the purpose, which depends for its effect upon the torsion exerted upon a thread, was explained with his usual perspicuity by the learned and accomplished lecturer, whose remarks were listened to throughout with the deepest attention.

ADULTERATED DRUGS.—From a report made at the request of the United States Medical Association, by the Chenango County Medical Society, on spurious and adulterated drugs, it appears that the government of the United States had wisely appointed an officer, whose business it was to inspect all imported drugs and chemicals, and to permit none to be entered at the different custom-houses but such as were pure and unadulterated. It appears that this wise measure is performed with all care and attention; but the report states, that the retailer and consumer were not necessarily safe from imposition, as no law had been made to prevent abuses in the home manufacture of chemicals, or in the preparation of those compounds by the apothecary, which were in constant and daily use by the physician. The report gives several most glaring cases of gross adulteration; and concludes by stating, that there were plenty of very accommodating gentlemen, who were not only willing, but anxious, to sell drugs, at almost any price at which the purchaser might require them.

THE ALLEGED STABBING CASE AT THE WAR OFFICE.—Dr Chowne and Mr Hancock, of Charing cross Hospital, attended at the Bow street Police Court, on the 21st inst., to make a statement of their opinions respecting the late supposed outrage; the particulars of which are doubtless known to our readers. These gentlemen observed that, on examining the child after its admission into the hospital, she stated that "while she was obeying a call of nature over the grating one of her feet slipped through the bars, and then something ran into her." She was asked if any one was present or near her at the time, or under the grating, and she replied, "No; but my foot slipped through the grating, and something hurt me." Now, supposing her feet to have slipped through the grating in this way, there is no doubt that the stretching of the parts caused by the accident produced the laceration inside the vagina, which was not more than half an inch long, and was not so serious in its nature as was re-



presented. This is certainly the most probable explanation of this hitherto mysterious occurrence.

**FATAL EPIDEMIC AT CROYDON.**—The town and neighbourhood of Croydon, in Surrey, are suffering from malignant fever, which, during the last fortnight, has been most fatal in its results, the victims being not, as is usually the case, among the poor, but among the gentry and the principal tradesmen of the town. A great many exaggerated reports have been in circulation. Dr Southwood Smith and Dr Sutherland were sent to Croydon to report upon the cause and nature of the prevailing epidemic. The following is an extract from the report made by these gentlemen upon the subject. After some prefatory remarks, the report states—"We have ascertained that a similar disease had prevailed at Oxted, a few miles from Croydon, before any disease of a like kind was observed at Croydon; and we have to add that, from communications received by the General Board of Health, it appears that for many weeks past a similar epidemic has appeared in various villages and towns both in England and Wales. We apprehend the cause of the disease is to be found at Croydon, as elsewhere, in the peculiarity of the present season, the combination of excessive moisture and heat appearing to have proved, as was anticipated, the generation and spread of a low form of fever. The last official circular of the General Board of Health (No. 8), issued in December, warned the local boards, from the excessive rains and consequent floodings which had even then occurred in many places, to expect unusual outbreaks of fever, and exhorted them to take immediate measures of precaution against such an event." The Local Board of Health also took steps to have the water supplied to the town analysed by Professor Way, and he reported it to be free from any metallic oxide, and of a pure and wholesome character, and that there was not the smallest ground for supposing it to be injurious to health, or at all connected with the fever existing in the town; and, therefore, it seems highly probable that the cause is truly stated in the report of Dr Southwood Smith and Dr Sutherland. The number of deaths in Croydon last week was 16; and on Saturday, according to the Registrar's report, the number was 17, the greater portion of them being the result of the epidemic. A great many persons are now lying ill, and among them Mr Harrison, the assistant to one of the medical officers of the union.

**PRIZES AWARDED BY THE ACADEMY OF SCIENCES OF PARIS.**—These very important encouragements to the labourers in the field of medical science, were awarded at the meeting of the 20th of December, 1852. Among the authors who were rewarded, we notice—Dr Budge (an English physician) and Dr Waller, of Bonn, for physiological researches; M. Lebert, for his work on cancer, and the curable affections confounded with cancer; M. Davaine, for his memoir on the paralysis of the seventh pair of nerves on both sides; and on the influence of the facial nerves upon the movements of the soft palate, the pharynx and the tongue; M. Bretonneaux, for having introduced the operation of tracheotomy in croup; and M. Trousseau, for having improved and simplified the same operation. M. Niepee also obtained a prize for his researches on cretinism; and M. Renault, Professor at the Veterinary School of Alfort, had a prize allotted to him for his investigations, both practical and experimental, on the effect produced by the ingestion of virulent matter into the digestive canal of man, or the domestic animals. M. Renault has found that virulent fluids have no influence on the intestinal tract of domestic animals, and that their flesh does not, by such ingestion, become unwholesome.

**THE MEDICAL PROFESSION IN PARIS.**—The Medical Directory of Paris, published by 'L'Union Médicale,' gives the following numbers as to our Parisian brethren. Doctors of medicine and of surgery, 1337; officers de santé (an inferior grade), 179; pharmaciens, 423; midwives, 277. From the 1st of January, 1851, to 31st of December, 1852, there died in Paris 39 doctors of medicine; in the two previous years 64 died. In the year just elapsed, 88 new practitioners set up in the capital. This year's list contains 15

medical men less than the last. The Directory also gives the numbers in the districts surrounding Paris, and from these statements it would appear that there is a great disproportion between doctors and patients. There are in fact less than 500 inhabitants for one medical man; and when it is considered how many of these apply to public institutions, very little is left for individual practitioners. 'L'Union Médicale' warns young men from settling in Paris, as the exuberance of professional men is enormous.

**DISPENSARY AND INFIRMARY VACANCIES.**—At the Manchester Royal Infirmary and Lunatic Asylum, a clerk to the physicians is wanted. The candidates must be unmarried, Licentiates of the Apothecaries' Company, and are to forward their testimonials on or before the 5th of February, addressed to the secretary. Salary 60*l.* a-year with board and lodging. At the Preston Dispensary a house-surgeon is required; the salary is 160*l.* per annum, with a furnished residence, coals, and gas. Applications are to be forwarded to the Secretary on or before the 8th of February. The office of House-Surgeon and Secretary to the West Norfolk and Lynn Hospital is vacant. The salary is 70*l.* per annum, with board, lodging, and washing. The election takes place on the 22nd Feb. The appointments of Medical officers to the Ledbury Union will also become vacant on the 26th March. The successful candidates will be required to reside in the town of Ledbury, and to conform in every respect to the regulations of the Poor-law Board. The first district comprises the parish of Ledbury and the workhouse; area, 8,057 acres; population, 4,577; salary, 50*l.* per annum. The second district comprises eight parishes, area, 18,645 acres; population, 4,027; salary, 70*l.* per annum. The third district comprises thirteen parishes; area, 20,925 acres; population 4,537; salary, 90*l.* per annum. The Guardians will provide all drugs and appliances; also a competent person to dispense the same; they also purpose subscribing to the Hereford and Worcester Infirmary. No extra fees will be allowed. The elections are annual, and will take place at the Board-room, Ledbury, on Tuesday, the first day of February next. Testimonials must be transmitted to Mr Jesse Hughes, clerk, on or before the 31st inst. The candidates will be required to be in attendance at the Board-room on the day of the election.

**GERMAN HOSPITAL, DALSTON.**—The office of Honorary Physician to this Institution is vacant.

## NOTICES TO CORRESPONDENTS.

"A GLASS OF PALE ALE," received. The author of this little pamphlet has subjected the various testimonies in favour of "bitter beer" to a smart running commentary; and among other results of his labour appears to have excited the ire of Dr Glover. This gentleman has been rather unfortunate, and we perceive by a postscript to the pamphlet, has violated the courtesies of life towards the author,—reputed to be Dr Lees, near Leeds. We cannot play the part of umpire in this personal quarrel, as we do not desire to be further embroiled in the controversy. The gentlemen are perfectly well qualified to defend themselves. The merits of "Allsopp's Ale" are not, however, likely to be much enhanced by these discussions. MR COURTNEY (Ramsgate).—Your communications will be attended to. Receive our thanks for your good wishes. MR JOHN HENRY BELL (Topcliffe, near Thirsk).—We regret that

Tables are of little use unless carried out systematically, and this would occupy too much of our space. Topographical descriptions, or a medical history of a locality as regards epidemic disease, and meteorological phenomena would suit us better.

DR MACMAHON.—Your letter has been handed to us, and the suggestion it contains will receive attention.

MEDICUS (Bristol).—William Hunter first, and M. Beclard afterwards, demonstrated the separate existence of adipose tissue. Any elementary work on Physiology will give you the information you require.

C. M. (Chirurgus).—Counsel's opinion has been taken on the construction of the Act by which the College of Surgeons are empowered to examine in midwifery, and it appears that, through an oversight, the fact is as we have stated, that any person possessing, or not possessing, a medical or surgical qualification, can present himself for examination, and that the College cannot refuse to examine. A curriculum has been fixed in order to secure a certain amount of professional education, but of course the radical evil remains the same. The truth is, the Council of the College of Surgeons being composed of what is absurdly called "pure surgeons," are unwilling to have



anything to do with midwifery, but unable to resist professional and public opinion have consented to recognise it in an indirect manner. They have therefore appointed a separate Board of Examiners, and the qualification of candidates for the licence is also to be regarded as distinct from that for the diploma. This arrangement degrades midwifery as a branch of science, and will have the effect of establishing a new order of medical practitioners. Our correspondent's indignation is therefore well founded. Our article has already excited some commotion among the administrators of our collegiate affairs; and we assure those gentlemen, that unless the evil be removed, not our exposures, but the insulted dignity and violated interests of the profession will once more be roused, and the issue is too transparent for comment. We hope most sincerely that the Council will be able to clear themselves from all reproach in respect of these examinations. We shall see.

R. S.—No. The paper is unsuitable. If you have any interesting specimens, we have no doubt that any member of the Pathological Society would lay them before that body.

MR B. R. W.—There is much difference of opinion respecting the operation for strabismus. You can consult, by letter, with any eminent London surgeon, and he will advise you. The infant may lose the squint as soon as it gains control over the muscles. At any rate there is no immediate hurry, and let it have a trial. All the instruments employed to correct the squint, goggles inclusive, are in our belief perfectly useless, if they do not increase the deformity.

A STUDENT AT ST BARTHOLOMEW'S.—The subject has been exhausted in the columns of a contemporary.

A SUBSCRIBER (Westminster).—If your report should prove to be correct, and of that we shall soon be able to judge, depend upon it the subject will be referred to in our columns. As to the 'Edinburgh Journal,' we like its bold spirit, but it is too arrogant and too unjust; and is especially embittered against London surgeons. This spirit is anything but creditable to its managers. We hope the new Glasgow journal will be conducted in a higher spirit of criticism, and a more cosmopolite charity; it will thus shame its Edinburgh brother. We do not think the 'Association Journal' is likely to fraternise with the 'Edinburgh.' They know each other too well.

A SUFFERER BY THE INCOME TAX requests us to lend our aid to procure the abolition of this most iniquitous impost. We sympathise with our correspondent, and assure him that our interest in the modification of this tax is not less, perhaps greater, than his own, inasmuch as our intellect is taxed in a greater variety of modes. Whatever we could do then, we gladly would relieve our brethren of this most galling imposition. Petitions to Parliament, similar to that drawn up by the practitioners of Torquay, ought to be sent from every township and borough of the country. This is the only way at present to get redress.

ANTI-HUMBUG.—The narration of the mesmeric tricks, if not too long and properly attested would be received. The attack on Dr Forbes in our contemporary, is no more than might have been expected from that quarter. You state some things in which we cannot agree with you.

STUDENS.—1st: Drui't's. 2nd: St Bartholomew's.

EDILIS.—The "Act for the Removal of Nuisances" is the one you should procure. It is very cheap.

M.R.C.S. (City).—The dispensary system certainly acts most injuriously to the interests of medical practitioners. It ought to be modified; but any change can be effected only through the combined resistance of the profession to the aggressions of which our correspondent complains. The self-supporting system, is far better than the eleemosynary plan, under which medical men are required to give their services gratuitously to the institution. Professional disunion has much to do with the maintenance of this serious evil.

MR B. WILSON.—Have nothing to do with the mercenary fellows. They will rob you, and laugh at you afterwards. We are surprised that you should be deceived by such a transparent imposture.

NO ŒDIPUS.—You are not the only man who cannot solve the riddle,—how to live. You tell us you have twice started in business and twice failed; and ask how you are to get an introduction to "a good respectable business that can be depended on, at a moderate sum." Indeed, we too are no Œdipus. This is too delicate an affair in which to give advice.

AN ASSISTANT.—We do not think you are ill-treated. Your letter is unauthenticated, and your complaints are very foolish.

MR J. BLAIR (Tyronne).—Your letter shall be attended to.

MR D. W. MORE.—By application to any of the great shipowners—try Green's.

[We have received the following among many other kind communications.]

#### To the Editor of the 'Medical Circular.'

SIR,—The 'Circular' is a periodical entirely to my mind, and what periodicals ought to have been, and I have only to thank you and wish you every success, for having put such a periodical into the hands of the hard-working country practitioner.—I am, &c.,  
Keith, 24th January, 1853. J. T. G.

DR CAHILL.—Your note came too late. We perceive that you had been anticipated in the matter to which it refers. As you had nothing to say on a subject so insignificant, you should have practised the "wisdom of silence;" but wisdom of any kind is too precious a quality to be expected from all our correspondents.

DR BELLAMY (Isle of Guernsey).—We advise our correspondent to keep his money, and regard with contempt the ill-treatment to which he has been exposed. Why waste your money to defend the dignity of the profession? Do you think the profession will

pay you back the loss either in money or dignity? Let our good friend strive to recover his equanimity as soon as he can; he will be a happier man. The postage-stamps have been duly received.

#### To the Editor of the 'Medical Circular.'

SIR,—Will you have the kindness to inform me what the necessary qualifications are for a "Medical Inspector of Factories." I have looked at the 'Directory' and can find no mention made of it. A notice in your next will greatly oblige,  
Yours respectfully, W. IL

[We have not the Factory Act at hand, and are not aware that there is any special qualification required. Perhaps some of our correspondents can inform us.]

#### To the Editor of the 'Medical Circular.'

SIR,—As an Irishman, having the most profound respect for the heads of the profession in Dublin, I do hope that I shall have the pleasure of seeing biographical sketches of such men as Sir P. Crampton, Sir H. Marsh, Drs Grave, Stokes, Harrison, Cusack, and other illustrious men of the Dublin school of medicine (who really have shed such a brilliant light upon science) appear in the 'Circular.' It would be a source of great pleasure to us country (Irish) physicians to see our old and respected "masters'" familiar faces again brought before our physical sight in the 'Circular,' and I feel sure it would add much to your circulation in Ireland. They are men of more than European reputation, and well merit such a compliment at the hands of any public journal. I am not singular in this wish, and I do hope that I shall ere long see the portraits of our Marshes, Keans, Graves, Jacobs, &c., &c., appearing from time to time in the 'Circular.'

Also I would beg to direct attention to the position of the Union medical officers in Ireland. I do trust and sincerely hope that in the editorial articles this subject may from time to time be brought under the notice of the profession and the public. The pay is most miserable. What is 50*l.* or 60*l.* a year to have to visit over an extent of country eighteen or twenty miles square; attend at a dispensary three or four days a week, compound medicines, attend labour cases, and keep a horse and groom.—I am, Sir, your obedient servant, with many apologies for all I have written, and the pleasure and instruction I have derived from the 'Medical Circular.'

J. S. EVANS.

Newmarket-on-Fergus, Jan. 13, 1853.

#### To the Editor of the 'Medical Circular.'

SIR,—Allow me the rejoinder to some further remarks by Mr S. D. Saunders, in your last week's Number, on some slight allusions to his favourite mesmerism in the "Leaves from a Doctor's Scrap-book." It was never intended in these stray "Leaves" to give anything of a history of its career; that is fitter for the pages of the 'Zoisit,' where no doubt everything connected with this mystical art may be found. That it fell into great disrepute at the time when it was first brought under the notice of the French Academy, in 1784, with Mesmer himself as its guardian genius, was all that was meant to be hinted at. Of its more recent revival, and its introduction into England some twenty years back by Dr Elliotson, the notoriety obtained by that then eminent physician, and the loss of professional status as a consequence of his mesmeric mania, every one is well aware. Those who wish to have an idea of the tricks and impositions practised on him by some of his patients, may find full details of the same in the volumes of the 'Lancet' of that period. That mesmerism has lost ground of late years, that the rage for it has gone by, is what I believe to be the case, and what I wish to be inferred. That it will never be extensively adopted as a part of medical treatment, either by, or for, the sensible and judicious, I also firmly believe. It may amuse in the lecture-room, it may please the fanciful, and humour the nervous and hysterical, but it will do no more. We have better and surer means ready in our hands. Why, probably, only a very small proportion of persons would be found susceptible to its influence when its anæsthetic virtues were most needed. I have seen it several times wholly fail on such occasions, when an opiate gave immediate relief. And now with chloroform in our hands—one of the greatest boons ever conferred on suffering humanity—who would trust, while submitting to the knife of the surgeon, to uncertain, unsubstantial mesmerism? The 'Medical Inquiry and Report,' of 1831, which Mr S. supposes to be wholly unknown to me, though not condemnatory in its verdict, has done little or nothing to further the advance of mesmerism, or to at all bring it into favour with medical men in general. Not that we are all quite so ignorant of it and what it pretends to be, as Mr S. fancies. Most of us have seen and read as much about it as we care for. We recognise what is real in it, we reject the rest. By the way, if clairvoyance is the reality that the mesmerists believe it to be, how is it that Professor Simpson's offer of a reward of 500*l.*, made a year or so ago, to any one who will produce a clairvoyant who can name the numbers of five bank-notes carefully sealed up, under the care and superintendence of several leading London physicians, how is it that this tempting prize has never, I believe, even been tried for? What can the clairvoyants be thinking about? Dr Mayo tells us in his amusing volume on "Popular Superstitions," (page 295), that, "Mr Williamson tried to conduct one of the clairvoyantes to the moon; but, having got some way, she declared the moon was so intolerably bright, that the effort pained and distressed her, and accordingly Mr W. relinquished the experiment." So, in this case, anyhow, it turned out to be "all moonshine."

I am, &c.,

THE GATHERER OF THE "LEAVES."

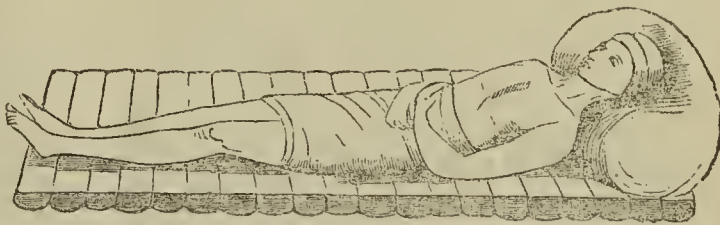


## Advertisements.

### MR HOOPER'S IMPROVED INVALID WATER, OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See 'THE LANCET,' Jan. 25, 1851.)



CUSHIONS for BED-SORES—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumption and all bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

#### HEALTHY SKIN.

### The Electric Rubber for the

SKIN.—The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Electric Rubber, made solely for LUDLAM'S, 159 and 160 Oxford street.

### New Truss for Hernia.—F. Wal-

TERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cyoloidal euema Syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16, Moorgate street, City.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Hospital Sulphate of Quinine, Pure

CRYSTALLISED, prepared by

EDWARD HERRING,

for the use of Hospitals, Dispensaries, &c. This Sulphate of Quinine is chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

It was originally introduced for the use of Hospitals, Dispensaries, and Public Charities; but its PURITY AND GREAT REDUCTION IN PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the processes of manufacture will therefore be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each, capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,

Chemical Works, Trinity street, Southwark, London.

October 23, 1852.

JOHN HARVEY, NEPHEW AND SUCCESSOR

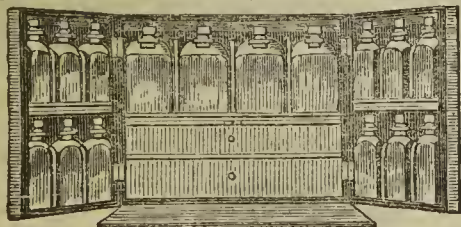
TO THE LATE

ANDREW SPRINGWEILER,

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### Medicine Chest and Dressing Case

MAKER. Ship Medicine Chests according to Act of Parliament EMIGRANT CHESTS, &c. for all Climates.



Chemical and Plate Chests, Toilet, Jewel, Liqueur, and Sample Cases, Writing Desks, Despatch Boxes, &c. &c.

Wholesale and for Exportation.—Warranted to stand any Climate.

It having been reported that the business has been removed, J. H. begs to inform the Medical Profession that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

### Apothecaries' Hall Classics.—A

GRADUATE of OXFORD, who has passed, within the last two years, upwards of one hundred and ninety Gentlemen for the different Classical Examinations at the Medical Boards, continues to prepare them in a short time for either examination at "the Hall," the Fellowship of the College of Surgeons, the College of Physicians, the Army and Navy Boards, the Scotch Universities, Matriculation, &c. The highest testimonials. A Class just forming for the Classical and Mathematical Examination at the Hall.—Address, Z. Z., care of Mr Clutterbuck, 33 Cursitor street, Chancery lane; or Z. Z., Drewitt's Library, 295 High street, Borough.

### Pale India Ale and Stout.—4s. per

dozen Quarts, 2s. 6d. per dozen Pints; Scotch Ale, 5s. per dozen Quarts, 3s. per dozen Pints. Delivered Free. Merchants and Captains supplied either for Exportation or Stores. Port and Sherry, from 30s. per dozen. Champagne, 43s. per dozen. Address, WOOD and WATSON, 16 Clement's Lane, City.

### Important to Surgeons and the

PROFESSION requiring Instruments to Design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker, and Cutler), 3 Bedford court, Covent garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

B's Registered Guard Razors are universally approved.

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Army and Navy Surgeons' Outfits at an hour's notice; and a variety of Cases, equal to new, for Navy and Emigrant Surgeons, cheap

### Water Poisoned by Lead Pipes.



Section of a piece of Lead Pipe taken up from a well on the grounds of Mr Dick, of Bonchurch, Isle of Wight. Vide 'Expositor,' Aug. 7, 1852.

### DURABILITY OF GUTTA PERCHA TUBING.

Many inquiries having been made as to the Durability of Gutta Percha Tubing, the Gutta Percha Company have pleasure in giving publicity to the following letter:—

FROM SIR RAYMOND JARVIS, BART., VENTNOR, ISLE OF WIGHT.—Second Testimonial.

March 10th, 1852.

"In reply to your letter, received this morning, respecting the Gutta Percha Tubing for Pump Service, I can state with much satisfaction, it answers perfectly. Many Builders, and other persons, have lately examined it, and there is not the least apparent difference since the first laying down, now several years; and I am informed that it is to be adopted generally in the houses that are being erected here."

N.B. The Company's Illustrated Circulars, with instructions for joining Tubes, and for securely attaching Gutta Percha Siles, will be forwarded (post free) on receipt of three postage stamps.

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## Advertisements.

### Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

Hospitals and Public Institutions supplied.



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### Struve's Seltzer, Fachingen,

VICHY, and other Mineral Waters. ROYAL GERMAN SPA, BRIGHTON. Under her Majesty's especial Patronage.

The success which Struve and Co.'s Artificial Mineral Waters have obtained, owing to their perfect identity with those of the natural springs, has induced several parties to imitate their Labels and Stamps, to buy up their bottles and fill them with spurious imitations, selling them under the general name of "Brighton Seltzer," "Brighton Fachingen," &c., an analysis of some of which has shown an utter disregard to their true chemical composition, and a total absence of iron in the professed chalybeates. They therefore respectfully request the public to observe carefully that the name of "STRUVE," is on the label, as well as on both sides of the Red Stamp, over the Cork, which has the words "Royal German Spa, Brighton," beneath the Royal Arms.

Orders for Struve's Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street, London, and by numerous other respectable houses in London and the provincial towns, where a printed account of the waters prepared at Struve's Establishment may be obtained gratis.

### Medical Agency, 50, Lincoln's-

inn fields, conducted by Mr BOWMER, M.R.C.S.L.—All business connected with the Transfer of Practices, procuring Partnerships, &c., transacted on the usual terms, with the strictest regard to privacy and punctuality. Gentlemen desirous of obtaining Assistants are invited to apply, free of expense.—(Office hours, 11 till 4.)

### Mr Jeffreys's Respirators.—It is

presumed that few persons are ignorant of the beneficial action of Mr. Jeffreys's Respirators in all Affections of the Throat and Chest, or allow themselves to be misled into employing any of the defective substitutes for them. The forms are—the Hand, a very compact and convenient kind, held in the hand and applied to the mouth; the Oral, for the mouth only; the Nasal, for the nose; and the Orinatal, fitted for both mouth and nostrils. These two latter forms are employed chiefly at night, for inducing sleep by allaying cough and irritation in the throat and chest. The very moderate prices of the Respirators place them within the reach of persons of all ranks. In London and all the larger towns, the leading Chemists and Surgical Instrument Makers are Agents for Mr Jeffreys's Respirators. Principal West-end Depot, 25 Holles-street, Cavendish-square; Wholesale Office, 25 Bucklersbury, City.

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# THE MEDICAL CIRCULAR

AND

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No. 6, NEW SERIES. }  
 No. 32.

WEDNESDAY, FEBRUARY 9, 1853.

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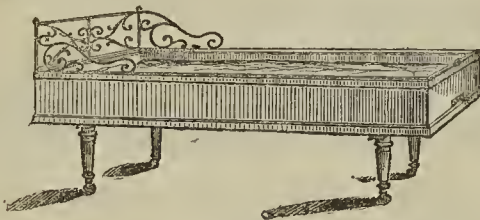
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## The Medical Circular.

WEDNESDAY, FEBRUARY 16, 1853.

### MEDICAL WITNESSES AND THE CORONER'S COURT.

On more than one occasion we have adverted to the manner in which medical practitioners, in attendance upon patients dying under circumstances necessitating a coronatorial inquiry, have been occasionally treated either by coroners, juries, or the officers of the court. The case of Mr Fenton, as communicated to us by a correspondent, first elicited our remarks; and a fortnight since we republished, from the 'Association Medical Journal,' a letter from Dr O'Bryen, relating to the case of poisoning by aconite at the convent of the Good Shepherd, in which that gentleman averred, that he was informed by the Coroner, "that the jury could not permit him to be present" at the view of the body; that afterwards another gentleman was appointed to make the *post-mortem* examination, at which, however, after some discussion, he was requested to assist, and that, "during the whole time the witnesses were examined," he "*was ordered to leave the court.*"

We consider this subject to be one of the utmost moment to our profession, and to deserve our vigilant attention. Whether medical practitioners should be treated as *honest, truth-speaking men*, or regarded as *malefactors*, is one of the important questions involved in the issue. More than this the law and constitution are jeopardised by the arbitrary conduct of coroners so acting; and whether as respects the injured character of the medical practitioner, or the violated justice of the law, we protest, with our utmost energy, against such an abuse of authority.

In that portion of our biographical sketch of Mr Wakley published in our last number, we stated that if such a practice should prevail, "the profession would have to thank the Coroner for Middlesex for the example." As we are anxious that Mr Wakley should not be censured undeservedly, we will recite so much of the particulars of the trial on the "Hounslow Inquest Case," during which this practice first came under the cognizance of the Judges, as will enable our readers clearly to understand the subject. During his summing-up, Chief Baron Pollock, who tried the action, assumed that the Coroner, Mr Wakley, in excluding the medical witnesses, had acted upon the practice, "which I think," he remarked, "might be taken as the common practice;—so far as my experience goes, I believe it to be so." He was, however, assured that the witness upon whose evidence he was then commenting, merely spoke with reference to the practice in Middlesex; and the Chief Baron replied, "It is sufficient if it was the practice in Middlesex, and the practice HE *had always adopted.*"

Sergeant Wilkins moved for a new trial on the ground of

misdirection: when Baron Parke, in explanation of the Chief Baron's observations relating to his belief in its being a "common practice," said "But in fact he did not use the language, but told the jury that the practice of excluding certain parties had been adopted by the coroner for Middlesex *in previous cases.*" Whether therefore Mr Wakley initiated this practice prior to the "Hounslow Inquest Case," or merely adopted it as an old custom, whether he set the example or followed it, is not quite clear. It is very certain, however, that his example is likely to find imitators in less conspicuous men, and would tend to be highly prejudicial to the strict course of justice in these courts. Much evil may be done without intent, and a judge without being corrupt, may mistake his powers, and inflict irreparable mischief upon individuals.

In order to show that the practice of declining to receive the evidence of medical men, whether an old custom, or a new usurpation, is contrary to law, we need only recite the opinions of the Judges as delivered at that trial. Baron Parke said, "Without doubt the practice is incorrect, and will be discontinued for the future. *It manifestly is contrary to law.*" Baron Alderson:—"The practice was improper. The coroner ought to allow anybody to be examined on an inquest, who has any material information to communicate. *The refusal to do so conveys a gross imputation on the party whose testimony is rejected.*"

So much then for the actual refusal by a Coroner to receive the evidence of a medical practitioner; but there are improprieties not less deserving of our attention, which, though equally injurious to the character of the medical man, are not, perhaps, so positively illegal. We are quite sure, however, in the present state of the law, that they ought not to be allowed. In this case of Dr O'Bryen, for example: though this gentleman was summoned as a witness, *he was not permitted to be present at the view of the body—WHY NOT?* And, during the examination of the witnesses, *he was excluded from the court?* The Coroner can, doubtless, give a reason right in his own eyes for the latter exercise of power, but it is highly probable that such reason would not be so satisfactory to our professional brethren. Every man, according to English law, is innocent until he is found guilty; and in a Coroner's court, particularly, there is no man upon whose shoulder a constable can lay a hand and call him prisoner. It is merely a court of inquiry, and recognises neither prosecutor nor prisoner until the verdict is returned. Medical practitioners, therefore, of all men, are the last that should be treated with discourtesy, and suffered to lie under an impeachment of integrity or skill.

If the legislature shall at some future time appoint a public officer to make post-mortem examinations, the profession will recognise his authority; but at present, the superseding of the ordinary medical attendant duly qualified by law, by the appointment of another medical practitioner, with no better legal qualification to perform this duty, is an undue stretch of authority, and an insult to the



gentleman so superseded. The omission to call him as a witness partakes of the same character; and we are of opinion, that a Coroner does not properly perform his duty who, wanting evidence of the cause of death, neglects to summon the medical practitioner who had been in attendance prior to the fatal issue. If, upon examination, it should appear that such medical witness was professionally incompetent, a higher opinion should be obtained; but this is a circumstance, we are satisfied, that would rarely occur. The capricious or systematic neglect of the surgeon in attendance is, however, a monstrous injustice, and should not be tolerated by our professional brethren.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Dublin Quarterly Journal of Medical Science,'  
Feb. 1853.)

### OBSERVATIONS UPON CHRONIC RHEUMATIC ARTHRITIS OF THE SHOULDER.

Dr Robert Smith contributes a very interesting article under the above title. His object is to show that many luxations of the head of the humerus upon the scapula, hitherto regarded as the effect of external violence, are congenital, and associated with chronic rheumatic arthritis of the joint. After describing the peculiarities of two cases of the kind, he remarks:—

"It must, I think, be obvious to those acquainted with the external signs and anatomical characters of congenital luxations of the shoulder backwards, and who are also familiar with the morbid appearances which chronic rheumatic arthritis presents when established in this articulation—that in these remarkable specimens two distinct classes of phenomena existed: the one manifestly indicating original malformation; the other as clearly denoting the super-addition of a disease of a peculiar character. To the former belong the absence of any vestige of a glenoid cavity ever having existed in the situation which it naturally occupies; the accurate resemblance to one another of the abnormal sockets in position, shape, and dimensions; the shortness of the intra-articular portions of the bicipital tendons, and the existence of glenoid ligaments. These phenomena indicate, in my opinion, that the deformities originated neither in disease nor accident; and when I compare them with those observed in the case of double, congenital, sub-acromial luxation, described in my work on fractures, I feel more strongly convinced that, in the rare and remarkable case just described, the malformations were also congenital.

"Among the appearances which demonstrate that chronic arthritis had long existed in each of these malformed joints, are to be placed—the removal of the articular cartilages; the enamelling of the osseous surfaces thus exposed; the bony growths around the bases of the heads of the humeri; the deposition of bone in the capsule; the unravelling of the fibres of the bicipital tendons; the growth of the numerous vascular bunches of synovial fimbriae; and the solution of continuity in the acromion process.

"In confirmation of this view of the case, it may be mentioned, that in the body of the person in whom these specimens were found, all the fingers and toes were webbed, and that one of the hip-joints presented a well-marked example of chronic rheumatic arthritis, evidenced by the disappearance of the ligamentum teres, the removal of the articular cartilage, the existence of an ivory-like deposit, and, finally, shortening of the neck of the femur, and an alteration in the angle which it naturally forms with the shaft."

Dr Smith refers to certain specimens in the museum of St Bartholomew's Hospital, alluded to by Mr Adams in his memoir upon the "Abnormal Conditions of the Shoulder Joint," and adduces them in evidence of the correctness of his views. He then specially treats of those cases of dis-

placement caused by disease, and in this branch of his subject combats the opinion of Mr Fergusson, in respect of certain luxations of the humerus referred to in the last edition of this gentleman's work on surgery, as observed by him in the dissecting-room, and which he attributed to external violence. Dr Smith views them as the consequences of disease. The article is deserving of consideration.

### ON FRACTURES OF THE FEMUR.

We observe an article in the same journal by Mr Butcher, on the treatment of fractures of the thigh-bone. Mr Butcher objects to the use of the double-inclined plane, and recommends Liston's long splint, with a modification, as employed by himself.

"The alteration is very simple, and consists in the addition of a piece of wood placed in a transverse direction beneath the lower end of the splint, and upon which its edge rests. The splint is steadied in this position by means of a long screw conveyed through a socket riveted vertically on the side of the splint. The upper end of the screw has fitted to it a brass handle placed across, while the lower end terminates in a cylinder, which is received into the centre of the piece of wood, and fastened into a hollow beneath by means of a nut and washer. The cylinder, as contrasted with the screw, is somewhat contracted, and presents at its commencement a shoulder which rests upon the steel plate on the upper surface of the transverse piece of wood, while the remainder moves freely in the tube for its reception. From this it must follow that, by a few turns of the screw, the splint may be elevated or depressed at pleasure. Another advantage resulting from this mechanism is, the facility with which the splint can be reversed, the screw changed, and its adaptation to either limb effected."

Cases are reported in favour of the plan of treatment, and various suggestions are offered for an improved application of the splint.

(From the 'Monthly Journal of Medical Science,'  
Feb. 1853.)

### ON SPASMODIC DISEASES.

An excellent and well-reasoned article on this subject has been contributed by Dr Alexander Wood. Dr Wood seeks to show that these diseases are not generally caused by affections of the "nervous system," as it is called; but are more commonly dependent on an impairment of nutrition of the muscles themselves. His pathological views are thus summed up:—

"*Pathological Deductions.*—To keep a muscle healthy, it has been shown that it must have nourishment and oxygen from the blood, and that it is therefore dependent on nutrition for the one, and on respiration for the other. 1st. In almost every spasmodic disease, assimilation is interrupted. Take, for example, CHOREA,—'In the advanced period of the disease,' says Dr Hamilton, 'flaccidity and wasting away of the muscular flesh take place, the consequence of constant irritation, of abating appetite, and impaired digestion, the common attendants of protracted Chorea.' Or take LARYNGISMUS STRIDULUS. How commonly is it associated with impaired nutrition and with well-marked derangements of the digestive organs, and how impotent do all drugs prove for its cure, unless associated with pure air, and carefully regulated diet. Or take SPASMODIC ASTHMA. 'Of all the predisposing causes of asthma,' says Dr Forbes, 'dyspepsia in some of its forms or consequences is by far the most frequent. \* \* \* It is only, however, in what may be termed secondary dyspepsia, or that general disorder of the system which is often the consequence of long-continued irritation of the chylopoetic organs, that results of the kind now contemplated arise.' Or in INFANTILE CONVULSIONS. The opinion is gradually gaining ground, and has been prominently advocated by Dr W. L. Mauthner of Vienna, that convulsions comparatively seldom occur in children as the primary results of disorder of the nervous system, but are very frequently to be traced to an interrup-



tion between the nutrient parts and the parts nourished, inducing irritability of the muscles. In corroboration of this opinion, we may cite the facts collected by M. Bouchut, which clearly shows that in ten out of eleven children who died at different periods after convulsive seizures, the brain presented no morbid appearance whatever.

"2nd. Impeded respiration, and consequent deficiency of the red particles of the blood, is often associated with spasmodic diseases. How often is the bronchitis of infancy closed with convulsions! and how frequently do we fail to detect any adequate cause for this in the state of the nervous centres! 'It goes to the head,' we say, but where is our proof? It goes to the blood would perhaps be a more satisfactory exclamation. Again, a careful examination of the Parliamentary reports on the state of large towns, serves to show that the habitual inhalation of the impure air of these localities arrests the muscular development, and gives a greater liability to spasmodic diseases.

"3rd. The third physiological law went to show that the more rapid the nutrition, the more sudden the exhaustion consequent on its arrest. All muscular action demands nutrition, and as the supply is not constant it is soon exhausted, which explains the excessive exhaustion produced by all spasmodic seizures, and the great and sudden collapse by which the paroxysm is so often followed. And perhaps also the enormous appetite which we often see in convulsive diseases after the attack, as, for example, epilepsy.

"4th. The fourth law showed that the irritability of a muscle was inversely as its contractility—that as its strength declined, its irritability increased. From this, several pathological inferences may be deduced. Why muscular weakness should predispose to convulsive disease. Why convulsive diseases should be especially frequent in the young. Why losses of blood and anæmia generally, should so often give rise to convulsive affections. Why the frequency of convulsive seizures, and therefore the severity of the disease, is not a sign of the patient's strength, but of his weakness.

"*Etiological Deductions.*—I limit the inquiry, of course, to predispositions. Laws 1 and 2 teach us the effects of mal nutrition, impure air, and diseases of respiration, in producing convulsions. Law 3 explains why full health wards off convulsive diseases, but renders them more fatal when they do occur. Law 4 explains how excessive losses of blood and weakness generally, serve to induce convulsive diseases, and how in persons of lax muscular fibre, spasmodic affections are liable to occur on the application of very slight irritants."

As a consequence of his views, Dr Wood reprehends the practice of blood-letting and of the employment of debilitating remedies, and advises a stimulating and sedative plan of treatment, according to circumstances.

(From the 'Lancet,' Feb. 12, 1853.)

#### CASES OF FRACTURE OF THE BASE OF THE CRANIUM.

This is the continuation of a very instructive lecture on this subject by Mr Hilton. The first portion of this lecture, containing the principal points deserving of remark, has already appeared in this Journal, so that we need not dwell upon the subject this week.

#### AN ACCOUNT OF YELLOW FEVER,

*As it occurred on board H.M.S. La Plata in the month of November, 1852.*

Mr Wiblin and Dr Harvey have conjointly drawn up a report on this disease. The authors thus describe the malady:

"The leading features of those cases, so far as we have been able to ascertain them, may be said to have been—fever of a *continued* type, preceded, or at the outset attended by severe frontal and orbital headache; pains in the back and limbs; injection of the conjunctiva; intense thirst; marked diminution or suppression of urine; vomiting, generally nearly incessant and very distressing—bilious or mucous in the first instance, but after a time, in a large proportion of the cases, of the well-known black matter; hæmorrhage

from the mouth and nostrils in a few; extreme restlessness, with more or less delirium in the worst cases—in which, also, at an early period, the pulse became small, weak, and rapid, the skin cool, and other indications of general prostration presented themselves. Three of the cases were exceedingly slight, the patients not having been confined to bed above a couple of days; and as they did not exhibit any marked or characteristic symptoms, their real nature may be looked upon as somewhat doubtful. They were, however, regarded by Mr Bacon Phillipps, surgeon of the *Plata*, as mild cases of the prevailing disease, and as such it is but reasonable to consider them."

With respect to the origin of the disease they say:

"How did the fever originate, and subsequently spread itself on board the *Plata*? Only, as far as we can conjecture, in some one of these three ways: first, in being brought on board by Charles Southwell, and through him communicated to those subsequently seized; perhaps also by Donaldson, who may have got it from Whitehair in the *Eske*; secondly, in some foul state of the vessel herself; or, thirdly, in some pestilential miasm pervading the atmosphere in the harbour of St Thomas.

"We have no hesitation in expressing our belief, that the first of those suppositions furnishes the most satisfactory explanation of the fact; and we think that the details given as to the circumstances under which most of the cases occurred, taken in connection with the history of the disease as occurring in other vessels, —the *Eclair*, for example, and likewise at Boa Vista, and elsewhere,—go far to make it probable that the fever had its origin in contagion or infection, and owed its extension subsequently to that cause. We do not say that they furnish an absolute proof of this, but only a *probability*—such a probability, however, as to warrant a line of conduct in respect of the steamers presently arriving here from the West Indies, the same as if it were a matter of positive certainty that the disease did originate in the way supposed."

The evidence is then given upon which these gentlemen have arrived at their conclusion, and a microscopic analysis of the "Black Vomit" by Dr Hassall is appended.

#### HINTS FOR THE TREATMENT OF HYDROPHOBIA.

Dr Marshall Hall offers the following suggestions:

"Many years ago I had the opportunity of watching the course of a case of hydrophobia. It occurred in a little boy; and I scarcely left the room during the eight-and-forty hours that he survived. But I need not detail the series of symptoms which occurred, and which I have described elsewhere, on the present occasion.

"It has appeared to me that there are *three* modes of death in this disease:—1. Sudden death from asphyxia. 2. Sudden death from secondary asphyxia. 3. Sudden death (for in all the cases I think the death is sudden and unexpected at the precise moment at which it occurs) from nervous exhaustion.

"Either of these modes of dissolution would be averted by the timely institution of tracheotomy. Indeed, if this measure were adopted, the frightful seizures which occur from trying to take liquids would be obviated. These seizures consist in fearful attacks of laryngismus, and of convulsion of the neck and pharynx, but chiefly of laryngismus, with threatening of instant suffocation. These seizures would be disarmed of their force and terror by tracheotomy.

"Tracheotomy thus obviating the *effects of laryngismus*—1. The sudden death from asphyxia, the immediate result of asphyxia, could not occur; and 2. The sudden death from secondary asphyxia, the more remote result of many attacks of laryngismus, could not occur!

"There remains the sudden death from exhaustion. It is a question whether this would occur necessarily from the poison of hydrophobia. Why should it occur *necessarily* from this poison? No reason can be given for this; and we are not to be misled into a conclusion unsupported by facts, since, though all cases of hydrophobia have proved fatal, they have proved fatal by a mode by which they would not occur if tracheotomy were performed,



"Could any measures be adopted to check the violence of the spasms,—laryngismus and its effects being obviated,—such as the hydrocyanic acid, and so to prevent the subsequent exhaustion? Or could any remedies be adopted to remove this exhaustion more directly, as wine or cinchona?"

"These hints I throw out for the consideration of my professional brethren, in the *hope of good*."

(From the 'Medical Times and Gazette,' Feb. 12, 1853.)

#### HISTOLOGICAL ANATOMY AND MICROSCOPICAL MANIPULATION.

This paper is occupied with a description of the instrument and apparatus, and hints for its use; and although not suitable for quotation is worth the perusal of gentlemen studying the use of the microscope.

#### OBESITY, WITH STRICTURE OF THE COLON.

Dr C. J. B. Aldis communicates the following case:—

"Mr Firth, apothecary of the Western Dispensary, requested me to attend a post-mortem examination of Sarah D., aged sixty-nine, residing at the Chapel-house, Little Chapel street, Westminster, on Dec. 2, 1852. The dissection was performed at the express wish of two surviving sisters, who said that the deceased had suffered for a long period from pain in the left side, with a suffocating sensation, and imagined that a tumour existed 'which moved.' The body externally did not appear to be very fat; the feet were distorted inwardly, which, with increasing infirmity, had prevented her from leaving her room for six years, expecting to go into the yard. A large quantity of fat was observed on making an incision into the integuments of the chest and abdomen. The vessels and right ventricle of the heart were covered with fat, projecting, an inch in thickness, beyond the apex. A great portion of the left ventricle was similarly coated with fat. The heart itself was small and flabby; valves healthy. On raising the left lung, the diaphragm was elevated by a round substance of the shape and size of a cricket-ball encroaching upon the lung. Indeed, each thoracic cavity was diminished by the abdominal distension, partly arising from tympanitis, and partly from obesity. The roundish substance, above alluded to, was found to consist of a mass of condensed fat attached to the lesser curvature of the stomach. The omentum was unusually fat; the posterior abdominal walls were also densely lined with the same substance; the intestines also being thickly fringed with it. No effusion. On examining the intestines, the left extremity of the transverse colon was seen to be so much contracted, as to admit the little finger with difficulty, and of a gristly character, resembling scirrhus, an inch in length. The intestines otherwise were perfectly healthy, and there was no accumulation of feces above the stricture. The morbid specimen was exhibited at the last meeting of the Western Medical Society.

"Remarks.—Had a careless examination of the above case been made, the strictured portion of intestine being so small, and surrounded with fat, might easily have been overlooked, and the cause of death solely attributed to obesity. It is singular that fatal constipation was not produced, when we take into consideration the very small aperture in the colon through which the feces must have passed for a considerable time, and which no doubt occasioned the long-continued pain in the side. The patient's idea of the 'moveable tumour' appeared to have been suggested by the large round mass of fat in contact with the diaphragm, and subject to its movements."

The author also reports an interesting case of disease of the heart, liver, and kidneys, associated with epileptic fits, but in which there was no dropsy.

(From the 'Association Medical Journal,' Feb. 11, 1853.)

Dr Jenks reports, among others, the following interesting cases:

#### HÆMATEMESIS.

"A case of hæmatemesis, which occurred in 1851, deserves mention on two accounts: first, by reason of the great loss of blood, which nearly extinguished life; and next, on account of the effect of remedies.

"CASE. —Sibney, aged 42, a nurse in a family, was admitted May 25th. Five years ago she was ill seven weeks with vomiting and severe epigastric pain, supposed to indicate disease of the liver. About four months since she was seized with pain at the pit of the stomach, followed by vomiting of blood to the extent of a pint and a half, as reported; and had several fainting fits in consequence. This attack was succeeded by a weekly discharge of blood from piles, which greatly reduced her strength. On the day of her admission, May 25th, she had suffered a great loss of blood by vomiting. Her bowels having been obstinately confined for some time, the house-surgeon's first care was to remove this impediment. Next day, Gallic and sulphuric acids were ordered, with ices and iced drinks, etc. In the evening, two drachms of oleum terebinthinæ were given.

"May 27th. Much the same. The following draught was ordered:—℞. Plumbi diacetatis gr. ij; aceti destillati ℥j: aquæ dest. ℥xj. Fiat haustus 2dis vel 4tis horis sumendus. In the evening, the vomiting of blood continuing, she was for two hours in a state of extreme syncope, requiring wine and ammonia, and the application of hot sinapisms to the epigastrium, chest, and extremities. When she had somewhat recovered, another dose of turpentine was administered.

"May 28th. Some blood was still vomited, though less copiously. Her exhaustion was extreme. Wine, and the best nourishment she could take, were ordered; and the following draught was prescribed:—℞. Olei terebinthinæ mx, ex ovi vitello: tinct. matico ℥ss; aquæ pimentæ ℥iss. M. Fiat haustus 3tiâ quâ horâ sumendus. A blister was applied to the epigastrium.

"May 29th. No return of hæmorrhage had taken place since last report, which, indeed, was the last time it occurred. She remained in hospital till July 9th, when she was discharged convalescent.

"The quantity of blood lost by this woman must have amounted to several pints. There were no evident signs of hepatic disease; but as blood had been discharged by the hæmorrhoidal vessels, as well as by the stomach, some obstruction of the vena portæ probably existed. Are we to attribute the suppression of the hæmorrhage to the matico? I have not much experience of the effect of this remedy administered internally."

#### DISTENSION OF THE BLADDER.

"A woman, aged 37, was admitted in the year 1849, six weeks after confinement, with a tumour of the abdomen, resembling the gravid uterus at about the fifth or sixth month of pregnancy. The account she gave of herself was, that the size of the abdomen was not much diminished after parturition. She nursed her child for a fortnight, when her milk left her. A month after her confinement, she was attacked with severe headache, nausea, and vomiting: all which symptoms continued unintermittingly, and with increasing violence, up to the time of her admission into hospital. As there was frequent and difficult micturition, and no enlargement of the uterus could be detected on examination *per vaginam*, Mr Hodgson passed a catheter, when a large quantity of urine was drawn off, and the tumour wholly disappeared. It was at least a month before the bladder recovered its tone; the urine being alkaline and bloody, and having a muco-purulent sediment.

"I have narrated this case on account of the instructive lesson it conveys. The patient had been sent to the hospital from the country, under the belief that she laboured under some organic disease of the uterus—an error into which others might have fallen, who, in like manner, had trusted to external appearances only."



(From the 'Dublin Medical Press,' Feb. 2nd.)

# SUGGESTIONS FOR FACILITATING THE EXPOSURE OF ARTERIES, AND THE APPLICATION OF THE LIGATURE.

Professor Hargrave, the Author of this paper, remarks:—

"Some practitioners will consider it a useless question to ask, and a waste of letterpress to print, what is the best direction to be given to the incisions required for securing an artery? and if possible to lay down fixed principles for these operations. For some sessions past, in my lectures on operative surgery, I have always advocated and demonstrated to the class a different mode of proceeding from that laid down in books. Though so many works on surgery have issued of late from the press, this most important practical point seems to me not as yet definitively settled, as it is capable of being done, especially for the junior practitioner. The only author that I am aware of who has touched upon a change in this practice is Mr Skey, which meets my full concurrence.

"Most surgeons still cling to the rule of cutting parallel to the course of the artery, seldom or never deviating from it, and if they do, act doubtfully and with hesitation.

"From an attentive consideration of this most practical proceeding, I would lay it down as a rule that the incisions parallel to the artery generally should be the exception, while incisions transverse or oblique to the vessel should almost always be the rule. By the adoption of the latter, the surgeon will be able to find the vessel with more ease and certainty to himself, and to encircle it with the ligature with greater prospect of success to the well doing of the operation.

"I am well aware that I am not advocating a totally new proceeding in practice, as Scarpa, Dupuytren, and Guthrie have advised it in some instances; and I have performed such an operation on the left common carotid with every facility to myself. My colleague, Mr Porter, has also occasionally deviated from this practice. This question can be best met by stating the disadvantages of making the incisions parallel to the artery:—1st. The slightest deviation from its course will lead the surgeon astray, going either to the external or to the internal side of the vessel, and unless he corrects his mistake on the instant, the operation will be tedious and unsatisfactory, calling for the use of retractors, and requiring excessive manipulations of the wound to find the vessel, and may even fail *in toto*, as has occurred more than once in practice. 2nd. If two vessels happen to run parallel to each other, as often occurs in the arm, and sometimes below Poupart's ligament, more difficulty will attend their being exposed, and distinguished one from the other, than by the adoption of a different course to the incision. 3rd. The operation does not appear to me to be facilitated by such a line of incision.

"What advantages follow a transverse or oblique incision? 1st. No doubt exists but that the vessel will present itself in some part of the wound, and a retractor is seldom required. 2nd. If two vessels run together, greater facility will attend the distinguishing of one from the other, and securing the artery which is the subject of the operation. 3rd. It is an operation more generally fitted for the profession than the first one, as it does not require so much dexterity or great knowledge of anatomy. 4th. If much adipose substance exists, it will render the operation more satisfactory and certain.

"It can be objected to the practice now advocated, that in some instances the muscles must be cut across. This matters but little, for when the patient recovers, such are the compensating powers inherent in the animal economy, that no permanent injury will arise from such a lesion."

Professor Hargrave thus sums up:—

"In conclusion, to recapitulate the arteries on which this operation is of such utility: 1st, the temporal; 2nd, the occipital in its third stage; 3rd, external maxillary artery; 4th, lingual; 5th, carotid; 6th, subclavian; 7th, axillary; 8th, brachial; 9th, ulnar; 10th, radial; 11th, internal mammary; 12th, internal epigastric; 13th, external iliac artery; 14th, internal iliac artery; 15th, gluteal artery; 16th, femoral artery; 17th, popliteal artery; 18th, anterior tibial artery; 19th, posterior tibial artery; 20th, dorsalis pedis artery."

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**Medical Times and Gazette.**—(No. CXXXVII. Feb. 12, 1853.)—**ORIGINAL LECTURES.**—Dr Boon Hayes on Histological and Microscopical Manipulation. Lecture III. (With Engravings.)—**ORIGINAL COMMUNICATIONS.**—Dr C. J. B. Aldis's Cases, with Remarks. Mr S. W. North's Remarks on the Treatment of Diarrhoea by Sulphuric Acid.—**HOSPITAL REPORTS.**—Guy's Hospital: Case illustrative of the Conversion of a Sebaceous Tumour into a Solid Mass. St Thomas's Hospital: Removal of a Solid Tumour from the Neck, possessing Peculiar Characters. St Bartholomew's Hospital: Removal of an Exostosis of the Femur. City of London Hospital for Diseases of the Chest: Phthisis; Sudden Death from Hæmoptysis; Autopsy. List of Scientific Meetings.—**EDITORIAL ARTICLES.**—The General Practitioners and the Proposed New Medical Reform Bill. Dr Marshall Hall. London Fever Hospital. Drugs; their Impurities and Adulterations. (With an Engraving.) Memoir of the late Jonathan Pereira, M.D., F.R.S.—**REVIEWS.**—A Treatise on Operative Ophthalmic Surgery. By H. Haynes Walton, Surgeon to the Central London Ophthalmic Hospital, and Assistant-Surgeon to St Mary's Hospital. Principles of the Anatomy and Physiology of the Vegetable Cell. By Hugo Von Mohl. Translated by Arthur Henfrey, F.R.S. Atlas of the Formation of the Human Body in the Earliest Stages of its Development; compiled from the Researches of the late Professor Dr M. P. Erdl. By Joseph Kahn, M.D. (Vienna).—**REPORTS OF SOCIETIES.**—Royal Medical and Chirurgical Society: A Case of Large Axillary Aneurism, in which the Subclavian Artery was Successfully Tied. On Degeneration of the Placenta at the End of Pregnancy. Pathological Society of London: Malformation of the Heart; Absence of the Ventricular Septum. The specimen of Lobular Hypertrophy and Schirrus of the Breast. Calculus Abscess in the Pelvis. Artificial Tympanic Membranes, &c. Medical Society of London: Fibrous Tumour of the Uterus. Extraordinary Substances in the Urine. The Fibrinous Constituent of the Blood in Relation to Disease.

**Association Medical Journal.**—(No. VI. Feb. 11, 1853.)—**LEADING ARTICLES.**—Parliament Representation of the Medical Profession. Dublin Medical Press upon Examinations Real, not Verbal. Medical Benevolent College. Adulteration of Food and Medicines.—**ORIGINAL COMMUNICATIONS.**—Mr B. W. Brown on Intestinal Obstructions. Dr T. G. Hake on the Climates of the World, in reference to their Effects on Man's General Welfare and Destiny. Dr G. S. Jenks on Cases occurring in the Medical Practice of the Sussex County Hospital, during the Years 1849, 1850, and 1851; embracing Remarks on Diseases of the Heart and Blood-vessels, of the Organs of Digestion, of the Urinary Organs, and of the Uterine Organs, Rheumatic Affections, Cutaneous Diseases, and a Case of Poisoning with Corrosive Sublimate. (Concluded.) Mr John C. Bloxham on Medico-Legal Signification of Closure of the Foramen Ovale. Dr T. Moffatt on Medical Meteorology.—**BIBLIOGRAPHICAL NOTICES.**—Carter on Pathology and Treatment of Hysteria. Markham: Skoda on Auscultation and Percussion. Societe de Chirurgie de Paris; Memoires.—**PERISCOPIC REVIEW.**—Toxicology: Death from the Inhalation of Chloroform during Operations. Materia Medica, Pharmacy, and Therapeutics: Comparative Value of Anthelmintics. Compound Extract of Colocynth and Compound Colocynth Pill.

## BOOKS RECEIVED FOR REVIEW.

Remarks on the External Application of Iodine in Erysipelas, with Suggestions for its use in Puerperal Fever. By Hugh Norris, Surgeon, &c.

On Laceration of the Perineum during Labour. By John Cockle, A.M., M.D.



## REVIEWS.

*Six Lectures on Materia Medica and its Relations to the Animal Economy. - Delivered at the Royal College of Physicians in 1852. By JOHN SPURGIN, M.D.*

The author of this work has exhibited considerable philosophical acumen in the treatment of his subject, and has advanced views of a most interesting and important character. As regards *materia medica* in its ordinary sense there is nothing in the work, which is rather an investigation into the actions and laws of the animal economy, and the principles of therapeutics as dependent thereon; the latter too are rather inferred than demonstrated—the author confining himself mainly to the discussion of certain physiological opinions. His grand object seems to be to establish the primary importance of the blood, and the dependence upon it of every organ and animal function. We do not perceive much that is new in the earlier lectures; but in order to give our readers some idea of the mode in which Dr Spurgin treats his subject we will quote the following paragraphs on the fluidity of the blood.

Starting from the proposition that the principle of fluidity is in the blood, of which it is the all in all, he goes on to say:—

“But our argument at this time must bear more especially upon certain auxiliary powers, which preserve the fluidity of the blood. Now these powers exist essentially in the animal system itself, and are not exclusively derived from outward nature; for although water is found in very large proportion in the sanguineous volume, yet it does not prevent the blood from coagulating when withdrawn from the body, nor does the heat of the surrounding atmosphere.

“The auxiliary powers which are in operation to maintain the fluidity of the blood, are circulation, respiration, and nervous influence. Of these, the nervous influence would appear to be the first in order, and the highest in universality, although it is the last that can be introduced on the ground of experience. Circulation and its organs commence visibly with organisation, a fluid existing first and perceptibly flowing in a circle, the current, direction, and determination of which are exactly according to the nature of the determining cause, which is manifested by the organ or body resulting from the forming power. And as the fluid circulates, it is provided with means more and more ample for maintaining its own fluid condition, its circulation, commencing and terminating in vessels of exceeding tenuity and subtilty. These vessels gradually enlarge, till they become channels of supply to the whole capillary system, which is continued from them to the complete formation of the entire body. The blood during all this process continues its circuit, alternately aggregating to a larger volume, and separating again to the unities from which it sprung. The circulation of the blood contributes to this end, which is indeed one of its many purposes, whilst the pulse of the circulation, which is continually emitted from the heart, also effects a similar purpose. Hence it is as if the heart with its pulsation was present at every point of the body, whithersoever artery can take it, its every throb communicating to the whole vascular field its own life and action. The part thus beats with the whole, and the whole with the part, each unit of the blood preserving its own action, both severally and conjointly with the rest, and in this manner is the primitive fluid property maintained. All this is consonant with the statements of Leeuwenhoek and other authors, who state that they have seen blood in its course through the most minute parts of the small vessels of a fish's tail, agitated to such a degree as almost to surpass belief.

“Mr Baker says that he could ‘plainly perceive the blood stopping, and, as it were, receding a little at each dilatation of the heart, and then immediately running forward again at each contraction, whilst, in the veins, it rolled on in a continued current with inexpressible rapidity.\*’ How perfect a contrivance then is this subdivision of the blood-vessels,

down to the minutest capillary structures, for effecting a corresponding division of the blood? For it must be remembered that the greatest circulation is in the region of the smallest vessels, where animal nature celebrates her most active sports, and where collectively the blood abounds in greater quantity than in the trunks.

“I must advert in the next place to nervous influence as an auxiliary power for maintaining the fluidity of the blood. The capillary system of vessels, it is well known, is most immediately and remarkably influenced by the varying states of the brain and nerves, and especially of the mind and feelings. These states affect the circulation in various ways, either stimulating it to increased action, or depressing it to apathetic languor. When, however, the depressing influences are at work, they become a fruitful source both of disorder and disease, and a condition of the blood opposed to fluidity is the more probable consequence. This condition reacts again on the brain; for from changes induced on the blood results are produced, which can affect the very sphere of thought. But in healthy states of the mind the influence of the nerves upon the capillary system of vessels, and, through them, upon the blood, is highly conducive to the health of the body also. This is effected by the maintenance of a natural and constant reduction of the blood to its unities, and its consequent fluidity in the capillary vessels; for, in proportion as this proceeds, the depending processes of secretion and excretion, of nourishment and purification, are preserved in their due and uninterrupted course. It is therefore incumbent upon the Physician to look to the mental condition of his patient, and to take an interest in its due adjustment, in order that he may impart hopes of recovery, and thus employ the resources of *Materia Medica* under circumstances more favourable to success.”

Dr Spurgin then discusses the influence of respiration in the maintenance of the fluidity of the blood.

The author enters into a long disquisition to prove that the tubular structure of the nerves is filled with a nervous fluid, thus adopting the opinions of Boerhaave. This view is urged with great force, and will doubtless attract consideration. In the last lecture Dr Spurgin denies that the so called “coronary arteries” are strictly arterial tubes. He offers various arguments based on anatomical investigations to prove that they are peculiar in the office they perform,—doing, in fact, a double duty as artery and vein,—and therefore better adapted to the requirements of the important organ they supply. The work is elegantly written, with a more than usual colouring of style for a philosophical treatise. It does the author, however, great credit.

## HOSPITAL REPORTS.

## MIDDLESEX HOSPITAL.

*Usefulness of the Division of the Tendo-Achillis in the Reduction of Fracture.*

(Under the care of Mr Shaw.)

The division of the tendo-Achillis, as a means of facilitating the reduction of fracture of the leg, in cases where such reduction presents difficulties, seems now to be pretty generally used in our hospitals. This practice, which originated in Germany, and has been adopted in several countries besides England, has the great advantage of allowing of reduction without the powerful traction (and accompanying pain) which must sometimes be used in cases of complete riding or widely-displaced fragments, when the gastrocnemius muscle draws the lower fragment upwards with a great degree of force.

Mr Shaw has now in Clayton ward a male patient, aged forty years, who was admitted January 19, 1853, with a simple fracture across both malleoli, with complete twisting of the foot outwards and towards the front of the leg. Reduction was found extremely difficult, and Mr Shaw thought it advisable to divide the tendo-Achillis, to render the parts more yielding and manageable. This measure had the

\* “Baker on the Microscope,” at supra.



desired effect, and the leg was easily reduced; the limb was then placed into the usual apparatus (side-splints and foot-piece), and the patient is now doing extremely well.

The same procedure was resorted to with great benefit in a severe case of compound fracture of the leg. The man was admitted October 26, 1852, and is sixty-one years old. He was run over by a cab, and suffered a compound fracture towards the lower third of the leg. The fragments were so widely separated, and the action of the gastrocnemii and solei muscles so powerful, that Mr Shaw was obliged to divide the tendo-Achillis, besides removing a small portion of bone. Reduction became then comparatively easy. Suppuration has been profuse, and the diligent exhibition of stimulants became necessary; but by dint of care, cleanliness, &c., the patient has done well, and the wound was almost healed three months after admission.

Mr Hilton had lately recourse, at Guy's Hospital, to the division of the same tendon in a case of compound fracture of the leg of a very severe kind. Reduction was found extremely difficult before tenotomy was performed, as the separation of the fragments was considerable, and the traction of the muscles insurmountable. After the division of the tendon, the limb was secured in a favourable position; and by the use of opium and stimulants, the patient is likely to recover, without the loss of his leg.

Mr Hilton has had two other cases of the same description, in which tenotomy proved very beneficial. One was that of a woman, sixty-seven years of age, who was admitted with compound dislocation of the ankle-joint. Mr Hilton proposed amputation, but the patient would not consent; he was therefore obliged, in order to bring the parts into tolerable apposition, to divide the tendo-Achillis, the peronei tendons, and that of the tibialis anticus. By the continued use of stimulants, &c., the patient recovered, and has just left the hospital with an ankylosed and hardly useful joint.

The third case refers to a woman who suffered simple fracture of the lower third of the tibia and fibula. The foot became so everted by the action of the peronei muscles, and the lower fragment was so strongly pulled upwards, that Mr Hilton divided the tendons of the peronei and the tendo-Achillis. Reduction was then effected with comparatively little trouble, and this patient has also done well.

#### ST THOMAS'S HOSPITAL.

*Removal of a solid Tumour from the Neck, possessing peculiar Characters.*

(Under the care of Mr Simon.)

On Saturday, Jan. 23, Mr Simon excised, from the neck of a remarkably robust-looking young Irishwoman, a very peculiar tumour. Before the operation, Mr Simon stated that his reasons for resorting to that measure were, not that he believed the disease malignant, but because it was increasing in size, and becoming inconvenient. It was as large as a small orange, and situated subcutaneously in the right neck, a little below the border of the jaw. To the touch it was very firm, and could be readily moved about, being attached neither to the skin nor deep parts. The history given was, that it had commenced seven years previously as a small subcutaneous induration, and had very slowly increased in size. It had occasioned very little pain, and none at all until quite lately.

Mr Simon commenced by making a semilunar incision, the base of which was parallel with the border of the jaw. On dissecting the flap upwards the tumour was exposed, and being seized and held forwards by means of a vulsellum, it was then quickly dissected out. A very profuse hæmorrhage took place, but was soon controlled by the ligature of several vessels, after which the parts were brought into apposition by sutures and plaster. The healing of the wound has since advanced favourably.

Examination of the Tumour.—It was surrounded by a thin adherent capsule, and exhibited obscure indications of a division into three large lobes. Its section was firm and

almost crunching, the cut surface smooth, and neither concave nor convex; of a white colour, interspersed with spots of light yellow and of greyish semi-transparent substance. It yielded no juice, nor showed any fibrous bands. Under the microscope, it appeared to consist of a solid blastema, of a small quantity of delicate fibro cellular tissue, and of numerous nucleated cells about the size of small pus corpuscles, mostly round, but occasionally of an elongated form. Mr Simon remarked, that it was impossible to assert conclusively that it was not of a malignant nature; from the history and general appearances, however, he did not believe it to be so, and had no expectation that it would return. He supposed that it must be classed, for convenience' sake, with those tumours to which, for want of a better, the ill-understood term of sarcomatous growths has been applied.

#### ST BARTHOLOMEW'S HOSPITAL.

*Removal of an Exostosis of the Femur.*

On Saturday last Mr Lawrence excised an exostosis the size of a large hen's egg, from above the inner condyle of the femur, in a lad aged fourteen, who had only known of its existence for four months. Previous to the operation its base appeared to be large, and to extend to very near the knee-joint, and also round the bone towards the course of the femoral artery. As the result of his experience, Mr Lawrence stated that these growths almost always were connected to the shaft by a constricted neck, and generally grew downwards rather than upwards. He therefore inferred, that in the present instance the operation would not be attended with either the difficulty or the danger which manipulation of the growth might lead one to anticipate. The event proved the correctness of his conclusion. The integument and vastus internus having been divided, the nodulated growth was exposed, the soft parts easily separated, and a very short but narrow pedicle brought into view, which the bone forceps readily divided. A section of the mass showed that its surface was covered to the thickness of nearly half an inch by greyish glistening cartilage, thus disproving, were any disproof needed, the assertion that these growths develop into bone from a fibrous tissue. After the operation, Mr Lawrence remarked on the frequency with which exostoses were formed in the situation of the present one, by far their most common seat. He compared their structure, which was that of ordinary cancellous bone, surrounded by a shell of denser structure, with the very hard and ivory-like growths from the cranium, adding, that so extreme was often the hardness of the latter, that he had sometimes failed in being able to cut away the whole, and much preferred, under ordinary circumstances, to let them alone. With exostoses in other positions the rule was different; they should be removed as early as possible.

#### CHARING-CROSS HOSPITAL.

*Chloroform in Phagedænic Ulcers.*

(Under the care of Mr Hancock.)

Since chloroform began to be used as an anæsthetic agent, the minds of many practitioners have been bent upon extending the therapeutical applications of this agent. It has been inhaled in epilepsy, tetanus, and other convulsive diseases; it has been taken into the stomach, in cases of cholera, and has been applied, by M. Aran, of Paris, to joints affected with acute rheumatism, and to the abdomen of patients suffering from lead colic. M. Aran has found chloroform extremely useful in the two last-named disorders, and we have no doubt but this compound will be more and more tried in all cases where a powerful local sedative is required.

One can easily understand how chloroform, applied upon a painful joint, or on the abdomen in colic, should give relief; but, on general principles, it is less easy to see how ulcerations should be benefited by it, except it were by a stimulating action. This stimulating power of chloroform, or capability of changing the character of an ulcerated surface, was lately put to the test by Mr Hancock, at this hospital,



in case of a phagedænic chancre situated in the vestibule of a woman about thirty years of age.

The patient was admitted, under the care of Mr Hancock, Jan. 14, 1853, and, as there was much debility, and exhaustion, besides the syphilitic ulceration, Mr Hancock prescribed bark and nitric acid, with soothing applications to the ulcerated parts. When, however, the chancre began to assume a phagedænic character, the promptest means were employed to arrest the destructive ulceration. Among these, Mr Hancock used chloroform, as he had found, from previous experience, that even diluted with water it had a decidedly beneficial influence on phagedænic ulcers. The chloroform was here used in an undiluted form, and a few applications were sufficient to stay the phagedænic tendency of the ulcer. The pain was rather severe, but not so much so as when pure nitric acid is employed; and it was found that chloroform, though less destructive, had just as much, if not more power in arresting phagedænic action than nitric acid. The chancre has now assumed a healthier character, and is rapidly progressing towards cicatrisation.

Mr Hancock, in commenting upon this case, took occasion to remark, that he had lately treated cases of phagedænic ulceration which had resisted applications both of opium and nitric acid; recourse was then had to chloroform, and with the happiest result.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES,

### THEIR HISTORY, COMPOSITION, AND QUALITIES.

#### No. VII.

#### DR LOCOCK'S WAFERS.

(Continued from p. 107.)

In the last Number of the 'Medical Circular' we introduced the reader to the Messrs Da Silva, and their Establishment, in Bride lane; in the present one, we intend to say a few words about the composition and qualities of their nostrums. Of these, the kind best known to the public, from having been the longest before them, is the "Pulmonic Wafers." The "Aperient Wafers" and the "Female Wafers," are later productions of the fertile genius of quackery, resulting from the success of the former. The Messrs Da Silva have still more recently advertised a new skin-wash, under the attractive name of "Dr Locock's Cosmetic," which is "put up," labelled, and "stamped" in the usual style of quack lotions. We shall notice the former seriatim. The latter, from not being a medicinal, we shall pass over for the present.

#### DR LOCOCK'S PULMONIC WAFERS.

We have carefully examined these lozenges, and are led to the conclusion, that they consist of sugar, starch, and honey, rendered pectoral and expectorant by the addition of squills and Ipecacuanha, and slightly anodyne by a very small quantity of morphia or lactucarium. We believe the latter.\* The dose, according to the directions, is from one to two wafers, three or four times a day; the smaller number being stated to be sufficient to remove an asthma or consumption, but coughs, colds, and hoarseness are said to generally require the full dose.

\* The following formula, if not actually the same as that used by Da Silva and Co., produces lozenges of precisely the same appearance and character.—Powdered lump sugar, and powdered starch, of each two parts. Powdered gum, one part; mix, and form into mass with the following mixture: Acetum scillæ, oxymel scillæ, and vinum ipecacuanhæ, equal parts; lactucarium in the proportion of twenty-five to thirty grains to every ounce of the dry powders used. Evaporate by a gentle heat to one-sixth the quantity. The lozenge mass must be rolled into a sheet, one-sixteenth of an inch thick, and then cut into half-inch squares, with the corners rounded off. They average seven to eight grains each, when dried. So far from having an "agreeable taste," Locock's Pulmonic Wafers "have a disagreeable bitter taste."

So much for "Dr Locock's Pulmonic Wafers," which have supplied that *hiatus* (we copy the italics), and removed that reproach from medical science, which physicians had not discovered until the last few years." Comment on this would be useless. All we can say is, that we pity the poor victim of misplaced confidence, who, to cure himself of any one of the ailments named in Messrs Da Silva's advertisements, should unconsciously hasten his passage to "that bourne whence no traveller returns," by swallowing their nostrums. These wafers can merely act as *palliatives*, not *CURATIVES*. That they may occasionally prove useful in allaying tickling coughs, throat irritations, hoarseness, and the like, we admit; but in this respect they are in no single way superior to ordinary lozenges, that may be bought by the ounce, for a like purpose, at a *fraction* only of their price. The note appended to the "Directions," will throw some light on the cause of the relief, if any, experienced, not *from*, but *whilst* taking the Pulmonic Wafers. We copy verbatim from the circular.

"NOTE.—In all affections of the lungs the diet should be light and nutritious—but not heating—and attention *must* be paid to the state of the bowels, keeping them regular by the use of Dr Locock's Aperient and Antibilious Wafers."

The effects of the Pulmonic Wafers, be it observed, up to a certain point, had not been satisfactory to the Messrs Da Silva; on the contrary, frequently the very reverse. What was to be done? Their proprietors were disagreeably placed on the horns of a dilemma. They could not openly recommend purgatives. Such a course would have cast a reflection on their first bantling, as they had long "strictly enjoined" the patient "never to take any other medicine but their own." The question was at length settled by the parturition of their second offspring, which was to combine No. 1 and No. 2 pills in a lozenge, and encroach on the territories of the Holloways and the Morisons.

#### DR LOCOCK'S APERIENT AND ANTIBILIOUS WAFERS.

These lozenges appear to consist chiefly of sugar, extract of liquorice, and senna, with the addition of a little jalap to increase their aperient qualities. Their composition is not very dissimilar to the Confectio Sennæ of the London Pharmacopœia.\* We cannot find that the dose of these wafers is given in the "direction." We conclude it is the same as that of the preceding. However, a few days since, we sucked seven or eight of them during the morning, and had really forgotten the fact until the present moment. We can say nothing in their favour. Their most striking quality is their enormous price.

#### DR LOCOCK'S FEMALE WAFERS.

Of these we may remark, that we positively believe that the only *true* statement contained in the Messrs Da Silva's advertisements is that portion relating to the *harmless* character of their female wafers. We can readily agree with them on this point, and we think the reader will do the same when we tell him that we know the case of a young miss of seven summers swallowing *sixteen* of her mama's wafers, without experiencing the *slightest* effects therefrom, either pleasant or disagreeable. Indeed, we were much amused to see this young patroness of the Messrs Da Silva, within two hours afterwards, sitting down enjoying her dinner with a zest that did our heart good. Their taste resembles a mixture of liquorice and horehound candy, and we believe these articles enter largely into their composition.†

\* The following is probably their composition. Sugar and extract of liquorice (Spanish juice) equal parts; finely powdered senna and jalap, of each about half a drachm to every ounce of the sugar employed; make into a mass with strong infusion of senna, and divide into lozenges. The Aperient Wafers are small squares with the corners rounded off, about three-fourths of an inch in diameter and one-sixteenth thick. When dried they weigh about twelve grains each.

† Sugar, horehound candy, (or honey) and aperient wafer mass (see above), equal parts; form into lozenges, with weak gum water, to which a little orange-flower water has been added. The "Female Wafers" resemble in shape and size the "Pulmonic Wafers," and average about eight grains each. There are twenty of each of the above Wafers in a thirteen-penny-half-penny box.



And now a word or two about the prices at which Dr<sup>a</sup> Silvas' nostrums are sold. We have now lying before us the price lists of several of the principal mediated lozenge houses in London and elsewhere. Let us look at that of the Messrs A. E. and W. Shepherd, who are proverbially the most eminent in the trade, and whose prices also correspond. What do we see? The *best*, VERY BEST squill lozenges, 2s. per pound; ipeeacuanha ditto, 2s.; the two combined, 2s. 2d.; opium ditto, 2s. 8d.; lactuearium ditto, 2s. 8d.; lactuearium and ipeeacuanha ditto, 2s. 8d.; ipeeacuanha and morphia ditto, 3s. 3d.; and second qualities in proportion. We need scarcely tell the reader that the actual cost of manufacturing these lozenges, including labour, would be less than one-half the above. *Two shillings* a pound is only THREE HALF-PENCE an ounce; 2s. 8d. per pound, only TWO PENCE per ounce. Double these sums, and we have respectively 3d. and 4d., which, as we have already named, are the common retail prices of these articles. Granted, in some of the fashionable establishments at the West-end, and at Bath, Cheltenham, and such like places, where the shopkeeper has mistaken us for an aristocrat or a millionaire, we have been charged 6d. for what we usually pay half the money. But the Messrs Da Silva are not content to reckon their profits by simple *hundreds per cent.*; they do it by THOUSANDS. They charge for their Aperient Wafers after the rate of upwards of *two shillings* per ounce, for the Female Wafers upwards of THREE SHILLINGS per ounce, and for their Pulmonic Wafers upwards of FOUR SHILLINGS the ounce; or, the trifling prices of about *one and a half guineas*, TWO GUINEAS, and THREE GUINEAS the pound, for what they can make for about 1s. 4d., and which we may purchase retail for 3s. or 4s. respectively. Gentle reader, *is not quackery a very profitable trade?*

Yet another word with the Messrs Da Silva before we dismiss them to their gloomy and dirty domicile in Bride lane. The truth will at length burst forth, though for a time it may be smothered by the barefaced falsehood and quackery of charlatans. The printing press that the quack's lucre has made the instrument of his success, also proclaims his condemnation. Read the following letter, gentle reader, and we think your confidence in quacks and quackery—in quack medicines and "Pulmonic Aperient," and "Female Wafers and Pills" more particularly—will be considerably lessened.

(Copy of a letter from Dr Loeoek.)

26 Hertford street, Mayfair.

SIR,—In reply to your inquiries, I have no hesitation in assuring you that the "PULMONIC WAFERS," "FEMALE WAFERS," "ANTIBILIOUS WAFERS," and "FEMALE PILLS," that have been so often advertised with my name, *are not mine*\*, nor do I know anything of their composition, nor have I anything whatever to do with them, either directly or indirectly.—Your obedient servant,

CHARLES LOEOCK, M.D.

(To be continued.)

PUBLIC TESTIMONIAL TO DR BRANFOOT.—We are happy to record a circumstance which must be as gratifying to our profession, as it is honourable to that section of the public who are especially concerned. A valuable testimonial has been presented to Dr Branfoot on his retiring from practice at Brentwood. The subscription list was headed by Lord Petre.

THE ENDEMIC AT CROYDON.—A singular coincidence has been noticed at Croydon in respect to the endemic fever so lately prevalent in that town and an ancient prophecy, which says, that "when the Bourne rises, the people of Croydon may look out for death and pestilence." The Bourne is a spring in Marden Park, a few miles from the town, and is generally quiescent, but this year it has risen higher than it has ever been known to do, and has flooded the country to a great extent.

\* The profession and those acquainted with the Doctor, of course, never had any doubt on the subject.

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, Esq., M.D., F.S.S.

### CHAPTER III.

A.D. 1400—1711.

(Continued from Number XXXII.)

A sketch from the *Processus Integri* will illustrate the fidelity and singular felicity of Sydenham's pictures of diseases:—

"*St. Vitus's Dance*. This disorder is a kind of convulsion, which seizes children of both sexes, from the tenth to the fourteenth year; it manifests itself by a halting or unsteadiness of one of the legs, which the patient draws after him like an idiot. If the hand of the same side be applied to the breast, or any part of the body, the child cannot keep it a moment in the same posture, but it will be drawn into a different one by a convulsion, notwithstanding all his efforts to the contrary. Before a child who has this disorder can get a glass or cup to his mouth, he uses abundance of odd gestures; for he does not bring it in a straight line, but his hand being drawn sideways by the spasm, he moves it backwards and forwards, till at length the glass coming accidentally near his lips, he throws the liquor hastily into his mouth, and swallows it greedily, as if he meant to divert the spectators."

Many of the methods of cure laid down by this great man have stood the test of experience. He deprecated a complicated *Materia Medica*, introduced simpler and more efficacious remedies than had been known, and better suited to the different forms and stages of disease; he banished the hot, close treatment of small pox and fever then prevailing, from rational practice, and led the way to equal reforms in other departments of therapeutics.

The character of Sydenham and some of his contemporaries evinces a great progress in medical morality. There remained no trickery, no secrets, no consecrated deceit, no avarice, in the foremost man of the age. Harvey followed Charles in his worst fortunes. The munificence of Radcliffe, Mead, and Sloane, in their patronage of science, has never been surpassed by the hereditary nobility. Sydenham, in Johnson's words, "was benevolent, candid, and communicative, sincere, and religious; his whole character was amiable, and his chief view was the benefit of mankind." Sydenham was born in the year 1624; in 1642 he commenced a commoner of Magdalen Hall, in Oxford. He was a republican, and at this early stage fought for his principles in the army of the parliament, where he attained the rank of Captain; \*at the age of twenty-four he obtained, at Oxford, the degree of Bachelor of Physic. About the same time he became a fellow of All Souls College, after having recognised by subscription the authority of the visitors appointed by the parliament. He practised thirty-three years, chiefly at Westminster; and died on the 29th of December, 1689. He was a martyr to gout and stone in the kidneys. In treating of the latter he sketches his personal habits; not to omit mentioning anything that may be serviceable to those labouring under the same disease. "In the morning, as soon as I am up, I drink a dish or two of tea, then I go out in my coach till noon, and at my return home I dine moderately upon any kind of meat I like, that is easy of digestion; for moderation is principally necessary. I drink a little more than a quarter of a pint of Canary immediately after dinner every day, to promote digestion and drive the gout from my bowels. In the afternoon I go out in my coach,† and when business permits take a turn into the country for good air. A draught of small beer serves me instead of a supper, and I drink another draught after I am in bed and about to compose myself to sleep. I always

\* Gentleman's Magazine, vol. lxxi, p. 684.

† Harvey visited his patients on horseback, with a foot cloth, in the same way in which the judges were then accustomed to ride to Westminster Hall.



prefer small beer brewed with hops to that which has none." \*

He bore physical suffering without a murmur. His treatise upon gout closes calmly: "and if the racking pains, unfitness of motion, and other disorders with which I have been afflicted during the greatest part of my life, together with the loss I have sustained in my profession by sickness, may be a means of relieving others, I shall have some reward for the miseries of this kind which I have suffered in this life, now I am leaving it for another." In addressing Dr Brady, he has the following striking passage:—"I have always thought it a greater happiness to discover a certain method of curing even the slightest disease, than to accumulate the largest fortune; and whoever compasses the former, I esteem not only happier, but also better and wiser. For, can a person give a stronger proof of his benevolence and wisdom than by endeavouring always to promote the public good, rather than his private interest, as he makes so small and inconsiderable a part of the whole? and, in reality, as it is the part of a wicked man to destroy his fellow-creatures, so it is the duty of a good man to preserve them, and instruct others how to save them from death, even after his own decease. Nor can anything be more inhuman and detestable than to insinuate a disregard and unconcern for whatever misfortunes may happen to mankind after our death."†

All his works were delivered to the world, after deep meditation, and his great practical improvements advanced in a manly but extremely modest temper. Yet he had many enemies. He censured vain speculations in strong terms; and did not spare those who screened their ignorance and idleness with the specious pretence of an extraordinary respect for the ancients. Nearly all the Faculty exclaimed against him. Still, he had a firm faith in his doctrines, and trusted to Time, the discoverer of Truth. He beheld the ingratitude of his contemporaries mournfully, and not bitterly; and never suffered their conduct to dry up the fountain of his great heart. "I find," he profoundly observed, "that it is better to assist mankind than to be commended by them, and highly conducive to tranquillity of mind; for popular applause is lighter than a feather—a bubble—and less substantial than a dream."

Sydenham had not to contend against individuals, but against the College of Physicians; all the machinery of that corporation was set in motion to crush his daring genius. That this was the strong tower of his persecutors, is distinctly stated in a passage preserved by Dr Lettsom. The writer ascribes the calumny and ignominy which Sydenham endured to the "emulation of some of his collegiate

brethren, and others, whose indignation at length arose to that height, that they endeavoured to banish him as guilty of medicinal heresy, out of that illustrious society."\*

I proceed to mention a few more of the scientific discoveries of the age. Dr Halley invented a Table of Mortality, showing the probability of dying, and the mean future duration of life, at every age, from observations made at Breslau. This was the first successful application of the doctrine of probabilities to medicine. It proved that vital phenomena, taken in large masses, are constant, and susceptible of mathematical investigation. Halley's beautiful and simple construction was one of the most important accessions made by medical science in this eventful time.

It would be an endless task to attempt to display all the modes of treatment adopted; I shall select one or two as specimens. In an order against the plague, given at the command of Elizabeth, by the College of Physicians, "the best learned in physick within this realm," the people were told:—"make fire rather in pans, to remove about the chamber, than in chimnies, as it will better correct the air of the houses." In 1636, this advice is repeated, but a piece of iron is directed to be put in the fire. At the same time, the College recommended two ounces of rancid oil, as an emetic. In 1665, a refinement is introduced, and people are told to take for the same purpose, a carduus posset, or warm water, "provoking with a feather or finger in the throat, as is usual." The College disdained the antimony of the ignorant chemists; and Louis XIV had not given 1,000 *Louis d'ors* for the secret of ipecacuanha (1681). The discoveries of the nature of respiration demonstrated the fatal nature of the directions of the College. The delicate and tender are directed to make a toast of white bread, to sprinkle upon it a little wine vinegar, made with rose-leaves, then to spread a little butter on the toast, cast on it a little powder of cinnamon, and eat it in the morning fasting. "The poor, who could not get vinegar nor buy cinnamon, might eat bread and butter alone, for butter is not only a preservative against the plague, but against all manner of poisons." The college, in its collective wisdom, gave the following prescription for the swellings in plague:—"Pull off the feathers from the tails of living eooks, hens, pigeons, or chickens, and holding their bills, hold them hard to the botch or swelling, and so keep them at that part until they die, and by this means draw out the poison." These ingenious devices vanished before the clear sense of Sydenham's school.

(To be continued.)

\* Works, vol. ii, p. 384.

† Vol. i, p. 430.

\* Gentleman's Magazine, vol. lxxi, p. 684. From a MS. fifty years in the possession of Dr Sherson's family.

## TOXICOLOGY.

In an early number of the 'Medical Circular' it is intended to commence a series of papers on the above important subject in all its more useful bearings in connexion with the medical profession. The papers will embrace a full account of

### POISONS

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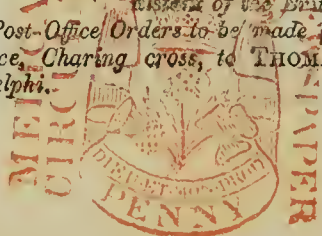
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For eight lines or less, 6s.; each additional line, 6d.

\* \* \* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.







PORTRAIT OF H. H. WALTON, ESQ.

BIOGRAPHICAL NOTICES.

H. HAYNES WALTON, ESQ.

The subject of our present sketch, now in his thirty-sixth year, is the eleventh son and the last of twenty-three children; and although a six-feet man, is the shortest of his brothers. This gigantic family stature seems to have been chiefly derived from the Yorkshire ancestry, the paternal side; but the maternal, or Hereford, branch were by no means pigmies.

Mr Walton came to London in 1836, a few days before the commencement of the medical winter session, intending to enter at Guy's; but this was overruled at his first interview with Dr Farre, who was to supervise his studies, for the reason that, as two of that gentleman's sons were connected with St Bartholomew's, they might be of use to him during his attendance at that medical school. This venerable physician endeavoured, in his usual impressive manner, to stimulate Mr Walton to activity and habits of studiousness, by commenting on the very brilliant and most useful, but short, career of his former pupil, their mutual relative, Dr Jones, the author of the celebrated "Treatise on Hæmorrhage," and encouraged him by auguring, physiognomically, that it was in his power to achieve success in his profession. To St Bartholomew's he went, and took up his abode in Ed-

mund's Buildings, Aldersgate street, then called the medical barracks, from the number of students residing there. These were the days when Stanley used to flourish his whalebone at the anatomical lectures, talk of the discerning extremities of arteries, the brush-like termination of nerves, and declare that the microscope was a mere plaything—an instrument that engendered illusions, and made science a fiction.

The filth and abominations of the dissecting-room almost deterred him from continuing his studies; but the disgust was gradually dissipated, and he became one of the most expert practical anatomists of the school. Of his theoretical knowledge of this subject he gave sterling proof in the competition for the senior anatomical and physiological prize. In comparative anatomy and in botany, also, he obtained honours.

Rather contrary to the usual routine, he passed the College of Surgeons (in 1839), and afterwards became dresser to Mr Lawrence for a year, and subsequently clinical clerk to Dr Latham for the same period. He now endeavoured to obtain the house-surgeoncy to the hospital, of which he had long been ambitious, and was selected for that office from among numerous competitors, some of whom



were hospital apprentices. Just at this period Dieffenbach's operation for squint was introduced into England, and practised with a zeal beyond conception. He caught the infection for operating, and frequently would cut four, five, or even more squinters in a morning, at his lodgings, before a large number of Bartholomew's students—spectators of his skill. He was now in attendance, as a pupil, at the Royal London Ophthalmic Hospital, and commenced to perform the various ophthalmic operations. He also acted for some time in the capacity of house-surgeon to that hospital, in the absence of the regular officer, who quitted it on the 1st of October, 1841, for the same appointment at St Bartholomew's. While at this noble institution he became acquainted with Dr Jordan Lynch (a gentleman who had the charge of the West London Union, Smithfield, and whose connexion proved of much value to him) in the following manner. Dr Lynch called on him, requesting him to operate on a case of strangulated hernia, occurring in one of the paupers, congratulating himself, as he supposed, in thus giving Mr Walton his first case of hernia; but he was incorrect, for a week or two prior, Mr Croker, a surgeon at Homerton, came to the hospital to seek one of the surgeons to operate on a case of hernia in private, but failing in this, and communicating his difficulty to Mr Walton, this gentleman volunteered, his services were accepted, and he operated. Before he left the hospital, Dr Lynch called him in to four herniæ requiring operation, besides many other cases in general and ophthalmic surgery requiring the knife; and to the period of his death, in 1847, gave him all the practical surgery that the Union afforded, which was considerable, and also the power of dissecting and operating on as many subjects in the dead-house as he pleased—opportunities which were not neglected. Through Dr Lynch's introduction, other surgeons in the neighbourhood of the hospital gave him many operations. During the twelve months of office at St Bartholomew's, he visited systematically all the hospitals in the metropolis, to see the practice of the several surgeons—an advantage for the most part too much overlooked by those who may avail themselves of it. By this time several little improvements were introduced into St Bartholomew's, which are still practised. Of these may be particularised the use of the long splint in fractures of the thigh. The superiority of this treatment was observed at the North London Hospital, under Liston. Prior to that, Earle's bedstead was almost invariably used for such fractures, the only other treatment (Vincent's) being short splints and a lateral position of the patient—a most certain plan of manufacturing short and crooked legs.

On leaving St Bartholomew's Mr Walton went at once to Paris, to attend the French hospitals. While there he took out a course of operative surgery under Petit and Estivigné. He returned to London in 1843, and placed his brass plate on a door in Bernard street, Russell square, resolving to commence the battle of life in this great Babylon.

To be attached to the surgical staff of the Royal London Ophthalmic Hospital was his great desire; but he had the mortification to learn that, according to the laws of that institution, only demonstrators of anatomy, surgeons of hospitals, or hospital apprentices, were eligible—qualifications that he did not possess. This, however, did not damp his determination to follow out the speciality of ophthalmology, and he at once commenced to found, in defiance of much professional opposition, the Central London Ophthalmic Hospital, of which he is now one of the surgeons—an institution which, for the period of its existence, has received more patients than any of its predecessors in this country, and to which Mr Walton is chiefly indebted for his success in life.

The surgeoncy of the St Pancras Royal General Dispensary falling vacant, he contested the election, and was successful. Here was another field for the exercise of practical surgery; and during his tenure of office, he performed most of the capital operations. Now, too, he contributed numerous papers to the periodicals, and a short course of lectures on ophthalmic surgery.

In 1846 he took to himself a wife, selecting his lady from

the ancient town of Exeter, and is now made happy by being honoured with several children.

In 1848 he passed the examination for the Fellowship of the Royal College of Surgeons.

In 1850 the organisation of St Mary's Hospital was in operation; and, in common with many other young aspirants, his eyes were directed to that institution. How to make the necessary interest was indeed a difficult question to solve, for he was utterly unknown to a single lay governor, and each professional governor was fighting for himself or his friends. The course he pursued was at once to move westwards, and, as a house could not be obtained, he took temporary apartments in Grosvenor street, in order that he might be more in the sphere of the electioneering interest. The seniors of the hospital were appointed by a committee. Then the day for the election of the juniors, by ballot, which was in May, 1851, arrived, and never was there a more energetic canvass for any appointment, medical or political; but his unquestionable merits, backed by unusual activity, secured for him a large majority over his competitors.

Not to neglect the source from which the chief part of his income was derived—namely, ophthalmic medicine and surgery—he resolved at once to place before the profession a work on "Operative Ophthalmic Surgery," which should embody his practice and his views relating to this department of surgery, one in which he exercises a master hand. This work has just appeared, and may be characterised as being eminently practical; it certainly does him great credit, and must add to his reputation and to his finances. The death of poor Dalrymple had already given him a goodly lift in ophthalmic practice, and had doubled his income; but this splendid volume, which at present stands alone, and is the only modern work on the subject, must give him the highest *status* in that branch of the profession. In 1852 he removed to his present residence, 69 Brook street, Hanover square.

Though the likeness at the head of this memoir furnishes a pretty accurate representation of Mr Walton's *personel*, still we may be permitted to give an additional touch to the portrait with pen and ink.

He is not what one would style a handsome man, yet his *tout ensemble* conveys the idea that he is far from being an ordinary-looking personage. Of his appearance, then, we may say that he is of a tall, commanding, square-built figure—just the cut, one would say, to make a good operative surgeon. His dark, brilliant eye, and the determined expression of his face, show that he possesses a readiness for action and firmness of purpose quite in keeping with his physical development. Endowed with a strong, active frame, an accurate eye, a steady hand, and a refined mechanical taste, one might safely infer that the subject of this sketch has a decided predilection for the operative department of his profession, and such a taste as we have already related was exhibited at an early period of his career. Time, opportunities for improvement eagerly sought for and cultivated, and enlarged experience have now matured his skill, and he stands among his brethren a surgeon confessedly possessing great zeal, judgment, promptitude with accuracy, and rapidity of execution. Like Dr Farre we may venture to augur for him great success in his future career, and if a persevering pursuit of his profession in the face of numerous obstacles be a merit, few will more deserve it.

THOMAS WAKLEY, ESQ.

(Concluded.)

While Mr Lawrence was leading the charge on the College of Surgeons, Mr Wakley was well satisfied to play the part of trumpeter to the brigade, and followed his general with joy and admiration. But when his leader entered the council, Wakley's enthusiasm was turned to rancour. He broke his trumpet, joined the ranks, and commenced a terrible fusillade on the deserter. He was the victim of misplaced confidence; and, like a man who has been suddenly required to make good the liabilities of his surety-ship, he stamped,



fretted, foamed, blustered, and reviled; but what did it avail? Lawrence pocketed the office and the abuse too; and Wakley looked only the more contemptible for exposing his folly.

It is curious that Mr Wakley has never been long associated in political movements with sound and earnest men. Those who have clung to him are those in whom others would place no confidence. Call a man a "Wakleyite," and he wants no other title by which to be known. Violence defeats itself. It attracts a crowd; but it repels sympathy. Mr Wakley has been always violent; and, after a career of thirty years, how many medical men at this day can he count among his friends?

The rivalries and jealousies of class politics are unfriendly to the more genial sympathies of our nature. He must be a good man indeed who can plunge into this pestilent vortex and come forth undefiled. The ardour of the race, the shame of defeat, the pride of principle, the exultation of triumph, and the cravings of selfishness, conspire to rouse each slumbering passion, and to develop every latent energy. In such a contest a defective judgment or a feeble conscience cannot be concealed. The passions strip off the mask of conventional behaviour, and what is good or evil in the man is exposed to the scrutiny of the world. Few men could pass through this ordeal with honour, and happily few make the attempt. The world is bad enough already—there is no need to make it worse.

DERMOTT, the late lecturer at the Charlotte street School of Medicine, was one of those who supported Wakley's early efforts as a Medical Reformer: but Dermott, an honest, blunt, independent man, broke, like the rest, from the alliance and enrolled himself among the combatants in the opposite camp. Dermott was a man to be deeply pitied. One of the first anatomists of the age, persevering and conscientious as a teacher, yet having offended the Council of the College, they overlooked his claim to the fellowship; and having denounced Wakley's political insincerity he lost the favour of the 'Lancet.' On his death-bed he declared that he had been "assassinated." The following curious note was addressed to the 'Medical Times' at the time of his decease.

Sir,—Having read in your obituary of the death of my friend George Derby Dermott, recorded as though he had died in the ordinary course of vital deterioration, I think fit to perform a public and private duty, by announcing to the profession that my friend solemnly assured me that he had been assassinated, and that he was suffering a lingering death from the wounds. Should his early friend, the Coroner, or the officers of Lincoln's-inn, call an inquest, I shall be glad to give my evidence, and to name the parties.—Sir, your humble servant,  
G. F. COLLIER.

22 Spring Gardens, Sept. 23.

The leading articles of the 'Lancet' were, subsequently to Mr Wakley's defeat in the theatre of the College, characterised by a coarseness and virulence unsurpassed by anything we have ever read in print,—the 'Town' and 'Satirist' not excepted. The Council of the College are called "*tyrannical ruffians*," "impudent upstarts," "a miserable and contemptible knot of worthless men," &c. The following quotation is taken from an article which casually caught our eye as we opened the 'Lancet,' and will serve as a specimen of the whole:—"Of all the monsters, of all the abandoned and stony-hearted creatures that wear the human form or infest society, there are none to equal in black ingratitude and treacherous debasement those men who, to live upon the fruits of corruption, turn their backs upon a just and noble cause. At once the betrayers of their friends, and the submissive tools of knavery, they are the bitterest enemies of human kind. They are spies, traitors, villains."—('Lancet,' 1830-31, p. 565.) Somebody,—afterwards glanced at in the course of the same article as an "Apostate," and one of the Council of the College,—was especially intended to profit by these friendly and polished censures. Whether that somebody has since been the subject of editorial eulogy or not,—we, not knowing the gentleman, of course cannot say. We hope, for conscience sake, that such is the case.

One of Mr Wakley's favourite schemes was the "*London College of Medicine*." It was, in effect, "still born," and therefore does not require to be commemorated. In reference to this blighted abortion, however, we cannot forbear to quote the following *morceau*, eminently characteristic of Wakley's talents in vulgar vituperation:—

"When the London College of Medicine was called into existence by the concurrent voices of nearly two thousand members of the profession in public meeting assembled, the corruptionists held down their guilty heads," &c.; "the hired agents of courtiers, intriguers, and jobbers were set to work, and Slander was commanded to execute forthwith the duties of his office." After some remarks on "Reform," he thus alludes to Sir Henry Hallford:—"That word which was to prove so distractingly offensive to the refined ears of Sir Henry, is now pronounced as glibly by the supple baronet himself, as he ever and anon lisps 'most noble duke,' 'right honourable lord.' Ah! but the wary baronet does something more than speak of reform," &c. "Oh, the eel-backed Sir Harry! Who shall trace thee in all thy windings, thou doubly-clarified courtier? But we track thee by thy slime, as we trace the morning slug. We follow thee to thy numberless recesses by marking the blight and devastation which characterise thy pernicious course to royalty and fame! O, Sir Harry! booing Sir Harry! slippery Sir Harry!"\* He is called a "bedubbed and bedaubed baronet;" and the editor exclaims, "How is it that the clear-sighted, penetrating eye of the chancellor cannot see through this thin skinned courtier? Why, with all the creature's cunning"—but we cannot continue; disgust overpowers us! Such is the scurrilous trash deliberately printed by the immaeulate Wakley when assailing the foremost member of the profession, and one of the most amiable and honourable of men—a man, too, from whom he had received neither injury nor insult.

Our space will not permit a more detailed account of Mr Wakley's career. We have said as much elsewhere as seems to us necessary to indicate the course he took during the grand struggle which commenced in 1843, and which is not yet terminated. The rancour and violence he exhibited in opposing the National Association, and the abuse he lavished upon its "Honorary Secretaries," must be yet fresh in the minds of our readers. Mr Wakley's efforts to destroy the National Association were ineffectual, and since that time his influence has waned with a celerity that may be accounted for by a special flaw in his character,—a too engrossing self-confidence; and by the experience which the profession possessed, and upon which they were resolved to act, of his previous career.

Wakley's hostility to the 'MEDICAL CIRCULAR' and its staff has raged with unusual intensity, in consequence of the resolution we have exhibited in placing before the profession and the public, certain facts relating to the "New Equitable Life Office." Believing that this company conducted its business with improvidence, and that, unless there was an alteration of the system, it would be undeserving the support of the profession, we did not hesitate to declare our opinion. We were thenceforth assailed with scurrilous epithets and calumnious insinuations in the columns of the 'Lancet'; a literary opposition was advertised under a false pretence, the property of the proprietor of this journal has been attacked in every form, and that gentleman himself grossly insulted. The "New Equitable" is, however, doomed. Its extravagant pretensions are rapidly collapsing, and the sooner the bubble bursts the less will be the disaster. We have understood that Mr Wakley meditated, a few months since, the establishment of a joint-stock metropolitan BREWING concern, and fancied that he should find, in the land of Noddledom, some great capitalists gullible enough to put faith in his glowing professions. How much had the 'Lancet's' analyses of PALE ALE to do with this quixotic brewing experiment?

Let us ask by what sorcery Mr Wakley managed to conciliate—what the world calls—success? How came he, with

\* 'Lancet,' 1832-3, p. 725.



the crushing disadvantage of being the editor of the 'Lancet' against him—with the memory of his repeated convictions for libel dogging his steps—with his violence, acrimoniousness, licence of language, and bitterness of spirit—how came he to maintain a certain position in society, and to acquire a status in politics? The answer is easy. By IMPUDENCE! He is a living instance of the truth of Danton's doctrine and Mirabeau's practice. He has more lives than a cat. Knock him down, and he vaults to his feet in a moment; defeat him, he tries again; hit him, he cries for quarter—grant it, he hits. Speak the truth of him, he will call it a libel; and, by an action at law, will try to prove that you cannot libel him worse than by speaking the truth. He has been all his life blowing his brass trumpet; and the world, mouth-agape, have run after him, as the yokels of a village fair crowd round the platform of a painted mountebank. Then each man of the crowd buys a penny trumpet, and blows too; thus, the fame of the saltim-banco spreads admirably. It is only required of him to pitch the key, and straightway every donkey with an ear catches the tune, and makes the village ring with his barbarous music. When he was young he spared no man, and now that he is old he craves to be spared. He made the 'Lancet' the monstrous thing it is; and now, like Frankenstein, he shudders at his own creation. The horrible sentences rise before his eyes like Banquo's ghost; and though they exhibit his own work, his hair stands on end at the ghastly reminiscence. The scoffs he has launched at others he fears will be hurled against himself; thus, the vulture is slain by an arrow plucked from his own wing.

When buoyant with life, energised by hope, he manifested few scruples. Having nothing to lose, he assailed boldly, and gave full scope to his acquisitive, self-assured, and boisterous nature. The 'Lancet' was the ladder by which he rose to observation. Its lowest rounds sank deep in the mire of literary profligacy, and were surrounded by the foetid remains of slain reputations. The exhalations from these putrid masses still linger around and wreath it to its summit. He cannot rise beyond the influence of this atmosphere; and it is not right that he should. The dead that are buried in our midst eliminate a miasm that destroys the living, and we perish deservedly for our own sins. This is the lesson of retributive justice. How many of the old friends of the 'Lancet' are now enumerated in that category? This were a curious speculation. Poor LAMBERT, the writer of the libel on Bransby Cooper, is dead! Peace to his manes! He yielded his spirit at peace at least with the 'Lancet.' Where is WARDROP, the reputed writer of the notorious "Intercepted Letters?" Not dead yet in the flesh, but he dug his literary grave with the pen that wrote those epistles; and when he was cut by the chirurgieal nauwaubs of the West end for his sarcasms, the 'Lancet' deserted him, and humbled itself to do homage before the shrine of some other great surgeon. Where is Lawrence? In the College Council. Where is Elliottson? Out of the University. LAWRENCE and ELLIOTSON! What say you to your dear friend Thomas Wakley?

Truly, the editor of the 'Lancet' has discovered the alchemist's secret for transmuting base things into gold. There is a market for everything in London, even carrion—ay, for reputations, too, good and bad. We have already intimated that if Mr Wakley made the 'Lancet,' the 'Lancet' made Mr Wakley. His repute, whatever it be, is reflected from its pages. They are a mirror of himself, heart, body, and soul. He might as well attempt to strip himself of his skin, as slough off the association with his Journal. We hope that he is man enough not to desire it, and will bravely hold up his work in his hand, and say "I wrote it!" Mr Wakley has never spoken, but the 'Lancet' has puffed him with adulation; never moved, but the 'Lancet' has pursued the "track of his slime," to use his own coarse language applied to Sir Hy. Hallford, "as we trace the morning slug."

He has always been surrounded by a large staff of parasites and sycophants in the shape of clerks, amanuenses, agents, secretaries, deputies, lacqueys, and what not, who were all bound in fealty to their lord and master. If

he sneezed, there was a universal sternutation in the court; if he yawned, there was a general gape—of admiration, of course; if he declared war, there was an immediate echo of defiance and indignation, a replenishing of ink-bottles and a cutting of quills. That old drum, the 'Lancet,' was beaten again till it thundered, and the profession awoke, rubbed its eyes, pricked up its ears, and wondered what all the noise was about. Enough! You stare, gentlemen; you ask each other questions: you talk about the new nine days' wonder; and you buy the book!!

The world is a simple, innocent, gullible animal, that can be led by the nose as easily as a donkey with a bunch of radish. Though these animals will follow in a string, it is not a very dignified or enviable office to be their leader! If the 'Lancet' desired to hunt down a reputation, the hounds in its pay soon opened in full cry; and its readers either joined in the sport or collected in a crowd at the death. Who thought of the agonies suffered by the poor hare?

Demosthenes said that "*action*" was the secret of success in oratory; Danton, "*l'audace, l'audace, toujours l'audace!*" They meant the same thing. Wakley, on the hustings, a miniature Danton, stood with all his soul's assurance beaming from his face, the incarnate *ego*. He opened his arms, tapped his chest, crying, "I am your man! Your voices—your sweet voices!" Audacity will ever carry the multitude; so they laughed, and voted. He seems to have made it a rule that success justified the means—a principle of conduct the correctness of which moralists have been debating these thousand years. But we must close our observations.

This slight sketch of Mr Wakley's career shows that he has been fighting his way through the Law Courts during the whole period of his public life; and probably he is not yet tired of this agreeable occupation. He tells us indeed, piteously, in one number of the 'Lancet' (Vol. 1830-1, p. 403), that one action for libel cost him nearly ONE THOUSAND POUNDS; but it did not cure him of his propensity. He possesses superior abilities, but he is reckless in their use—amazing energies, but, by an unhappy fatality, they are generally perverted to the destruction of his own happiness. His success against others is nothing as compared with the torture he inflicts upon himself. Our readers may judge for themselves whether Mr Wakley has ever been very scrupulous either in word or deed.

Having declined to present himself to the electors of Finsbury for re-election at the last dissolution of Parliament, he has ceased to enjoy legislative honours.

His relations with ourselves it is hardly necessary to dwell upon at any length. He seems to have vowed "a war to the knife;" and if it must be so, we must defend ourselves according to our skill. But we have not allowed this hostility to bias our judgment of Mr Wakley's acts, or to tempt us to dilate upon the less defensible portions of his career. His literary and public life has alone occupied our pen; his private character has been passed in silence. We have desired to write this biography in a fair—nay, more, a liberal spirit; and we have now only to hope that after perusing it, Mr Wakley may give us secret thanks for our forbearance, and, while thinking better of our magnanimity, he may resolve to deserve more from our justice.

**ENLARGEMENT OF BETHLEHEM HOSPITAL.**—Two new wings—the one on the south side, the other on the north—both facing Brook street and capable of accommodating 500 additional patients, have just been added to the original building. This additional increase of accommodation is attributable to the exposures of the discipline of the hospital which have lately taken place.

**THE ROYAL WILTS MILITIA AND MEDICAL MEN.**—A series of lectures is in course of delivery to this body at Devizes. The introductory lecture was given on the 27th ultimo, by R. J. Foster, Esq., M.D., physician to the Norfolk County Lunatic Asylum. The address was eloquent, and received with much applause. Mr Oustie, M.R.C.S., lectured on chemistry on the 7th of February.



## DRUGS, AND THEIR ADULTERATIONS.

### LAUDANUM.

After giving the results of the analyses of twenty-one samples of Laudanum, the 'Lancet' says:—

"A careful perusal of the foregoing results cannot fail to show the great difficulty the physician has to encounter from the uncertainty now prevailing of his procuring for his patients so important a remedy as laudanum of uniform strength. His prescription may be sent to half a dozen chemists without any two of them supplying his patient with the quantity of opium that he wishes him to take. Neither does the reputation of the chemist, nor the sum that is given for the medicine—as will be seen by the prices paid by this commission—offer any additional security. While it is not our intention to enter into full details of our conclusions until we have laid the whole of our analyses of opium before the profession, still we think we are bound, even at this point, to treat with especial notice two samples, Nos. 11 and 18—the one containing far less opium than any other sample, and but little more than half the quantity the College of Physicians intended it to contain; the other (18) having no other claim to be called laudanum, or tinctura opii, than the fact that it was sold as such; it contains upwards of four times the quantity of residuum that it ought, and does not possess that freedom from gum that is noticed in well-prepared laudanum."—'Lancet.'

The following are the samples referred to in the text. The proportion of opium in laudanum of usual strength is about one grain in nineteen minims. Mr Squire and Mr Reece have since communicated with the 'Lancet,' stating that their laudanum was prepared in accordance with the instructions of the 'Pharmacopœia;' consequently that the variation of strength is due to the opium

#### 11th Sample.

Purchased—of Mr Squire, 277 Oxford street. Price 1s. 2d.  
Specific gravity, 937.  
Per-centage of opium, 3·1.  
Contains one grain in 34·5 minims.

#### 18th Sample.

Purchased—at Reece's Medical Hall, Piccadilly. Price 1s. 6d.  
Specific gravity, 1036.  
Per-centage of opium, 21·3.  
Contains one grain in 4·5 minims.

### SCAMMONY.

The following are the results of the 'Lancet's' analyses of Scammony:—

1st.—That out of the *thirteen* samples of Scammony as imported, submitted to examination, *one* only was *genuine*; it yielding 79·60 per cent. of resin, the active principle.

2nd. That *eleven* of the samples were more or less *adulterated*; the amount of adulteration varying between 8 and 75 per cent., and the proportion of resin between 46·20 and 72·00; *one* sample having only 13·20 per cent.

3rd.—That *one* sample was entirely *fictitious*, being composed of the resins of *guaiacum* and *jalap*, with much *woody fibre*, *cellular tissue*, and other *insoluble matter*.

4th.—That the adulterating ingredients detected, consisted, for the most part, of impure *carbonate of lime* or *chalk*, and *wheat flour*, with sometimes *sand*, or other *earthy substance*, *gum*, and considerable quantities of *woody fibre* and *cellular tissue*.

5th.—That of the *seventeen* samples of powdered scammony, purchased of various chemists and druggists, analysed, *one* only was *genuine*, it affording 76·40 per cent. of resin.

6th.—That the *whole* of the remaining samples were *adulterated*, frequently to an enormous extent. The adulterating ingredients constituting from 18 to about 65 per cent. of the entire article, and the resin varying from 27·20 to 65·60 per cent.—that is to say, some of the samples contained little more than one-fourth of the proper quantity of scammony, and of course were deficient to that extent of the active properties which they should possess.

7th. That the adulterating ingredients in these samples consisted principally of enormous quantities of *wheat flour*, with frequently some *chalk*, and occasionally *sand* or other *earthy substance*.

We have now to ascertain who are the parties that practise these adulterations.

From the fact that the majority of the samples of gum-resin of scammony, as imported, contain chalk, and sometimes wheat-flour, &c., it is evident that these adulterations are practised, to some extent, before the article is brought into the English market. In reference to this point, we meet with the following information in Pereira's "Materia Medica"—a work which we shall have often to quote in our reports on Drugs and their Adulterations.

"Of this entirely pure scammony," says Dr Russell, "but very little is brought to market, the greater part of what is to be met with being adulterated, if not by those who gather it, by those who buy it of them abroad; for the chief part of what is brought hither passes through the hands of a few people, chiefly Jews, who make it their business to go to the villages of any note near which the scammony is collected, (as Antioch, Shogre, Elib, Maraash, &c.,) and there buying it while it is yet soft, they have an opportunity of mixing with it such other things as suit their purpose best—as wheat-flour, ashes, or fine sand, all of which he found it mixed with. But there seems," he adds, "some other ingredient (possibly the expressed juice), which makes it so very hard and indissoluble that he was not able to discover it to his satisfaction."

"I have been informed by a Turkey merchant, who formerly resided at Smyrna, that scammony is brought into Smyrna in the soft state, on camels. Here it is mixed with various impurities by persons (Jews) who are denominated scammony-makers, and who adulterate it, and thereby lower its value to suit the market."\*

It is equally evident, from the analyses given, that scammony undergoes further adulteration after its arrival in this country—this consisting principally in the addition to it of large quantities of wheat-flour.

We may here observe that in some cases it is quite possible to determine whether the addition of the flour has been made subsequent to its importation or not by the condition of the starch-granules. When starch is added to scammony abroad, it is mixed with it while the resin is soft; the granules thus become embedded in and coated with the resin in a manner from which no subsequent powdering can entirely free them.

On the other hand, when the search has been added after the resin has been reduced to powder, the granules and masses of granules retain their usual appearance and characters.

### HYDRARGYRUM C. CRETA.

We quote the following results of analyses from the 'Medical Times and Gazette':—

"From these analyses, it will be seen that in only one of the specimens, that from Waugh, Regent street, the mercury was below the quantity ordered by the "Pharmacopœia." In all the others the mercury was in excess, and in some it exceeded the proper proportion by 4·35 per cent., or about one-ninth of the entire mercury contained in the preparation. The samples subjected to analysis varied considerably in colour, as we have noted; those approximating to the proper formula being of a light grey; those containing mercury in excess being dark grey. The globules of mercury in the dark specimens were, on the whole, larger than those in the lighter coloured samples."—'Medical Times and Gazette.'

### PROTOCHLORIDE OF MERCURY—CALOMEL.

"The result of these analyses is very gratifying, inasmuch as they prove that an important article of the Materia Medica in every day use is seldom, if ever, impure, or wilfully adulterated. The minute portion of fixed residue which we found in each case is unavoidable in a manufacturing process, and ought not to be reckoned as an impurity."—'Medical Times and Gazette.'

\* "Materia Medica," vol. ii, part i, p. 1451. Third edition.



## MEDICAL SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 25, 1853.—MR HODGSON, PRESIDENT.

*On Degeneration of the Placenta at the End of Pregnancy.*  
By Robert Druitt, M.D.

This subject had been already brought under the notice of the profession by Dr Robert Barnes, but before its real value could be estimated, the author thought the following questions should be answered—viz., first, how far, and under what circumstances, could it be regarded as a normal condition? secondly, how frequently, and to what extent, might it be present without any ill consequences ensuing? The author defined the term degeneration to express the loss of those characteristic parts or marks of any given structure which were most intimately connected with its functions. There was no development of any new organic form; but, instead, a tendency to infiltration with oil-corpuscles or with earthy matter. In structures whose existence was shorter than that of the system of which they formed a part, or in organs which had occasional periods of activity, such changes were met with at the termination of those periods; and it might be produced in any organ by depriving it of the exercise of its functions. Thus degeneration was to be looked upon as a part of the natural as well as of the morbid history of the animal economy. Now, the placenta, being *par excellence* a temporary organ, might fairly be expected to be prone to degeneration at the close of the term of its office; and this the author believed to be true, and that almost every placenta expelled at the full time exhibited some signs of that change. The fact was notorious, that various deviations from perfect structure were constantly found in placenta; in favourable cases the fact was passed by as of no consequence, but in unfavourable cases, the placenta being more closely scrutinised, these appearances had been attributed to inflammation and effusion of lymph. The author confessed to have fallen himself into the error, till the paper of Dr Barnes revealed the true nature of these alterations. For the sake of a clear definition of the term employed, the author briefly detailed the histological elements of the placental structure, and thus observed that the forms of degeneration commonly seen in the placenta were the earthy and the fatty. The earthy was so common, that he doubted whether any full grown placenta could be met with that did not exhibit traces of it. These earthy deposits, examined microscopically, were seen as minute transparent crystals within the investing decidua cells of the foetal villi. This earthy matter was quickly and entirely soluble in acetic acid, with copious effervescence. The fatty degeneration was as common as the earthy, and was generally met with in the same placenta, though not in the same parts, nor in equal degree. It had been most fully and accurately described by Dr Barnes and Dr Hassall, and the author added some minute details of the progress of the fatty deposit in the pre-decidua cells, in which it commenced first as single globules, and then aggregated in clusters in the cells. In some cases the oil did not increase in proportion to the degree of degeneration; in fact, neither the oil globules nor the earthy crystals were to be looked on as more than accidents, and not as constituting the essence of the degeneration; but whether so or not, the affected tufts become tallowy, exsanguine, brittle, and difficult to unravel; whilst in the extreme stage there was produced a white, glistening, translucent, amorphous substance, of gristly consistence, and breaking in all directions into sharp, angular fragments. But in this apparently structureless substance the foetal vessels might, by careful examination, aided by maceration, be detected cropping out here and there on the broken surfaces. In this extreme degree of degeneration there was very little oil. Acetic acid caused the mass to swell up and become translucent. The author then gave the details of the microscopic examination of thirty placenta occurring consecutively in his own practice; in each either fatty or earthy degeneration had taken place. He conceived that the true explanation of

these phenomena must be looked for in the general analogies which regulate the growth of temporary organs. The placenta was the nutrient organ of a parasite, which inhabited its parent till it had attained a certain degree of development. Its cells, like other cells in the condition of active growth, had the power of appropriating nourishment from any parts with which they were in contact. It was probable that the size and condition of the placenta bore a strict proportion to the wants of the foetus and to its powers of assimilation, and that, on the one hand, a placenta of perfect structure showed that the functions of the organ were actively carried on; on the other hand, degeneration testified either that the organ was originally formed on an unnecessarily large scale, or that the foetus could not appropriate the supplies furnished by the entire organ, or that the work of development being nearly completed, the active employment of the whole organ had become unnecessary, and portions of it fell into decay. The author offered the three following conclusions as the result of his investigations:—1. That the incipient degeneration was a normal condition of the placenta at the end of pregnancy. 2. That it arose from partial cessation of the active functions of the organ when the foetal development was nearly completed. 3. That when it occurred in the earlier months, it probably arose from some antecedent want of nutritive force in the foetus, or by its death. On the subject of inducing premature labour, on the ground of placental disease, the author summed up his communication in the emphatic words of Wilde:—"Nostrum est, summo studio cavere, ne abortus expediatur vel immo excitetur, sed omni arte potius intendere ut prospera et immunis restituatur graviditas; quippe quâ unâ, duplicis vitæ, lætam spem et sinceram salutem recuperavimus."

(To be continued.)

## MEDICAL NOTES AND QUERIES.

## REPLIES.

WRITING INK.—(Vide No. 32.) Mr Meade will find the following receipts produce the very best black ink that can be made:—

R	Best Aleppo galls (bruised)	4lbs.
	Good green copperas (ditto)	} 1lb of each
	Good gum arabic (ditto)	
	Water (soft)	5 gallons

Boil the galls for one hour in a loosely-covered vessel in one half the water; strain; boil again for half an hour in three-fifths of the remaining water; strain, and again boil for quarter of an hour in the water left as yet unused; strain; add the copperas whilst the liquor is still hot, and stir or agitate until dissolved; then at once add the gum, and again agitate at intervals. When the latter is *perfectly* dissolved, let the ink stand a few hours for defecation, and then strain through a hair sieve or coarse flannel, and bottle or cask up for use. If the boiling be properly managed the product will be *one gallon* of ink for *every pound* of galls employed. Or the same quantity of ingredients may be macerated for three weeks, with frequent agitation, in four and a quarter gallons of soft water, and, after defecation, strained as before. This also produces four gallons.

\* \* The inks made as above write pale at first, but in a few hours become black, and will retain their colour for centuries. Inks that write *at once* black are never very durable. The effect may be produced by simply calcining the copperas. The addition of a little moist sugar, or a little Spanish juice (dissolved), will render either of the above fit for the copying machine. A few bruised cloves, or a very few drops of creosote, will also prevent "moulding." Much useful information on this subject will be found in Cooley's "Cyclopædia of Receipts,"—article, Ink, pp. 516 to 521, second edition.

'AROTES.

WRITING INK.—In your Number of last week, I observe a professional brother wishing to know a good receipt for making permanent black writing ink. I beg to recommend the following to his notice:—



1st. R. Aquæ Oij; 3 ozs. of dark-coloured, rough-skinned Aleppo galls in gross powder; 1 oz. of chips of logwood, green vitriol, and gum Arabic. Put the mixture in a convenient vessel, and let it be well shaken four or five times a-day for ten or twelve days, at the end of which time it will be fit for use, though it will improve by remaining longer on the ingredients. Vinegar instead of water makes a deeper-coloured ink, but its action on the pens, whether of quill or of steel, soon spoils them.

2nd. Bruised galls, 1lb; gum Arabic, 6 ozs.; alum, 2 ozs.; green vitriol, 6 ozs.; gum bino, 3 ozs.; logwood chips, 4 ozs.; water, 1 gallon; ox gall, 1 teaspoonful.

M. J. B., Somerset.

VEGETARIANISM.—“An Inquirer,” in No. 32 of the ‘Medical Circular,’ is wrong in denouncing vegetarianism as “one of the *last* forms of modern quackery.” It was an *old* system when the writer was a juvenile, although at that time there were no vegetarian “public meetings” and “festivals.” Many of the most brilliant ornaments of our species have been vegetarians; and many most healthy families have been brought up on what is termed “vegetarian diet.” The writer does not here mean to argue in favour of vegetarianism, and merely wishes to prevent false inferences being drawn from the statements of “An Inquirer.” The object of the more noisy vegetarians of the present day is quite as much to prevent the slaughter of animals for food (*i.e.* those large enough to be seen), as it is to promote the general adoption of a vegetable diet. Indeed, the diet of an ordinary vegetarian is a *mixed* one. Eggs and milk are not excluded; on the contrary they enter largely into the composition of their “made dishes.” Factitious rump steaks and veal cutlets, to wit. Many highly intellectual and healthy persons have lived *entirely* on vegetable food; but two or three the writer has known have taken wine in moderation. Your correspondent is wrong to denounce parties as “quacks” simply for refusing to consume whole mountains of roasted beef or mutton daily. The zeal of some vegetarians has, however, led them to become ridiculous. Mr Hall, of Pannus-corium notoriety, for one, has profited by their folly. Lately he has headed his advertisements—“To Vegetarians.” If *animal* leather is objectionable, why not use “*aulicide* leather,” and at once reject broadcloths and kerseymeres for calicoes and linen fabrics.

GILES SOBERSIDES.

Brocoli Villa, Battersea, February 9, 1853.

#### QUERY.

THE PULSE.—Can any of your readers tell me in what work mention is first made of the counting of the pulse?

#### NOTE.

It is a commonly received opinion that Medical Practitioners are, in the aggregate, poor; nevertheless, it must be admitted that they contrive to inhabit the best houses in the town or village in which they reside.

POISONED CONFECTIONERY.—An inquest has been held at Ratcliffe, on the body of a child, six months old, deceased after violent vomiting and purging, caused by sucking a composition ornament, representing Napoleon, sold by a confectioner. The figure was painted in various colours, and the medical evidence was to the effect that the colouring material was “Scheele’s green,” the child dying from inflammation of the stomach and intestines, the result of poison. The jury returned a verdict to that effect, appending to it a censure on the vendor of the poisonous article, and requesting the coroner to write to him and caution him respecting any such future sales. From the statements made at the inquest we cannot be certain whether the article was intended as ornamental (?) or for eating. The mother of the deceased called it “a penny Napoleon, made of sweet stuff.” The public at large, confectioners of course included, have been so often cautioned as to the danger of using these poisonous paints in their trade, that in future cases of the kind the jury would, in our opinion, be justified in returning a verdict of manslaughter.

## OUR NOTE BOOK.

*Entrance of Air into the Subclavian Vein.—Apparent Recovery—Death in Thirteen Hours.*

M. A. Girbal relates the following case: It affords a good example of those cases in which death takes place from secondary causes, and not from the mere mechanical distension of the right side of the heart.

CASE. On June 20, 1850, he assisted Dr Bertrand at Tarascon (Bouches du-Rhone), in removing a scirrhus tumour from the neck and upper part of the chest of a gentleman, fifty years of age. Chloroform was administered, the tumour was removed, and the vessels were tied.

The operator, observing a small portion of diseased tissue behind the clavicle, endeavoured to detach it with the handle of his scalpel. It was removed without any traction; when a sudden flow of venous blood took place from the spot, and there was at the same time heard an acute and prolonged whistling sound. The patient was not at the time under the influence of chloroform. His face instantly became colourless, his countenance changed, and he uttered a slight plaintive cry. His extremities became cold; the pulse could not be felt; and the chest was covered with a cold sweat. Intelligence, speech, sensation, and motion were entirely lost. On examination of the heart, M. Girbal heard for about a minute a sound of gargouillement, distinctly masking the natural sounds. The resonance of that part was notably exaggerated. These symptoms continued three or four minutes; during which time, M. Bertrand compressed the opened vein by means of a sponge. The chest and limbs were rubbed; and alcohol and ether were held to the patient’s nostrils. The syncope having closed, the sponge was left in its place, with some pieces of amadou on it, and the wound was dressed. In an hour, the pulse was almost normal, the heat of the body natural, the breathing free, speech easy; and the heart and lungs apparently healthy. This satisfactory state continued for thirteen hours, when the patient was suddenly seized, during the night, with dyspnoea, oppression, heat of the head, and redness of the face; and he died in an hour.—*Gazette Médicale de Paris*, January 22.

*Tubercular Disease of the Vertebrae diagnosed by Percussion.*

Tubercular disease of the spinal column often causes sufficiently obvious external signs; but sometimes the swelling of the bones lies internally, causing no visible projection, and the only marked symptom is weakness, gradually amounting to paralysis, in the lower limbs. In such cases as these, M. Piorry, believes that he can form a diagnosis by means of percussion. This is performed with the patient placed in the prone posture, with a pillow under the abdomen. In this way, the situation and limits of the swelling can, according to M. Piorry, be accurately defined; and some cases are related, in which the nature of the affection under which the patients laboured, was thus diagnosed.

With M. Piorry, as is well known, percussion is the great means of diagnosis; but, while we allow that this is a valuable aid, we think that he rides his hobby a little too hard; and that the attempt to keep pace with him would end in a terrible downfall. In saying this we do not wish to discourage our readers, if they have sufficient power of appreciating sounds, from employing M. Piorry’s plan in cases where they feel that their usual guides in diagnosis fail to aid them.

The treatment used by M. Piorry consists of rest, principally in the horizontal posture; avoidance of a long continuance in the erect position; nourishing diet, good wine, pure air, and light; iodide of potassium, and phosphate of lime internally. He has great faith in phosphate of lime, on account of its being deficient in the bones. We are, however, disposed to ascribe any favourable results to the hygienic treatment and the iodide of potassium. *L’Union Médicale*, January 20, 1853.

*On Quinine and Quinidine.—By M. O. Henri.*

It is well known that the manufacture of sulphate of quinine was for several years a branch of trade entirely French.



By our example the English and Germans were soon able to extract the quinine from the bark, and, lastly, a manufactory was established on the very ground where this precious tree grows, which threatened to swamp our industry, and, moreover, used up the Calysaia bark, the only kind from which quinine can be advantageously extracted. To meet this emergency, M. O. Heuri endeavoured to extract this alkaloid from other kinds of bark which are always abundant in commerce; and, owing to the perfection of his process, he has succeeded in considerably abating the price of quinine. But now the English and German chemists pretend that the quinine extracted by M. Heuri from different kinds of bark is nothing but quinidine; a substance, according to them, essentially different, and which does not possess the same febrifuge properties. To combat this hypothesis, M. O. Henri read a memoir to the Academy to prove that the substance prepared by him is truly sulphate of quinine, and that the substance described by the English and Germans by the name of quinidine, is nothing else but quinine in the state of hydrate.

Quinine is found in greater or less abundance in all barks; but a curious fact, and one rather difficult of explanation, is that in the red bark of New Grenada the quinine is found as a hydrate. There is, then, no reason to abandon the extraction of quinine from all kinds of cinchona bark, the price of which is much less.—'Jr. de Méd. et Chir.'

*On the Increased Frequency of the Contractions of the Heart by Direct Irritation. By Dr T. Budge.*

In a preliminary communication Dr Budge states that the frequency of the contractions of the heart is constantly increased by stimulating directly the sympathetic nerve in its course below the heart. Previously to beginning the experiment, it is necessary to destroy the connection between the medulla oblongata and the heart, either by decapitating the frog or by dividing the nervus vagus of each side. Dr B. waited always for the whole of an hour after the decapitation, or six or eight hours after the section of the nervi vagi, ere he commenced to apply the stimulus, for which he used the apparatus of *Dubois Reymond* (which permits the experimenter gradually to augment or to diminish the degree of irritation according to convenience). The increase amounted from 8 to 12 and 24 contractions in a minute. The same effect was produced by irritating the posterior part of the lower end of the spinal marrow. Dr B. performed this experiment by applying the poles to the denuded bone at the junction between the os coccygis and the last vertebra, without laying open the spinal marrow. He further repeatedly observed, that even in eight or nine hours after the destruction of the spinal marrow, neither by direct nor by indirect irritation could any contraction be effected in the heart, when by the same degree of irritation complete tetanus was still produced in the muscles of the extremities.—'Froriep's Tagesber.,' No. 441, 1852.

*The Nerves of the Heart. By Cloetta.*

The author has examined the nerves in the hearts of men, calves, and oxen, in order to test the accuracy of the description of Dr Robert Lee, which he in great part confirms. The nerves passing down from the great plexus between the aorta and pulmonary artery distribute themselves partly to the tissue, and partly form numerous ganglia in the auriculo-ventricular groove, as described by Lee, and as previously noted by Remak. These superficial nerves are very soft and tender, and the author has not found them so numerous as Lee did. The author doubts whether the term "fascia cordis" should be applied to the thick uniting tissue; and he states also, that the swellings formed by the nerves crossing the vessels are not ganglia, although they have the greatest external resemblance to them. They contain, however, no ganglion cells. The author confirms Lee's statement, that the left ventricle is more richly supplied with nerves than the right, as is best seen in oxen. Whether in hypertrophy the nerves grow, he has not determined.—'Wurzburg Gesell. Verhandl.,' B. iii, Heft 1, p. 64.

## Obituary.

January 11.—WILLIAM DALTON, M.D., Edin, 1841; M.R.C.S. Eng., 1842, at his residence, Lowther street, Carlisle, aged thirty-five years. Dr Dalton was a younger son of a large family, and was born at Cummersdale, near Carlisle. He served an apprenticeship with the late Mr Anderson, surgeon, who at that time had the largest and best general practice in Carlisle. After pursuing his medical studies for some years, in the University of Edinburgh, where he took the degree in medicine, in 1841; he proceeded to London, and passed his examination for the diploma of the Royal College of Surgeons, the following year. Soon afterwards he settled in Carlisle, and became assistant to his late master. On the death of that gentleman in 1846, he succeeded to his practice, and was elected surgeon to the County gaol. For several years, he also acted as surgeon to the Carlisle garrison. Dr Dalton had a strong athletic frame, and was active and energetic. A few years after his appointment to the County gaol, Mr Orridge the then governor, died suddenly, and at the request of the Gaol Committee of Magistrates, Dr Dalton took charge of the prison, in addition to his professional duties, until another governor was appointed. For his services on this occasion he received a handsome pecuniary present, and a unanimous vote of thanks from the Magistrates at the Court of Quarter Sessions. Like his late master, Dr Dalton never contributed any thing to medical literature. Both these gentlemen enjoyed an extensive practice, and were much respected by a large circle of friends. Dr Dalton was of social habits, and fond of company. Over excitement, it is supposed, brought on an affection of the brain which terminated fatally in a few days.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at the meeting of the Board, on the 9th inst.:—William Robert Cornish, Cambridge street, Pimlico; Thomas William Harle, Bishops Stortford; George Lawson, Forest hill, Sydenham; Thomas Nicolas, Battersea; Alexander Harper Robinson, Fintona, Ireland; William Stillman, Birmingham.

UNIVERSITY OF ST ANDREWS.—The next examination for the degree of Doctor of Medicine is to commence on Wednesday, May 4.

ST GEORGE'S HOSPITAL.—Henry Charles Johnson, Esq., was elected Surgeon to this hospital on the 4th inst.; and George Pollock, Esq. Assistant-Surgeon on the same occasion.

MR PAGET.—It is with extreme regret we learn this gentleman is disabled from discharging his hospital duties by an attack of pneumonia.

THE FRENCH ACADEMY.—Dr Conneau, the first physician to the Emperor, has declined to avail himself of the right to occupy (in virtue of his office) the President's chair of the French Academy.

WORCESTER LUNATIC ASYLUM.—The proposed alterations and additions to this asylum will cost 10,000*l.* of which the city is to pay one-ninth. It has been resolved to reduce the charge for each inmate from 12*s.* to 10*s.* a week.

APPOINTMENT.—Dr Septimus Gibbon has been appointed Medical Examiner to the Lancashire Insurance Company.

WILTS COUNTY ASYLUM.—Mr G. F. Naylor, M.R.C.S., late House Surgeon to the Wakefield Asylum, has been appointed Assistant-Superintendent to the Wilts County Asylum, vice Dr Foote, appointed Medical Superintendent to the Norfolk Lunatic Asylum.

THE LETTSOMIAN LECTURES.—The subject of Dr Murphy's Lettsomian Lectures, in connexion with the Medical Society of London, to commence the 9th of March, is "Parturition, as illustrating the Importance of a Competent Education in the Practice of Midwifery."



# PRIZE OBTAINED BY AN ENGLISH AND A GERMAN PHYSIOLOGIST, AT THE ACADEMY OF SCIENCES OF PARIS.

—The prize of experimental physiology has been awarded to Drs Budge and Waller—the first an Englishman, the second a German—who have made experiments on the sympathetic nerve, which will conduce to a better understanding of the functions of that nerve. The committee appointed to decide upon the prize was composed of Messrs Flourens, Serres, Rayer, Duméril, and Magendie. The latter states that it has long been known, by the experiments of Pourfour Dupeut, an anatomist of the last century, that the section of the sympathetic nerve in the neck causes a contraction of the pupil on the same side; and Biffi, of Pisa, had shown that by galvanising the upper extremity of the divided nerve, the dilatation of the pupil was produced. Messrs Budge and Waller have now proved, by actual and well-conducted experiments, that this property of the cervical portion of the great sympathetic corresponds with a portion of the spinal marrow situated between the seventh cervical and the second dorsal vertebrae. When this portion of the medulla spinalis is destroyed, the influence of the sympathetic nerve upon the iris ceases; from which circumstance it is inferred that it is the spinal marrow which regulates the movements of the pupil, and that the sympathetic nerve only *transmits* the influence of the spinal marrow upon the iris, without itself having any direct action on that membrane. This appears to be clear from the experiments made by Messrs Budge and Waller. These researches would also tend to prove that the cervical sympathetic nerve takes its course from the neck to the head, instead of proceeding, as it is thought, from the brain to the chest. It would also appear from these experiments, that the functions of the ganglionic system are not independent, as stated by several authors, but are, like the functions of other nerves, under the influence of the cerebro-spinal axis. The committee has looked upon these facts as sufficient to warrant their awarding the prize to Messrs Budge and Waller.

**THE YELLOW FEVER.**—The accounts brought by La Plata steamer from the West Indies clearly show that the yellow fever has nearly spent itself. The cases which have most recently occurred are of a sporadic character, having no traceable origin. If the disease was still existing in all its primitive virulence, La Plata would, no doubt, have brought it to Southampton, on account of the rapidity of her voyage from St Thomas's, which was performed in fourteen days. La Plata was the first ship that had the yellow fever on board of her during her homeward voyage, and the first to bring a clean bill of health after the fever had abated. During the continuance of the disease five of the homeward-bound West India packets have been infected with it. There have died on board the West India Company's steamers of yellow fever about 150 persons. There has been no calamity in the West Indies such as the yellow fever has been for the last thirty-seven years. It is hoped that the next steamer will bring home accounts that the fever has ceased to exist.

**MIDDLESEX HOSPITAL.**—At the last meeting of the governors—Sir R. H. Inglis, Bart., in the chair—the Marquis of Salisbury and the Rev. Dean Morell were elected vice-presidents to succeed the late Duke of Wellington and Lord Cottenham. It was then resolved to appoint a second physician, and it appeared from the report, that the expenditure exceeded the income last year by 2,100*l*.

**SANITARY CONDITION OF PARIS.**—According to the 'Union Médicale,' there were only twelve slight cases of cholera in Paris during the last six months, although it was reported that the cholera raged there. Of these cases only one presented a serious phase, but did not prove fatal. Influenza (grippe) very much prevailed, but also without a single fatal case.

**CHOLERA IN RUSSIA.**—The letters dated 20th ultimo, announced 591 cholera cases under treatment. Of that number, fifty-five were new, twenty-eight were cured, and twenty one died, leaving 577 under treatment.

**BETHLEHEM HOSPITAL.**—Sir Alexander Morison and

**YELLOW FEVER AT BARBADOES.**—The number of admissions into the military hospitals at Barbadoes, and the deaths of non-commissioned officers and privates, between Sept. 4, 1852, and Jan. 14, 1853, are as follow (all the cases being yellow fever):—Admitted, 281; died, 50; admissions into hospital, and deaths of officers and men of H.M.S. Dauntless:—

	Admissions.	Deaths.
Officers . . . . .	22 . . . . .	15
Men . . . . .	136 . . . . .	64
	<hr/> 158	<hr/> 79

On the 14th of January, there were 10 mild cases of yellow fever among the soldiers at Barbadoes, and 22 of the Dauntless. No admission from her for six days.

**EXTRAORDINARY BIRTH.**—Mrs Emma Erchert, of 65 Oxford street, gave birth last week to a female infant with two heads and two necks. One head came into the world nearly four hours before the other. The infant had full vitality two minutes before birth. Dr Richards, of Bedford square, acted as accoucheur, and had to use instruments. The body, which was well-proportioned measured nineteen inches and a half in length, and nine and a half from shoulder to shoulder, across the back. The mother dreamed a fortnight previously, that she would give birth to such a monster. Mr Erchert retains the body, properly preserved. —'Morning Paper.'

**THE ALLEGED HOMICIDE BY A DUBLIN PHYSICIAN.**—The bill for homicide against Dr Banks has been ignored by the grand jury at the present criminal session. Dr Banks, who was one of the physicians in ordinary to the Earl of Eglinton during that nobleman's vice-royalty, struck a boy slightly with a cane for trespassing on his lands. The boy was soon afterwards seized with a disease in the neck, which proved fatal. His friends attributed the boy's death to the blow; but the coroner's jury returned a verdict of "Natural death." The family then preferred an indictment, which, as stated, was quashed by the grand jury.

**MARYLEBONE DISPENSARY, WELBECK STREET.**—This charity, which was established in 1785, held its annual meeting recently, when the report which was read, stated that its usefulness was universally admitted, and that it daily extended its sphere of charitable operations. The receipts, including donations to the amount of 260*l*., exceeded 421*l*., exclusive of 300*l*. bequeathed by the late Alexander Mackenzie, Esq. The venerable Duke of Portland continues its president.

**PRESERVED POISONED MEATS.**—Just as the Plover, now stationed at Point Barrow, was about starting for the Arctic Regions, having on board 10,570*lbs*. of preserved meat, in tin canisters, supplied by Mr Goldner, Captain Frederick, of the Amphitrite, fortunately had them overhauled, when 1,000*lbs* were found to be pulpy, decayed, and putrid, which, with the remainder, were instantly thrown into the sea. How was it that these poisonous meats were not detected and condemned by the dockyard officials?

**WOOL-SPINNING MILLS AND THE PUBLIC HEALTH.**—At this moment an investigation is being made into the state of the health of those engaged in wool-spinning mills, with the view of ascertaining the effects of oil as a prevention or cure of diseases, especially those of a pulmonary character. In those mills oil is extensively used, and the people engaged working there, although enduring the greatest hardships and privations, enjoy the best health.

**DEAF AND DUMB.**—In France, the number of deaf and dumb persons is estimated between 25,000 and 26,000. In the department of the Seine, there are at least 300, exclusive of 160 pupils in the national institution.

**PUBLIC DISPENSARY, CAREY STREET.**—At the last quarterly meeting, Mr R. Twining in the chair, it was stated, that during the quarter, 1,180 poor sick were attended to, and that of this number, 210 were visited at their homes. The total number relieved since the opening of the dispensary was 527,257.



**SMALL-POX HOSPITAL.**—At the annual meeting of governors, held in the board-room, Highgate, Joshua J. Redford, Esq., in the chair, Mr Clift read Mr Marsden's report, which was very elaborately drawn up. Since the removal of the hospital to its present site, a marked improvement in the patients took place, and erysipelas or gangrene, which so prevailed in the former hospital, seldom or never appeared. During the year there were admitted 800, being an increase of 88 over any other year since the foundation of the hospital in 1746. Singular to say, the same number (230) of unvaccinated cases were admitted last and the preceding year. During the year, 690 recovered, and 110 died: while 666 were vaccinated, and 555 medical practitioners were supplied with vaccine lymph. The subscriptions amounted to 2,352*l.* 6*s.* 11*d.*, and the disbursements to 1,860*l.* 19*s.* 3*d.* The late Robert Nicholson, Esq., bequeathed 1,350*l.*, and the executors of Admiral Sir Charles Ogle, Bart., presented 470*l.* to the institution.

## NOTICES TO CORRESPONDENTS.

**A SUBSCRIBER (Camberwell).**—We must not press too hardly even on men whose conduct we disapprove, but we echo your wishes.

**INVESTIGATOR.**—The pathological condition referred to is by no means uncommon, but the diagnosis is difficult. When the disease is known, doubtless everything is easily explained.

**MR J. O. B.**—Dr Snow's apparatus is said to be the best, but an easy and efficient mode of administering chloroform is to drop it in sufficient quantity on litmus paper, placed in a funnel in the ordinary way for filtering tinctures. Hold the funnel to the nose and mouth, and let the patient inhale. There will of course be a waste of chloroform, but it will be sure to be mixed with atmospheric air. A common cambric handkerchief may be also used.

**MR W. BROWN.**—We are unable to offer an opinion on the case.

**A SUBSCRIBER** complains of the hardship that Members of the College experience in not being able to claim for medical services in a County Court. This is an old grievance, which will never be removed until a bill for the better regulation of the profession has passed through parliament. The College charter has no legal force at present.

**A SECOND YEAR'S STUDENT.**—Write to the Secretary of the College.

**X. Y. Z.**, in remarking upon the alleged trading character of the circular issued by Dr Marshall Hall, on the transference of his practice, asks, "Are there not other physicians who make a profit by trade through an unholy alliance with the chemists and druggists? Should not the College of Physicians be purified of such men? Until it be I cannot see how that body can with any consistency inquire into the alleged misconduct of Dr M. Hall?" In reference to this matter we observe that Dr Hall has put forth a sort of vindication in a contemporary, in which the *tu quoque* argument is freely used. He asserts truly enough that many of the Fellows of the College of Physicians make no scruple of becoming directors of Assurance offices, and of thus trading in human life, the bye-laws of the College notwithstanding. These gentlemen most unquestionably make a profit by trade, and cannot come into court with clean hands. Dr M. Hall affirms that he has always declined to become a director of an Assurance office, because he conceived that it would be a violation of professional rule! The bye-laws of the College are in many respects obsolete and absurd—if they were not so absurd, they would be tyrannical.

**FAIR PLAY.**—All right. We are not to be caught asleep. The subject is a legitimate one, and shall be legitimately treated. We are much obliged to you for your good-will.

**JUVENIS.**—If you have served in the "manner" of an apprentice, and you can procure a certificate to that effect, we have no doubt that the Society will receive you for examination.

**AN INTERESTED PARTY.**—If you read our article carefully on the subject of the degrees granted by Marischal College, you will perceive that your inquiry is answered. The degrees are *valid* until the right of the College is disproved, but this would be a difficult matter, because precedent and prescriptive right in such a case are too powerful to be overthrown; and there can be no doubt that an appeal to the House of Lords would eventually result in a decision affirmative of the right by prescription and usage. Other Universities and Corporations exercise rights of a similar kind.

**DR NELSON's** communication has been received, but came too late for publication. The proper steps are being taken to inquire into the facts.

**AN ASSISTANT-SURGEON, R.N.** Communication received.—The subject will be attended to.

**GALEN.**—Reichenbach discovered creosote. It is useful in arresting vomiting, and allaying toothache, but its virtues have been overpraised.

**GULIELMUS.**—You cannot recover.

**MR J. ROSE.**—You must attend your lectures in the appointed order, but you may suspend your studies for a session or more, and recommence. The certificates of attendance on the earlier lectures will in such case be received.

**MEDICUS (Kensington).**—There was an association established some years ago for the suppression of quackery, but its operations were not successful. As far as we can remember it was a local body, and was not adequately supported. Nothing of the kind will answer, unless it be attempted on a great scale, as it is only a universal movement of the profession that will carry moral influence and gain pecuniary support. There can be no doubt that such an association might, by the publication of tracts and holding meetings, do great good; but the general press would scarcely lend their aid. Quackery is too profitable to them.

**VERUS AMICUS.**—We cannot publish your *scena* for reasons you can easily conceive. Perhaps enough of that subject already occupies our columns. We thank you for all your intimations.

**M.D., M.R.C.S.**—Neither qualification gives you a legal right to practise medicine in London, but you will not be interfered with.

**NEMO.**—There is no present likelihood of the bill being undertaken. We do not like labour in vain.

**MR GODWIN.**—1st: Dr C. J. B. Williams. 2nd: Consult the 'London and Provincial Medical Directory' for 1853.

**MR BAKER.**—Communication received.

**LEECH (Tower Hamlets).**—In our present Number you will find the article in question.

**MR H. L. SMITH (Southam).**—Our correspondent has forwarded to us a copy of a letter published in the 'Coventry Herald and Observer,' in which he recommends that a committee should be formed from among the subscribers and medical officers of the "Provident Dispensary" to be called the "Apprentice Committee" "for the purpose of examining all boys whose parents might desire it, before binding them apprentices to any employment and trade, and to report whether they are fitted for the same;" the object being to diminish the mortality arising from the chance method of apprenticing boys to trades for which their constitutions are not suited. He proposes that on the back of the boy's indenture or certificate, something like the following should be written:

### "COVENTRY PROVIDENT DISPENSARY.

"This is to certify that we, the undersigned members of the Apprentice Committee, have this day, with the assistance of A, B, C, Surgeons of the Provident Dispensary, and also C and D, men in the same employment the boy is to be apprenticed to, examined E F carefully, and find him able to bear the labour of so-and-so, (say a shoemaker), or the necessary confinement in one posture (say of a tailor); or the necessary confinement in a close and crowded atmosphere (say of a weaver), or the vegetable, animal, or poisonous exhalations of so-and-so, or any other special objections that are known to belong to special trades, by those who have suffered by following them; and we have explained to himself, his father or guardian, the injuries that have been found to follow some special trades more than others (say white lead, needle-grinders, &c.)."

"In this way," (Mr Smith says) "much good would result. 1st: We should no longer have innocent persons sacrificed, as they now are, by the ignorant cupidity of parents; and 2ndly: Those trades that are really injurious would be amended, when the attention of the scientific and benevolent public was directed to them, and which must be the case under a system that would bring the great evils of many trades to light. 3rdly: It would also be one means of keeping up an interest in the welfare of boys during the adult age, for it is during the important time of boys leaving school and settling for life, they most generally fall out of their position in the social fabric."

**WM. F. COX, M.B.**—Communication received, and shall be inserted in an early number.

**M.R.C.S. ENG., and L.A.C. (Somerset).**—Our correspondent's letter on the grievances of the Poor-law surgeons shall receive our attention. The other inclosure is in type.

**DR GRENFIELD.**—Communication received.

### To the Editor of the 'Medical Circular.'

SIR,—Will you inform me in your next answers to correspondents, whether a militiaman, having received an order to join his corps, but is unable to do so from ill health, is entitled to his pay.

Yours, &c.

A COUNTRY SURGEON.

Andover, Feb. 11, 1853.

[We are unacquainted with the rules of the militia service in respect of the point on which our correspondent requires information. Perhaps some of our correspondents can give a satisfactory reply.]

**F. HOBSON, Esq. (Spencer street).**—Your polite notification was duly received by post. The manner of your communication does infinite credit to your taste; it cost us eight-pence and saved you nothing, so that we hardly know whose magnanimity is most to be praised.

**MR B. COLLIER.**—Dr Simpson introduced the use of chloroform in midwifery, but he did not discover its anæsthetic properties. This was the work of a chemist of Liverpool. Dr Simpson's treatment of placenta prævia is not generally accepted, but it has received the approval of some of our most able accoucheurs.

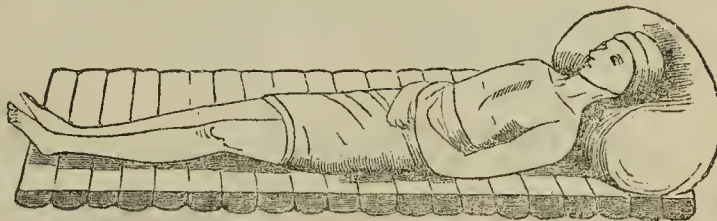


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(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

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### The Electric Rubber for the

**SKIN.**—The valuable properties of this Rubber are still but little known. It has received the valuable testimony of many of the first Members of the Medical Profession, and also private Gentlemen. The utility of a daily application, particularly after the cold bath, or sponging, both in restoring the heat of the blood and skin, without in any way injuring the skin, will be self-evident upon the inspection, or one trial, of the Electric Rubber, made solely for LUDLAM'S, 159 and 160 Oxford street.

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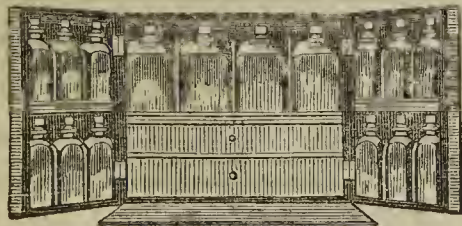
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It having been reported that the business has been removed, J. H. begs to inform the Medical Profession that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.

### Apothecaries' Hall Classics.—A

GRADUATE of OXFORD, who has passed, within the last two years, upwards of one hundred and ninety Gentlemen for the different Classical Examinations at the Medical Boards, continues to prepare them in a short time for either examination at "the Hall," the Fellowship of the College of Surgeons, the College of Physicians, the Army and Navy Boards, the Scotch Universities, Matriculation, &c. The highest testimonials. A Class just forming for the Classical and Mathematical Examination at the Hall.—Address, Z. Z., care of Mr Clutterbuck, 33 Cursitor street, Chancery lane; or Z. Z., Drewitt's Library, 265 High street, Borough.

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PROFESSION requiring Instruments to Design.—BLACKWELL (a Working Surgeon's Instrument and Razor Maker, and Cutler), 3 Bedford court, Covent garden, London, solicits attention to the above, and respectfully invites inspection of an extensive stock of Surgeons' Instruments and Cutlery, which are guaranteed of best London make, and offered at very moderate prices.

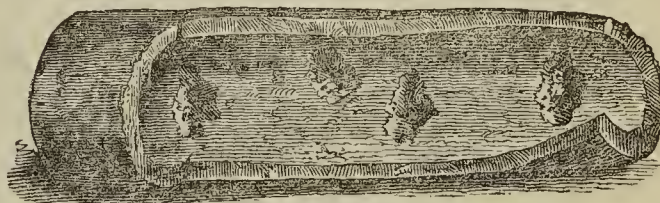
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### Water Poisoned by Lead Pipes.



Section of a piece of Lead Pipe taken up from a well on the grounds of Mr Dick, of Bouchurch, Isle of Wight. Vide 'Expositor,' Aug. 7, 1852.

### DURABILITY OF GUTTA PERCHA TUBING.

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E. AND E. H. MARTIN,  
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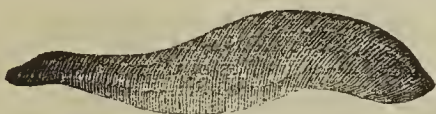
A Prospectus, &c., on receipt of a stamp, can be sent by post.

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SYRINGE, described in the 'Lancet,' Jan. 22nd, 1853, p. 85, may be obtained of the Manufacturer. Also,

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AND  
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No. 7, New Series. } WEDNESDAY, FEBRUARY 16, 1853. { **THREEPENCE**  
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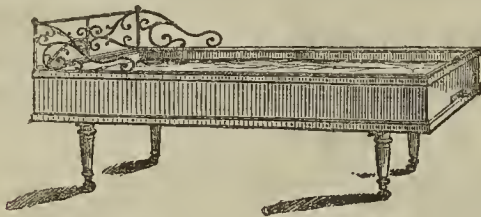
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## The Medical Circular.

WEDNESDAY, FEBRUARY 9, 1853.

### THE MEDICAL CHARITIES' ACT.

Notwithstanding the numerous complaints that have been made to the Government of the oppressive working of the Poor Law Act in relation to the medical officers, it appears that a similar system has been introduced into Ireland, characterised by the same evils, and exciting the same discontent. The Union Surgeons of England have bitterly complained of the tyranny of the Boards of Guardians, of the inadequate remuneration, of the inequality of payment for the same amount of medical service in different Unions, and even in adjoining districts of the same Union, of the perplexing and laborious system of book-keeping, of the restriction placed upon the power to order adequate nourishment for their patients, and of the uncertainty of their tenure of office. We find that these are the precise grievances against which the Surgeons of Ireland appointed under the Medical Charities Act are at this moment exclaiming. Our pages prove that there is a wide-spread and intense dissatisfaction throughout that country with the unjust and galling operation of the new measure.

Mr Evans of Newmarket-on-Fergus writes to us, stating:—"The pay is most miserable. What is 50*l.* or 60*l.* a year to have to visit over an extent of country eighteen or twenty miles square; attend at a dispensary three or four days a week, compound medicines, attend labour cases, and keep a horse and groom?" The salary is evidently inadequate; the horse and groom even in Ireland cannot be kept upon the money, and the poor Doctor must be content to do the work of charity without getting the credit of benevolence. Another gentleman gives us information to the same effect. He says:—"The salary for which I must work night and day, keep a horse, pay a groom, and be my own compounder, bleed, cup, extract teeth and *children* is—what think you? just 55*l.* per annum. Comment would be superfluous."

A pamphlet, which we have recently received, written by Mr Ellis, a late President of the Royal College of Surgeons of Ireland, contains statements of a similar character to those recited in the foregoing paragraph. Some of the gentlemen whose opinions and experience are quoted in this pamphlet, state that they were better paid under the old system than under the new. Thus one of Mr Ellis's correspondents says:—

"Under the old system I had a salary of 75*l.* a year, for a district about half the size of my present one, and was not called on by the subscribers to keep a horse, while a promise was held out that the salary would eventually be made better. My district under the 'Medical Charities Act' comprises an area of 46,370 acres of mountainous country, fifteen miles long and ten wide, and contains an impoverished population of about 6,000, for which I receive 50*l.* per annum. As there are no resident gentry, and the guardians are poor, there is little or no private practice."

We think that Mr Ellis takes a correct view of the subject when he states that one of the principal causes of the injustice which the Dispensary Surgeons in Ireland experience consists in the payment being made by the Boards of Guardians. He says:—

"It is my firm conviction, that so long as the medical officers shall be paid out of the poor-rate through the different Boards of Guardians, that neither contentment nor good feeling are likely to be reciprocated between these parties."

"No matter on what principles of justice or humanity towards the poor the poor law was established in this country, it must be admitted that it is considered by the rate-payers a *most oppressive* tax, for the payment of which they receive nothing in return, not even thanks! This being the case, is it not natural that the Guardians, who are themselves rate-payers, should dole out with 'niggard hands' the smallest possible salaries to medical gentlemen from whom *they* are to expect no equivalent, and for whose services, should they require them, private remuneration must be paid?"

This teaching has no novelty in this country, where the medical officers of Unions have repeatedly urged upon the Government the necessity and justice of making the payment for medical service a charge upon the consolidated rate. The condition of the profession in Ireland varies only in one respect, so far as we can see, from that of the profession in this country, and in that particular we apprehend the Dispensary Surgeons of Ireland enjoy an advantage. The *drugs are provided by the Guardians*, and thus the Dispensary Surgeons are relieved of a charge which presses heavily upon the Union Surgeons of England. PERMANENCY OF APPOINTMENT, *quandiu bene gesserit*, must also be regarded as a necessary condition of a settlement of the grievances of the Dispensary Surgeons. In this demand they must never relax; for, until it be granted, there can be no independence, no freedom of action, no satisfaction in the performance of duty.

We know sufficient of the working of the Medical Charities Act to sympathise with the complaints of our brethren in Ireland; and we exhort them to follow the advice given by Mr Ellis, and endeavour to impress the Government with the expediency of making the medical salaries a charge upon a national rate; thus they may entertain some rational hope of obtaining effectual relief from the complicated evils of the present system. The Union Surgeons of this country would doubtless lend their aid to procure such a desirable reformation.

### TESTIMONIAL TO DR GRANT.

The friends and admirers of this gentlemen have lately presented to him a handsome microscope, and a deferred annuity of 50*l.* per annum, as a memorial of their esteem for his private character, and their admiration of his great talents and services as a man of science. Dr Grant has been for many years Professor of Comparative Anatomy in the University of London, and although he has by his genius and learning well sustained the distinguished reputation of that school, has been rewarded with but a scanty and inadequate income. Though a man of retiring habits, his sterling worth has secured many friends; and it is gratifying to see his varied merits so publicly acknowledged.



*Mirror*  
OF  
PERIODICAL LITERATURE.

(From the 'Lancet,' Feb. 5.)

ON MEDICO-LEGAL EVIDENCE IN CASES OF INSANITY.

The third of the Lumleian lectures on this subject by Dr Forbes Winslow is published in this number of the 'Lancet.' Dr Winslow makes the following interesting observations on

"*Delusion: its Psychological Import.*—The word delusion is often used to express an erroneous conception, a wrong deduction, an illogical conclusion, a false inference, a palpable fallacy, an unphilosophical result. It is unnecessary for me here to remark, that no mind, however well-balanced, whatever may have been its degree of training, or the extent of its knowledge, is free from such healthy and normal aberrations. The philosophical opinions of one era are succeeded by the discoveries of the following epoch; one sect of philosophers triumphantly overturns the brilliant theories and speculations of those that preceded it. Fashion, peculiarity of education, caprice, social, moral, and political conditions or phases, all may greatly influence, and often do operate, not only in modifying the prevailing opinion and ideas of individuals, but of large sections of society, as well as of nations themselves; thus inducing trains of thought, and mental sequences, apparently inconsistent with our modern ideas of healthy regularity or even sanity of mind. The superstitious notions and practices of the Brahmins, and of the inhabitants of many portions of the uncivilised world, may appear to us to indicate insanity and unsoundness of mind. But are we justified in this opinion? The general belief, once entertained, in the possibility of curing, by means of royal touch, a most loathsome and inveterate disease; the credence attached to the trial by 'ordeal of touch;' the general belief in witchcraft, even by men of great intellect and learning, holding the highest judicial position in the country—were compatible with healthy and rational understandings. Even in our own time, men, whose sanity of mind cannot for a moment be questioned, arrive, by what they conceive to be a cautious and philosophical process of induction, at the most grotesquely absurd conclusions, paradoxes, and fallacies, in open violation of all the elementary rules of logic, right principles of ratiocination, and obviously at variance with the views generally entertained by men of a truly philosophic cast of mind, and in opposition to the great mass of thinking and reflecting men. But are we justified in designating these false inferences, this defective reasoning, these illogical conclusions, this arrogance, conceit, and folly, as *delusive* impressions, and *therefore* indications of insanity? A man, in a perfectly healthy state of mind, may believe himself capable, in certain exalted conditions of the nerves of sense, to see through the *epigastrie* region, or a seven-inch brick wall! He may also consider it within the range of possibility that a person, under the influence of the phenomena of what is termed mesmerism, may have the power of transferring his spirit into another state of existence—may, after placing the party to be operated upon under the mesmeric influence, substitute his own volition for the will of another person. If I were asked in a court of justice whether I considered chimeras and monstrosities like these to be delusions, I should unhesitatingly reply, *that they were not so, in the right acceptation of the term.* In common parlance they are vulgarly so denominated, but speaking, as we ought always to speak when in the witness-box, with a proper appreciation of the science of psychology, and the philosophic import of terms, I would suggest that *no notion of the mind, however ridiculous, illogical, fallacious, and absurd, should be admitted to be a delusion, or evidence of unsound mind, unless it be obviously and unmistakeably the product of a diseased intellect.* It is the object of counsel to confound the medical witness; to obtain from him an admission that certain extravagant opinions and articles of belief are delusions and symptoms of insanity; and selecting, perhaps,

the most unphilosophical results at which men have arrived, the witness is asked whether, in his estimation, they are not morbid exaggerations of the fancy, and evidences of derangement? A physician of eminence was asked, during a judicial inquiry as to the sanity of a party, whether he believed in the so-called phenomena of mesmerism? He replied in the negative. He was then asked whether he did not consider a man to be under a delusion who could bring his mind to believe that, whilst in a mesmeric trance, he could see through a ten-inch brick-wall? The physician immediately answered that such would be his impression. Having obtained this unfortunate admission, the counsel proceeded to prosecute his examination, and the following questions were then asked:—Q. Are you not aware of the existence of a section of educated and scientific men who firmly believe in the truth of mesmeric phenomena? A. Yes.—Q. Do they not consider it possible to see without the aid of ordinary vision? A. Yes.—Q. Are there not a few medical men of repute who have given in their adherence to this opinion? A. Yes.—Q. Do you know Dr —? (mentioning the name of a physician of reputation well-known to us all.) A. Yes.—Q. Are you not aware that he has publicly professed his belief in the existence of what you term a delusion? A. Yes.—Q. Then it is your opinion that Dr — is of unsound mind? The witness at once perceived the dilemma in which he was placed, by not recognising the distinction between a false conclusion, an illogical and unphilosophical deduction, and those conceptions or delusions of the *diseased mind*, the products of insanity, and was unable to escape from the grasp of the acute lawyer, without materially damaging his evidence. The counsel, in his address to the jury, was not forgetful of the admission of the witness, and with indignant eloquence asked them 'what credit they could attach to the opinion of a man who pronounced Dr This and Dr That (men of established eminence) to be under the influence of a delusion—in fact to be of unsound mind?' "

The learned lecturer indulges in some remarks on the right of interfering with the liberty of the subject in incipient cases; and adds these observations with respect to the present state of the law of lunacy:—

"*No Alteration of the Law necessary.*—But let me ask, whether the power so invested in us by the statute law of the land is in reality abused, and whether any necessity exists for legislative interference? Judging from my own experience of documents of this character, I can truthfully affirm, that I have never seen an instance—a solitary example—in which the practitioner was not fully justified in certifying, not only to the existence of insanity, but to insanity of such a kind and degree as to justify immediate surveillance. To the honour of our much slandered profession, I would add, that I firmly believe, that as a body of men constituting an important section in the community, we are scrupulously, conscientiously cautious and exact in the exercise of this power, and that the instances of abuse are so rare, that it would be an act of great injustice to throw, by any alteration in the law, any doubt upon the honesty and integrity of our profession. I trust the day may never arrive when legal will be substituted for medical authority in these cases, and a non-professional judge or a jury be empowered to interfere with the legitimate functions of the medical practitioner! Surely we are, by education, habits of mind, knowledge, and experience, peculiarly fitted to solve the intricate and knotty point involved in the elucidation of doubtful cases of insanity? We tacitly, and without a murmur, permit the members of the legal profession to occupy many positions which we are justly entitled to fill; but sad will be the day for our profession when the medical, moral, or judicial care of the insane are transferred from the hands of the medical profession to those of the barrister, highly as I respect his honourable vocation."

These remarks contain only a just compliment to our profession. The following paragraph is a sort of summing up of these elaborate lectures:—

"*Scientific Criteria in Cases of alleged Insanity.*—Having, I think, conclusively established that we have no legal or



medical test of insanity which can safely be applied to all criminal cases, you will naturally ask, have I any psychological *criteria* to suggest for the guidance of the profession?—can I lay down any principles which will assist the medico-legal witness in arriving at a satisfactory result? My reply to these interrogatories is—I have no infallible standard, no certain test, no criteria which would admit of general and indiscriminate application. The only safe rule upon which we can act is that of comparing the mind of the alleged lunatic, at the period of his supposed insanity, with its prior, natural, and healthy manifestations: *to consider the intellect in relation to itself*, and to no artificial *à priori* test. Dr Haslam suggests that the mind of the physician should be the standard by which the sanity should be determined; but this is presuming the mind of the physician to be healthy and sound. In the language of Dr Combe, the true and philosophical standard in all cases is the patient's own natural character, and not that of the physician or the philosopher. It is the prolonged departure, without an adequate external cause, from the state of feeling and modes of thinking *usual* to the individual when in health, that constitutes insanity in the true medical acceptance of the term. This portion of my subject is, however, too comprehensive in its character to admit of elucidation in this lecture."

#### ON THE EFFECTS OF ACETATE OF STRYCHNIA AND THEIR REMEDIES.

Dr Marshall Hall communicates, through Dr J. R. Reynolds, the following note on this subject:—

"I have been recently engaged in some experiments on the effects of strychnia and their remedies. I can only give a brief notice of them at the present moment; on a future occasion I will give the experiments themselves, with their interesting details.

"The effects of the acetate of strychnia show themselves under *two* forms or degrees, according to the dose of the poison in relation to the powers of the animal: these are—first, the *milder*, and second, the *severer*.

"If a dog be placed under the milder form of strychnism, it passes into a condition of extreme spinal excitability. If, when in this state, it be continually excited, like the frog under a similar influence, it certainly dies; if, on the contrary, it be placed in a position of absolute quiet, it as certainly recovers—facts which suggest our principle of the treatment of tetanus and of hydrophobia.

"If the animal be placed under the severer form of strychnism, a different series of phenomena occurs. In the violence of the paroxysm, extreme laryngismus, extreme efforts at respiration, apoplexy, asphyxia, death occur—unless one measure be adopted; that measure is, *tracheotomy*!

"Left alone, the animal would infallibly *die*—of laryngismus; tracheotomy being performed, he lives!

"But the patient affected with hydrophobia—and *all* hitherto so affected *have* died—have died of laryngismus. Now of laryngismus he *would not* die if efficient tracheotomy were performed; would he, then, die?

"I must add, in connexion with this last remark, that a dog, saved from the effects of laryngismus by tracheotomy, did afterwards die of exhaustion.

"I repeat that all patients afflicted with hydrophobia have died hitherto; that all have died of laryngismus; that of laryngismus they need not die, and will not die, if tracheotomy be performed!—that is, no patient need die from the cause from which all hydrophobic patients have died hitherto.

"If tracheotomy be performed, will the hydrophobic patient die? This question cannot be answered without an appeal to experiment. As the animal affected with the severer form of strychnism was saved from the first effects of the poison, yet died afterwards of exhaustion, the hydrophobic patient may die of ulterior effects of the poison. Even then, the terrors of the most terrific of diseases—the fits of strangulation and of suffocation—will be averted.

"From the experiments to which I have adverted, two practical inferences are deducible:—

"1. Let the tetanic patient be preserved from all external excitement absolutely.

"2. Let the hydrophobic patient, whilst equally preserved from excitement, be submitted to efficient tracheotomy."

#### ON THE TREATMENT OF EXTERNAL ANEURISM BY COMPRESSION.

In this paper Mr N. Ward comments on two cases of aneurism treated by compression, in the London Hospital. He remarks:—

"One of the two cases above alluded to was under the care of my colleague, Mr Critchett, at the London Hospital; the other under my own superintendence. In both, a plan of treatment very analogous to that recommended by Dr Bellingham and other Dublin surgeons was had recourse to. After a preliminary preparation of the patients by the recumbent position for several days, and attention to the state of the constitution generally; the principle of the compression treatment, the nature of the disease, and the action of the compression instruments, were explained to the patients in as clear a manner as possible; and, after they had been shown the method of carrying it out, these instruments were placed almost entirely under their own control, so that the amount of pressure was at no time likely to be injurious, the patient's own sensations being the best criterion as to the amount of pressure that could be well tolerated at one part of the limb before having recourse to it at another. In order that the manipulation of the instruments should be effected with as much facility as possible, and unimpeded by any uneasiness of position of the patients, the comfort of the latter, while in the recumbent position, was carefully attended to. Thus the mattress, sheets, pillows for the head, and the pad on which the affected limb rested, were all firmly fixed together; a large pillow was also bound down to the foot-piece at the end of the bed, so as, by serving as a *point d'appui* for the foot of the unaffected limb, to prevent any gliding of the body from its original position. A cradle large enough to cover the trunk and extremities was made fast to the sides of the bed-frame, and thus the patient's hands, unimpeded in the slightest by the bed-clothes, were as free as possible, and could adjust the instruments to a nicety. The mattress and its appendages, in consequence of their being thus firmly fixed together, hardly required re-arranging during the entire treatment, and the patients, in consequence of lying on a smooth and even surface, were entirely devoid of that restlessness so frequently the result of a shifting of the bed-clothes, and which could hardly have occurred without great personal annoyance and consequent interference with the proper action of the instruments, both of which conditions were obviated by the above precautions having been taken. The hair was shaved from off the pubis and the part of the thigh at which the other point of pressure was made, and the skin dusted over with French chalk. The advantage of this proceeding was well marked in Mr Critchett's case: for, at the commencement of the treatment, compression was made at the pubis without its adoption; the pain that ensued was of a most intense burning character, the skin having become much inflamed, and all but threatening gangrene.

"In the one instance, the aneurism became consolidated on the eighteenth; in the other, on the eighth day. The latter case appeared *prima facie* to be anything but favourable for the compression treatment. The tumour was of the size of a shaddock at the lower and inner part of the thigh, and there was one particular point on its surface at which the sac appeared very thin, the integument over it being of a bluish colour, as though from subcutaneous ecchymosis, and several gentlemen who examined it gave a very unfavourable prognosis, and I firmly believe that the result would have been anything but satisfactory if the above details of treatment had not been carefully attended to. These details, though unimportant possibly, individually, constitute, in the aggregate, in my opinion, a most necessary



accompaniment to the compression treatment, and without which the latter, however skilfully conducted, may occasionally fail. Objections have been made to the surrender of the treatment almost entirely to the patient's own control, mainly grounded on the statement that some individuals are so deficient in common sense, that it would be impossible to render the nature of the disease, and the principle on which the cure is effected, intelligible to them. It is possible that this may occasionally occur; but in many instances may not the difficulty depend rather on the instruction being conveyed in an unintentionally technical style, and not in a clear and simple manner, adapted to an unprofessional capacity? Lastly, I think that the instruments made use of in the compression treatment, if the patient be allowed to conduct it himself, should be as simple as possible compatible with the object in view. In one of the cases above mentioned, a common meat-weight, and small pad to the pubis, and a clamp to the groin, without an elastic apparatus, were used; in the other, also a meat-weight and pad at the groin, and an elastic compressor at the thigh, and they were found to act without any difficulty."

(From the 'Medical Times and Gazette,' Feb. 5, 1853.)

#### LECTURES ON ORGANIC CHEMISTRY.

The lecture by Dr Hofmann, in the present Number of the 'Medical Times and Gazette' is introductory to a course of organic chemistry; and, although interesting, contains only elementary matter.

#### CLINICAL LECTURE ON THE CONNEXION OF HEMIPLEGIA AND CHOREA WITH DISEASE OF THE HEART.

Dr Burrows observes:—

"Within the last twelve months, a new and clearer light has been thrown upon the pathology of these hitherto obscure cases of hemiplegia, through the important discovery made by Dr Kirkes, and communicated to the Royal Medico-Chirurgical Society, that hemiplegia and disorganisation of the brain are frequently the direct consequences of obstruction to the passage of the blood through one of the cerebral arteries (most frequently one of the middle cerebral arteries), by the impaction of a granule or portion of fibrine in its channel. He has also rendered it probable—nay, almost certain—that the portion of fibrine so situated has been detached from the diseased valves of the heart, and carried into the aorta, and thence onwards in the course of the circulation to the place of its lodgment in the middle cerebral artery. For further information respecting this discovery, which in all its ramifications opens a completely new field of pathological research, I must refer you to Dr Kirkes's paper, published in the last volume of the Transactions of the Medico-Chirurgical Society. My object to-day in bringing this subject before you is to call your attention to some cases which are or have been recently under your notice in my wards, and which have afforded most convincing confirmation, not only of the frequent connexion between sudden hemiplegia and valvular disease of the heart, but also of the correctness of Dr Kirkes's explanation of the pathology of such cases."

The cases we need not quote. The following is a recital of the post-mortem appearances in the brain and heart of one of the patients:

"Lower half of body and left-arm anasarous; some œdema of the scalp. The *membranes* of the brain healthy, slightly blood-stained from decomposition.

"*Brain* healthy in its general appearance and texture, and freely supplied with blood, though, at the same time, softer than natural (probably from decomposition).

"The *right corpus striatum* and neighbouring portions of the lower part of the middle cerebral hemisphere were much softer than other parts of the brain, breaking down, on pressure, into a kind of pulp, from which a thick, creamy fluid exuded. Though thus softened, this portion of the brain substance was not apparently much less vascular than other parts, and there seemed a fair amount of blood in most of its small vessels. On tracing the vessels of the

part to the *right middle cerebral artery*, there, as was anticipated, at or about half an inch from its origin, this vessel was plugged up by a firm nodular mass about the size of a hemp-seed, which formed a very manifest projection on the line of the vessel; the under part of this plug, which was evidently composed of a fibrinous material, was dark and blood-stained; the upper part firm, white, quite calcareous, and gritty. On laying open the vessel, its canal was found almost, if not quite, blocked up by the coagulum which adhered rather firmly to the interior; it consisted of partly firm and partly soft and reddish fibrine, in the midst of which were numerous grits of calcareous matter.

"With the exception of the coagulum in the right middle cerebral, there was no disease of the arteries of the brain.

"*Cerebral Sinuses* healthy, and contained recent coagula.

"*Heart* generally and greatly enlarged; all the valves healthy except the mitral, which was extensively diseased, especially along its free border, and about the attachment of the tendinous cords; attached to the auricular surface of the free edge were several long narrow pedicles of old whitish fibrine, more or less degenerated into a calcareous material; one or two masses were about half an inch long; between them, along the same line, were numerous smaller deposits and granules adherent to the edge of the valve. About the middle of the aortic cusp of the mitral was a large ulcerated opening, extending entirely through the thickness of the valve, but closed up by newly-deposited fibrine. The tendinous cords were much diseased, most of them thickened, matted together, and roughened by deposits of whitish fibrine; several were ulcerated across, the free ends hanging loose, and studded with little granules of fibrine. The lining membrane of the posterior part of the left auricle was roughened by small fleshy-looking growths, slightly elevated above the surface, and here and there intermingled with distinct granular deposits.

"*Aorta* narrow; all the great arterial trunks unobstructed. The large *venous* trunks contained only recent coagula."

Dr Burrows remarks:

"With these cases of obstruction of the arteries there have been found always masses of coagulated and decolourised fibrine in the spleen, kidneys, &c.; and it is Dr Kirkes's opinion that these have been also detached from the valves, carried into the splenic, renal arteries, &c., have been arrested in their course, obstructed the circulation of the blood, and caused the coagulation of the fibrine. The post-mortem examination above given is most strong on these points."

#### CASES OF COMPLICATED POLYPUS UTERI.

Dr Ramsbotham reports two cases—one an instance of fleshy tubercle projecting internally, and protruding into the vagina; the other a complication of polypus with carcinoma. We think it only necessary to quote Dr Ramsbotham's summary of the series of cases he has recorded:—

"It will have been seen, that all the foregoing cases occurred under my own observation; that of the uncombined cases in which the uterus appeared otherwise healthy; two were remarkable for more than one polypus having been removed at different times from the same patient; two for the occasional recession or retraction of the tumour completely within the uterine cavity, after its entire protrusion into the vagina; and one for such a degree of irregularity and softness, through ulceration at the lower portion, as to give the impression at first of its being a malignant fungus.

"In two the tumours were so large, that they remained in the vagina after having been separated by the ligature, and after the canulæ had come away. One of these was removed the same day by a hook; the other could not be extracted by any instrument, lay within the vagina a week without producing much distress, and passed spontaneously after that time. In all these cases, except one, where the tumour was twisted off by a pair of slender forceps, the ligature was used; the knife not having been had recourse to at all. In all the bleeding ceased, or was most materially abated, on the strangulation of the polypus, and in none did the tightening of ligature give any pain. In all the tumour



parted by sloughing; and in most it was greatly shrivelled before it came away. In one instance it swelled much, and, from being flabby, became very tense soon after it was tied. Many of the patients were brought almost to death's door by the loss of blood, and two were so greatly depressed, that I had a very faint hope of their revival.

"Five cases were complicated with pregnancy. Four, at least, were combined with other tumours existing in the same uterus, and one with carcinoma. Fifteen occurred in women who had borne one or more children; five in married women who were barren; and three in virgins.

"The deaths of five of these patients may be attributed to the tumour; one where the disease seemed to be uncombined polypus, from her imprudently having used an astringent injection on the day it came away, to stay leucorrhœa; one where the stem of the tumour was calcareous, and where a large mass, that had been imbedded in the substance of the uterus, was drawn away, leaving a cavity that did not fill up and heal; one where pregnancy co-existed; and two where the tumour was a fibrous tubercle deeply imbedded in the uterine walls, and protruding inwardly. Death took place in one of these during the continuance of the sloughing process. In the other, five successive tumours appeared in the vagina during a period of eight years, and she died eventually from hæmorrhage. The patients with carcinoma also died eventually; another in eighteen months from an accidental affection of the brain; and another in three years from diseased liver. This cannot be taken, however, as a fair average of the deaths that have occurred in my practice; for I have detailed every case that I have seen where a fatal termination ensued, except one of fibrous tumour projecting internally, of which I have not the notes; whilst I have not thought it necessary to give the history of many cases of the ordinary kind of polypus that have done well, because of their similarity, and the tediousness that would necessarily attend their recital."

(From the Association Medical Journal, Feb. 4, 1853.)  
ON THE MEDICO-LEGAL SIGNIFICATION OF CLOSURE OF THE FORAMEN OVALE AS A SIGN THAT A CHILD HAS BEEN BORN ALIVE.

Dr Kidd reports a case in which a serving-woman was delivered secretly of a child at about four o'clock a.m.; two hours after she wrapped the child in rough towel and hid it in a cellar, where it died of cold and neglect.

"On making a post-mortem examination, the child was found in a rather good state of preservation: it appeared to have been born at the eighth month. The lungs showed somewhat equivocal signs that respiration had taken place: they floated in water, but not very buoyantly. In the heart was found a thick layer of lymph thrown across the foramen ovale, which was all but blocked up; and the obliteration of the ductus arteriosus had already been completed. The placenta was attached to the infant; whether this may have tended to keep up strong vital action in the child independently of the mother, might form a subject for speculation. In three other post-mortem examinations of infants, which came under my notice about the same period, the signs of respiration were much less doubtful, and the children had apparently lived some time; yet there was not even the most imperfect attempt, in any of them, either at closure of the ductus arteriosus, or obliteration of the foramen in the auricular septum.

"Remarks.—The complete closure of the ductus arteriosus, and the formation of a nearly complete septum across the foramen ovale, are proofs of the fallacy of the commonly received dicta of authors, who tell us that the former becomes obliterated from the sixth to the twelfth day, while the time of closure of the latter is less certain. Billard says, that the foramen is closed between the second and third day; but Dr Handyside states that it remains more or less unclosed for life in one case out of eight. Dr Taylor also, in his work on 'Medical Jurisprudence' (4th edition, p. 403), observes, that he 'has frequently found the foramen ovale open in children who had survived birth several hours.' Again: the

foramen ovale may become closed before birth, in consequence of intra-uterine inflammation, or some abnormal condition. Dr Taylor refers to this subject. He says: 'The closure of the foramen ovale has been known to occur as an abnormal condition previously to birth and the performance of respiration. One case is mentioned by Capuron ('Médecine Légale des Accouchemens,' p. 337); and another, of a very instructive kind, is reported in the 'Medical Gazette' (vol. xxxviii, p. 1076). Other instances of this abnormal condition are adverted to by Dr Chevers ('Med. Gaz.,' vol. xxxviii, p. 967), and it would appear that in these the arterial duct remained open, in order to allow of the circulation of blood, not only before, but subsequently to respiration. The children rarely survive birth longer than from twenty to thirty hours. Dr Chevers justly remarks, that 'Cases of this description are of the highest importance in a medico-legal point of view, as they fully disprove the opinion maintained by many anatomists, that obliteration of the foramen ovale must be received as a certain evidence that respiration has been established.' It would, therefore, be unsafe in practice to rely upon the closure of this aperture as proof of live-birth, without other good evidence: and in no case can its patency be regarded as a proof that a child has come into the world dead." (P. 404.)

"With regard to the ductus arteriosus, the observations of Dr Chevers, referred to by Dr Taylor 'op. cit.' p 400, go far to point out the fallacy of depending on its condition as a test of the child having lived. This passage may be closed before birth; and it has even been found, when there was strong reason to believe that the child had not survived birth more than ten minutes, in as advanced a stage of closure as if it had been born some days.

"It would be beyond the scope of this paper to discuss the other signs of live-birth, as the floating of the lungs, signs derived from the umbilical cord, etc.; but my object has been to draw attention to the fallacy of placing too much confidence in the dicta found in many medico-legal works, and to point out how far our most modern authorities are disposed to trust to the closure of the foramen ovale and ductus arteriosus, as signs that a child has been born alive."

THE HOUR OF BIRTH IN 2019 CASES.  
The following interesting table is communicated by Mr R. U. West.

"It is generally understood that accoucheurs have "plenty of night-work"; but I am not aware that any one has attempted to show in what proportion the night-work preponderates.

		First set of 700.	Second set of 700.	Third set of 619.	Total 2,019.
8 hours of night.	P.M. 11—12	42	33	37	= 112
	A.M. 12—1	25	23	16	= 64
	1—2	43	28	28	= 99
	2—3	40	37	26	= 103
	3—4	30	50	24	= 104
	4—5	29	34	25	= 88
	5—6	33	37	40	= 110
	6—7	33	37	30	= 100
Total . .		275	279	225	= 780
8 hours of day.	A.M. 7—8	27	31	28	= 86
	8—9	29	30	32	= 91
	9—10	18	29	33	= 80
	10—11	37	29	33	= 99
	11—12	31	31	26	= 88
	P.M. 12—1	26	28	21	= 75
	1—2	25	26	23	= 74
	2—3	26	24	19	= 69
Total . .		219	228	215	= 662
8 hrs. of evening .	P.M. 3—4	22	25	23	= 70
	4—5	25	17	17	= 59
	5—6	18	26	12	= 56
	6—7	20	20	28	= 68
	7—8	30	20	31	= 81
	8—9	33	27	22	= 82
	9—10	28	28	23	= 79
	10—11	30	30	22	= 82
Total . .		206	193	178	= 577



"The statistics here given show the hour of birth in 2019 cases which I have attended, and they certainly bear out the popular idea on the subject. In order to prove that the proportions given are not accidental, I have divided the total number of cases into three nearly equal sets of 700, 700, and 619, from which it will be seen that, although there may be some discrepancy when single hours are taken, yet the gross number in each period of eight hours presents a remarkable uniformity. It will readily be understood that these tables give only part of the truth, for some of the births which took place in the earlier hours of the *second* eight hours—"the eight hours of day"—must have involved an *attendance* breaking into the night hours. Consequently, the eight hours when the smallest number of births took place, —viz., those of "the evening,"—were those least likely to require night-watching."

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## HOSPITAL REPORTS.

### CENTRAL LONDON OPHTHALMIC HOSPITAL.

*Adaptation of an Artificial Eye, in a case in which there was loss of the eyeball, loss of a portion of the outer wall of the orbit, and injury to the integuments of the cheek, producing ectropium of the lower eyelid.*

[Under the care of Mr Haynes Walton.]

By the bursting of a gun a man lost the right eyeball, a part of the outer wall of the orbit, and some of the skin of the cheek. The cicatrization on the face consequent on the injury produced a well-marked ectropium of the outer portion of the lower eyelid, and, besides, pulled the upper eyelid considerably downwards, and threw its cilia on the conjunctiva resting on the floor of the orbit. The deformity was necessarily very great, but that was concealed by a green patch; and the patient's application to the hospital was for the purpose of obtaining relief from the annoyance occasioned by the constant discharge of tears over the cheek, and the irritation produced by the contact of the cilia with the conjunctiva.

An artificial eye was placed between the lids, in the best way possible, to give an indication of the kind of operation required to restore the lids to their proper places, and allow the full benefits that the use of such an eye, well fitted, might afford.

This having been ascertained, Mr Walton left it to the patient to decide whether that description of operation should be done which would enable him to wear the false eye, by which, most probably, the lachrymal secretion would be carried away through the natural channel (this, of course,

depending on the degree of accuracy with which the edges of the lids could be brought to bear upon the surface of the enamel), and his countenance also improved; or whether the lachrymation alone should be attended to by the removal of the lachrymal gland. He was also given to understand that in case the first operation failed to arrest the discharge over the cheek, the lachrymal gland might then be extirpated. The first proposition was preferred.

Mr Walton proceeded to operate in the following manner:—A wedge-shaped piece, including skin, muscle, cartilage, and conjunctiva, was removed with the scalpel from the most everted portion of the lower eyelid, and the skin of the cheek around dissected from its attachment, so as to admit of being drawn up and transposed. The divided lip was united by sutures, and the whole raised and supported by strips of plaster. By this, the ectropium was entirely removed, and the edge of the tarsus brought nearly to a straight line. The upper lid being now relaxed, the levator palpebræ acted, and the cilia were raised from contact with the conjunctiva. In a few days the sutures and the plasters were taken away. Three weeks later the false eye was applied, and the expectations of Mr Walton fully realised. It has now been worn for some weeks, and the tears pass by the natural conduits. The mere button on which it rests is, however, too small to be influenced by the recti muscles, and the eye consequently does not move in unison with the natural one; but, nevertheless, the patient and his friends consider that a very great improvement as to personal appearance has been effected.

### ST BARTHOLOMEW'S HOSPITAL.

*Calculus of unusually large dimensions.—Lithotomy.—Death.—Autopsy.*

(Under the care of Mr Lawrence.)

Levi B—, aged thirty-seven years, a labourer, of a pale, sallow countenance, and much emaciated, was admitted Dec. 27, 1852, into Henry's ward, under the care of Mr Lawrence, suffering greatly from the ordinary symptoms of stone, the existence of which was at once discovered on the introduction of a sound.

The poor fellow was in such a state of distress and exhaustion as to be wholly unable to afford other than most contradictory statements respecting the origin and progress of his complaint; indeed, nothing definite could be elicited from him of the history of his disorder. But his wife subsequently stated, that the patient had suffered from childhood with frequent micturition, followed by pain, sanguineous urine, &c.; that he had been married eight years; and that she had three children. Her husband had been under medical treatment for several years, and had discontinued work for the last twelvemonths. On examination by the rectum, a very large stone was discovered, the boundaries of which could be imperfectly traced by the finger.

Mr Lawrence performed the operation in the usual way on Jan. 3rd, 1853; but owing to the very large size of the stone, it was found necessary to divide the right side of the prostate gland also, and to enlarge the external incision. After a protracted operation the stone was removed, and was found to weigh *twelve ounces and a quarter*, with a crust of lithate of ammonia, and probably a uric-acid nucleus.

As the pulse was very feeble and frequent after the operation, and there was slight vomiting and constant nausea, diffusible stimulants were given, followed, as night came on, by a full dose of opium.

The patient slept several hours, expressing himself very greatly relieved next morning, and stating that he had not passed so comfortable a night for years. The urine was discharged freely by the wound; there was no hæmorrhage; no tenderness of the abdomen; the vomiting and nausea had subsided; and the man's condition was altogether satisfactory, except that the pulse remained extremely feeble and frequent, and that he complained greatly of thirst.

No material change in his condition occurred; and, not-



withstanding the frequent exhibition of brandy, no reaction followed; the man gradually sank, and died at nine o'clock in the morning of the second day after the operation, retaining his consciousness to shortly before death.

*Examination of the Body.*—The whole urinary apparatus exhibited in a striking manner the ordinary consequences of long-continued stone. The bladder was as contracted as the enormously thickened condition of its walls would seem to admit. The mucous membrane was raised into numerous elevations, more or less rounded, but varying in size and outline, and greatly thickened. They exhibited throughout different shades of colour, from a deep purple to a yellowish grey; the muscular coat was found greatly hypertrophied, and formed, with its condensed investment and mucous membrane, a thickness of from half to three quarters of an inch. The interior of the bladder was much roughened by the firm adhesion of calcareous matter to several parts of it; but no lesion either of the mucous or peritoneal coat; rectum uninjured; ureters, especially the right, much dilated and tortuous, admitting the introduction of the little finger; coats thickened; kidneys apparently large, before section; capsule much thickened; the pelvis of each organ would have contained a small orange; both the cortical and medullary portions were folded out and thinned, the papillæ, calyces, and infundibula being obliterated by the constant pressure of the urine. The proper structure of the gland was very pale and flabby, no line of demarcation remaining between the cortical and medullary substance, the texture of both having evidently undergone complete degeneration. No traces of peritonitis were found, nor any change worthy of notice in any of the other viscera.

Thus it would appear that this patient was affected with stone all his life, and that the protracted suffering which he endured would be the lot of a great many of those children upon whom we so frequently see lithotomy performed in the hospitals of this metropolis. It is evident, from the history of the case, and the post-mortem examination, that the patient had been so worn out by pain and suffering, and that the urinary organs, up to the kidneys, were so extensively damaged, that he was not likely to survive even much less severe operative measures than he actually underwent. We fully expected, after an operation of this kind, to see the parts, on a post-mortem examination, very much stretched, torn, or lacerated; but such was not the case, and this circumstance beautifully shows to what extent the prostate gland and perinæum may be divided and stretched without any actual mischief being done.

Among the specimens of large calculi preserved in the museums of the London hospitals, there is one at St Bartholomew's, which approaches the foregoing in size and weight. It is thus described in the Catalogue:—

"121. Cast of a calculus, weighing fourteen ounces and two drachms, which was extracted from a man's bladder by Mr Charles Mayo." (*Medico-Chirurgical Transactions*, vol. xii, p. 54.)

There is also a cast of a large stone at St George's, which is mentioned as follows:—

"No. 1. Q. Cast of a large fusible calculus, given by Mr Keate. The stone was removed by Mr Kerswell, of St Germain's, Cornwall, in 1835. The patient was twenty-seven years old, and perfectly recovered, except that when the bladder contained above a pint of urine, the latter fluid escaped through a small sinus in the rectum. It weighed twelve ounces."

#### *Hydatid Cysts in the Liver, and also in the Tissue of various Muscles.*

In the dissecting-room at St Bartholomew's Hospital, a month ago, there were found two distinct hydatid cysts in the liver of a woman, aged probably thirty-five, who had died of phthisis. The larger one was situated in the right lobe, and was capable of containing an orange; its shape was irregular. The smaller one was the size of a large egg, and seated in the left lobe. Both had almost cartilaginous walls, and contained a clear fluid, in which floated a large number of the little bags or true cysts of the animal. These

latter varied in size from a pea to a large chestnut, and had within them numerous cœlinococci. It is worthy of remark, that in the muscles of the extremities were found several very minute hydatid bags. The woman had not been a patient in the institution, and consequently no history of her ailments was obtained. The case scarcely comes in the category of abscesses of the liver, since the cysts did not contain pus. It illustrates the antecedent stage of that affection, however, much too well to be here omitted. Had the body not been subjected to dissection, it is probable that the presence of the animals in the muscles would not have been discovered. Their detection under such circumstances is suggestive of the possibility that their existence may not unfrequently be overlooked in less careful examinations.

#### UNIVERSITY COLLEGE HOSPITAL.

##### *Hydatid Abscess of the Liver.*

(Under the care of Dr Parkes.)

A most interesting example of this form of disease is now under the care of Dr Parkes; but, as its ultimate result is as yet very uncertain, we shall not do more than very briefly state its chief features, hoping at some future time to present our readers with the full details. The patient is a young woman who has suffered from symptoms of disorder of the liver for more than a year. About two months ago a large tumour, which Dr Parkes had diagnosed as depending on the presence of hydatids, suddenly diminished, having apparently burst into the peritoneal cavity. A sharp attack of peritonitis followed, but from this she rallied, and three weeks ago the tumour presented externally and was opened. In the pus which was removed were found, on microscopic examination, numerous echinococci, as well as great numbers of their detached hooklets. For a few days after the puncture she was extremely ill, but has now recovered from the state of depression then existing, and appears to be doing well. Dr Parkes, however, apprehends the presence of another cyst, and it is impossible to foresee what the termination may be.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. VI.

#### DA SILVA AND Co.'s NOSTRUMS.

The above-named firm carry on their business in the unpretending premises forming No. 1, Bride-lane, Fleet-street. On paying a visit to their establishment a few days since, we noticed the simple announcement at the entrance—"DA SILVA AND Co's MEDICINE WAREHOUSE;" and, on obtaining admission, remarked the extremely quiet and economical character, both of the place, and the mode of conducting the business carried on there. We could scarcely avoid drawing a comparison of what we then saw, with the more expensive and ostentatious displays of the two quack firms who have engaged our attention in our previous numbers. However, the humble character of the Messrs Da Silva and Co's London establishment is fully compensated by the number, length, and showy description of their advertisements. Where is there a newspaper or periodical that does not continually contain announcements of the virtues (?) of

#### "DR LOCOCK'S WAFERS,"

more especially those "*dear pulmonics*," which, we are seriously assured, "will cure a cough in ten minutes, and an asthma or consumption in a proportionably small space of time;" and which (artful dodge) "having a *pleasant* taste, are equally suited to sucking babies as adults?"

"What's in a name?"—"Nay, do not ask; everything, my good sir!" The charlatan's success, be it in physic-vending, or joint-stock companies, depends as much on that



dip into the "lucky bag," as it does on the necessary quantity of impudence, capital, and mendacity to work it out. Dr Baillie's name, years after he had sunk into the tomb, proved a mine of gold to the fortunate projectors of the once celebrated "*medicated breakfast bacon*" that professed to be capable of doing more for the stomach and nerves, at 2s. 6d. the pound, than all the plebeian porkers had ever effected at 7½d. Abernethy's name, in like manner, has forced down the throat of poor John Bull more blue pill and black draught, in about twenty years, than had been swallowed by our ancestors during the previous five centuries. In truth, the very celebrity of a physician or a surgeon, (his genius, his talent, his success) is sufficient to induce the wary quack to seize on his name, and to employ it as a bait wherewith to angle among that simple shoal, the public. If he be living, *good*; if he be dead, he will do equally well. It matters not; which ever suits best, is the one pounced on, just as chance or circumstance arise. The nostrum-monger is a man nowise modest or particular. The piratical adoption of Dr Locock's name was of this character. The rejection of the common terms, "*pills*" and "*lozenges*," for "*wafers*," was certainly a novelty in this novelty-loving age. Pray try them! "They have a pleasant taste, and in no way resemble medicine." Only *WAFERS*, that "dissolve gradually in the mouth, entirely superseding the use of nauseous medicines." Gentle reader! how could such a scheme fail to obtain the patronage of the wonder-loving multitude, ever ready with "hand in pocket," to pull forth the thirteen pence halfpennies and two and ninepences for the exquisite pleasure of being "*done*:" yes, *completely done*," by paying rather "too dear for their whistle,"—buying lozenges (and very inferior ones too) at the extremely low prices of 2s., 3s., and 4s. the ounce, which might be bought of any respectable medical lozenge-maker or druggist at 3d. or 4d. That what we state are facts—undeniable facts—we shall presently show, by giving the reader the data on which we ground our statements.

In the meantime, we may say a few words on the neat little "*Almanack and Pocket Companion*" and "*Case-book*" of the Da Silvas for 1853-4, which is now before us. To notice in detail the "*cases*" that are so ingeniously mixed up with the useful matter of the tract, would be, in a great measure, to repeat our censures, already expressed at pages 26, 86, &c. We observe the majority of the cases are reported by Messrs Da Silva's *own agents*, and got up, of course, for the occasion. A large number is forwarded by chemists and druggists who sell the wafers, one of whom flatters himself by appending "*Surgeon*" to his name. Many of these persons are members of the Pharmaceutical Society. We the more regret to see the latter, as we really had indulged ourselves with the expectation, from the high position taken by the conductors of the Society's journal (of refusing quack advertisements), and the strong expressions that have at various times emanated from them, that the whole of the chemists and druggists of England, if they did not refuse to sell quack medicines, would at least have left them to their own merits, instead of turning their "*case-makers*" and champions.

We cannot conclude this paper without again denouncing the disgusting spirit of infidelity that can invoke the name of "*divine providence*" to give a cloak and plausibility to deception and quackery, or which can give the most "*solemn assurance*" that gross misrepresentations and absurdities are facts.

In our next number we shall furnish the data promised above.

ROYAL JENNERIAN LONDON VACCINE INSTITUTION.—On Friday last this institution held its annual meeting at the Freemason's Tavern—W. H. Ashurst, Esq. in the chair. During the year, 7,186 vaccinations took place in the institution. Since its opening, in 1806, 241,614 persons had been vaccinated. A large quantity of lymph was sent to India. The receipts figured 327l. 12s., and the expenditure left a balance of 8l. 18s.

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, Esq., M.D., F.S.S.

### CHAPTER III.

A.D. 1400—1711.

(Continued from Number XXXI.)

The light shone there, either in Alexandria or Constantinople, during the darker periods of our long pilgrimage, but never reached Britain, except in scattered rays, until the sixteenth century. The princely Medici of Florence—who, it may be said, in passing, had the mark of a physical extraction upon their escutcheon, as well as in their name—were among the most generous patrons of science. They collected manuscripts, welcomed the Greeks in Italy, and founded libraries, schools, academies, societies. Linacre, a young Englishman attracted the notice of Lorenzo de Medicis—the *magnificent—the father of the Muses*, as he was gratefully designated—and Linacre was invited to attend the lectures of Chalcondylas with Lorenzo's sons. On quitting Florence, Linacre went to Rome, and there studied medicine and natural philosophy; he returned, it is said, the first Englishman who could read Aristotle and Galen in the original, and in the latter years of his life (1517-24) published translations of several of Galen's works in classical Latin. His were the first, and the best translations of Galen. Caius visited Italy; and studied, criticised, translated the ancients, with as much ardour as Linacre. All the English physicians of any celebrity, down to Harvey, resorted to Italy, where they not only heard the ancients read, but saw bodies dissected, and physic taught with zeal and success. The anatomists, Vesalius, Eustachius, Ingrassias, Columbus, Fallopius, Varolius, Fabricius ab Aquapendente, who made innumerable discoveries, all flourished in the Italian schools of the sixteenth century.

The ancients were assiduously studied in the sixteenth century, and the ardent students desired to understand and to see what the ancients had seen. They discovered that their great teachers had seen but in part; and were no longer, like Linacre, content to copy, but began to imitate them in the dissection and observation of nature. Nearly all the parts, organs, and structures of the body were examined and described. English physicians had hitherto possessed no direct, exact knowledge of the human body. They had now opportunities of carrying on dissection, and seeing the parts demonstrated before their eyes. Physiology made rapid progress. Harvey discovered the circulation of the blood (1619.) Transfusion was performed (1657.) Malpighi saw the capillary circulation (1661.) Leeuwenhoeck described the flat, oval blood-globules (1690.) Bathurst and Henshaw proved by experiment that the subtraction of oxygen renders the air irrespirable (1654); Hooke showed before the Royal Society, that animals die in altered air, because it has lost its oxygen. Mayow taught that oxygen enters the blood through the lungs, combines with the saline particles of the blood, and strikes a red colour. He compared respiration to combustion (1668.) The lacteals and lymphatics were discovered—the brain, and nerves described. Harvey wrote the history of the ovum. The organs of the body were examined after death, and the alterations recorded. Practical medicine underwent great changes. The pathological doctrines of the ancients were scarcely understood before they were fiercely assailed by the alchemists. Chemistry threw a new light on the elementary composition of bodies; and placed antimony, the preparations of mercury, the mineral acids, various salts, ether, tinctures, and concentrated extracts, in the hands of its cultivators. Paracelsus, the Luther of physic, opened his lectures at Basil by burning the books of Avicenna and Galen. The immense progress of the physical sciences in this period—which witnessed the promulgation of Newton's Principia—re-acted on medicine. The systems of Vanhelmont, Descartes, Sylvius, Stahl, and Hoffmann reigned, but never gained the same ascendancy in England as the Iatro-mathematical school at the close of the seventeenth century.



A better experimental school originated in England. It was founded by Sydenham, and his rival Morton. Lord Bacon (1569-1620) led the way, and "noted the deficiencies." He censured physicians for discontinuing the serious diligence of Hippocrates, who used to set down a narrative of the special cases of his patients, and how they proceeded, and how they were judged by recovery or death. They inquired not much of the footsteps and impressions of diseases; nor of the structure of the organs, the secrecies of the passages, the nestlings of the humours. *Anatomia vivorum* was justly reproved by Celsus; yet the useful inquiry need not have been relinquished altogether, but might have been well diverted upon the dissection of beasts alive. The seats and different kinds of humours should have been examined. All morbid productions, and changes ought to have been exactly observed by a multitude of anatomies, and the contributions of men's several experiences, and carefully set down, both historically, according to the appearances, and artificially, with a reference to the diseases and symptoms which resulted from them, in cases where the anatomy was of a defunct patient; whereas now upon opening of bodies, they are passed over slightly and in silence. They abandon the cures of many, pronouncing them incurable, or past the period of cure; while they ought, contrarywise, to attend, facilitating and assuaging the pains and agonies of death. They tie themselves to no receipts severely and religiously. They should seek for specifics. He found it strange that no man had sought to make an imitation of natural baths, and medicinale fountains. The precepts in use are too compendions to attain their end; it is order, pursuit, sequence, and interchange of application which is mighty in nature. Physicians visit daily; yet let a man look into their precepts and ministrations, and he shall find them but inconsistencies, and every day's devices without any settled providence or project.\* Such ideas could not remain unproductive.

Sydenham taught the manner of making further progress in physic most effectually—by example as well as by precepts. The improvement of physic, in his opinion, depended, (1) upon *collecting a genuine and natural description or history of all diseases*; and (2,) upon *laying down a fixed, complete method of cure*. Sydenham analysed, distinguished, and described diseases. At this time it is difficult to appreciate his contributions to the history of diseases. Let us imagine a person, ignorant of physic, entering a large hospital, where every species of disease to which men are liable exist; to his mind all the symptoms would present a scroll of inextricable confusion—phenomena running into each other, separated by no line of demarcation, arbitrary, accidental, and agreeing in nothing but helplessness, deformity, suffering, wasting, death—one vague idea, which

\* Of the Advancement of Learning, by Francis Lord Bacon.

he would express by sickness. Although English physicians, taught by the ancients, began before Sydenham's time to distinguish the species of diseases, their ideas were exceedingly vague and ill-defined. In the historians, one word, *pestis*, designated all the epidemics: Fever, Dysentery, Cholera, Small Pox, Measles, Influenza, Erysipelas, were confounded. It is believed that Hippocrates included Small Pox under his description of Fever.† The laws of diseases could never be determined, nor the treatment regulated accurately, so long as the morbid phenomena remained unclassified. Sydenham succeeded to an extent which had never before been attained in reducing diseases to certain determinate kinds. He laid aside all hypothesis, and then noted with the utmost accuracy the manifest and natural phenomena of diseases; imitating in this the exactness of painters, who, in their pictures, copy the smallest spots or notes in the original; while he, at the same time, distinguished the characteristic, constant symptoms from accidental phenomena, varying with circumstances. A symptom induced by age, constitution, or treatment, ought not to enter into the description; it no more belongs to the history of the disease than the biting of the palmer worm to the characteristic marks of sage. Notwithstanding some variety happens from peculiarity of constitution and treatment, nature acts in that orderly and equable manner in producing distempers that the same disease appears attended with the same symptoms in different subjects, so that those which are observed in the illness of Socrates, may generally be applied to any other person afflicted with the same disease in the same manner, as the general marks of plants run through the same plants of every kind. Whoever describes a violet exactly as to its colour, taste, smell, and other properties, will find the description agree, in most particulars, with all the violets in the universe. The humours retained in the body beyond their time, undigested, tainted by the constitution of the atmosphere, or poisoned, are worked up into a *substantial form, or species, that discovers itself by particular symptoms, agreeable to its peculiar essence*. A quartan ague mostly comes in *Autumn*, keeps a certain course, the paroxysms returning as certainly every fourth day as a clock renews his rounds; it begins with a shivering, and a great sense of cold, succeeded by heat, and terminated by a profuse sweat; it seldom disappears before the vernal equinox. Now, upon duly considering these facts are there not as strong reasons to believe that this distemper is a species, as that a plant is one, which, in like manner, springs out of the earth, flowers, and dies, and is in other respects affected agreeably to its nature and essence? ‡

(To be continued.)

† Life of Jenner, by Baron, vol. i. p. 179.

‡ This is the ground of Shoenlein's doctrines. Sydenham's works, by Wallis, vol. i, pp. 1-34.

## TOXICOLOGY.

With the first number of the 'Medical Circular' for March it is intended to commence a series of papers on the above important subject in all its bearings in connexion with the medical profession. The papers will embrace a full account of

## POISONS

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## BIOGRAPHICAL NOTICES.

THOMAS WAKLEY, ESQ.

*(Continued from p. 91.)*

The quotations already reprinted from the 'Lancet,' show that a medical literature worthy of the name at the time of the establishment of that journal could not have existed. Consideration for its vulgar ribaldry would have been impossible, had there been any journals in the field conducted with becoming spirit and ability. The rapid circulation of the new journal may be therefore easily explained. It is satisfactory to remark the improvement in the tone and style of periodical literature since that time, and the greater self-respect which writers for the medical press evince. Even Wakley is trying to become genteel; at any rate he has shown common sense enough to avail himself of the good taste and manners of other scribes to keep his journal on a level with the more refined sense of propriety of the readers of the present day. Occasionally, however, the *cacoethes scribendi* overcomes the prudence of the presiding genius, and the pages of the 'Lancet' bear the mark of those ruthless talons that were wont to tear and lacerate without remorse the object of the writer's wrath. These manifestations, are, however, chiefly confined to the "Notices to Correspondents," and other obscure corners of the journal; for they are considered even by the editor to be too gross for the body of the work. Every decent house must have its sewer, through which all the filth and refuse of the family must flow to keep the atmosphere respirable and pure. This column is the safety-valve of the 'Lancet;' but for it the pent-up passions of the conductors would burst the restraints that decency imposes, and scatter the property to the four winds.

It is true that the 'Lancet' still indulges in the use of such euphonious epithets as "assassin," "scoundrel," and other choice phrases from the vocabulary of the fish market; but an exception is made, and qualification allowed, on account of its historical propensities. The leopard cannot change his spots; and the howl of the wolf will remain for ever as unmelodious as his nature is untameable. But imagine ourself, or any other editor of a medical journal, inveighing against a literary or political antagonist in the style of the 'Lancet!' The mere suggestion is enough to scare our subscribers, and to elicit incipient reproaches.

The editor of the 'Lancet' has been a sort of literary "navvy," with his arms bared, and his legs submerged in sludge, he has been heaping up dirt by the cartload, and has now raised a monument as big as the pyramid of Cheops to the memory of his labours. Wading through this journal is like walking by torchlight through the dark and dismal aisles of the said pyramid, and fancying you hear the wails of unhappy and unavenged spirits whose bodies lie entombed in its subterranean caverns. Every leaf, as you turn it over, seems to appeal for redress. Abernethy, Cooper, Guthrie, Stanley, Lawrence, Elliotson, and a troop of others, look with imploring glances, and extend their arms for aid.

We cannot help regarding the pictorial type of the 'Lancet'—its capitals, italics, and notes of admiration—as the inscriptions on the tombstones of defunct martyrs. It is curious to observe the editor's propensity to magnification. Words are not burning enough to embody his passions. "Atrocious," "infamous," "devilish," are pet phrases, pointing every sentence; but they lack the force necessary to convey to the reader a similitude of the volcanic energies of the writer, so that they are usually embellished and intensified with notes of admiration, thus—!, !!, !!! The 'Lancet' is always super-superlative in its dislikes and hatreds. The curse of St Athanasius, had the writer been a priest, would have been pronounced by him with supreme cordiality. He would have made an admirable President of the Inquisition. His anatomical knowledge would have increased his zest in the execution of his duties. With what glee he must have concocted some of those swingeing anathemas launched against the hospital dons! With what sorrow at this day do we not read them! The letters burn

upon the page with a lurid glow, and fasten the eye like the glance of a serpent. But the flame will never die out. Close the book, stamp it under your feet, sink it fathoms deep in the ocean stream—then open the leaves and the letters will stare as ghastly as ever, mocking the vain effort to quench the maleficent fires. *Litteræ scriptæ manent.* One generation writes—the next applies the meaning. Beware, ye scribblers, for ye will be judged out of your own mouths!

Although we do not intend to particularise all the actions at law in which Mr Wakley has been engaged, and have already said that we do not desire to expatiate on the action for libel brought against him by Mr Bransby Cooper, yet there are some points connected with the affair which we cannot overlook. This action was instituted in consequence of a report, written by Mr Lambert, an *employé* of the 'Lancet,' of an operation for the removal of a calculus by lithotomy, performed by Mr B. Cooper at Guy's Hospital. This report was written in a dramatic form; the operation was styled a tragedy, and the stages were divided into acts. There was no wit in this production, but its style being coarse and offensive, and the colouring of the statements being calculated to injure the operator, Mr Cooper brought his action for defamation. Wakley defended his cause in person, and though he puffed himself enormously at the time, and took immense credit for his cleverness; yet after a recent perusal of his speech, we cannot perceive that it manifests more than ordinary ability. It wants vigour, warmth, colouring, fulness, and variety of expression—everything that constitutes real eloquence. He made a great deal of the point of having succeeded, as the defendant, in his claim of the prior right to address the jury. He thus spoke first and last. This privilege is not, however, worth so much as it seems, as doubtless Mr Wakley has since that time discovered. It is but a trick of fence in most cases.

Some remarks made by Sir James Scarlett, in the course of his address, seem to have stung Mr Wakley to the quick; and, as the 'Lancet' proves, it was a long time before they were forgotten. Sir James observed, "The defendant had himself avowed that the 'Lancet' was a work founded on the principles of robbery and plunder." "He was, upon the defendant's own confession, justified in saying that this work (the 'Lancet') was a sort of *literary raven*, which lived by plunder, and shamefully held up its head by the injury it inflicted on others!" These observations were made with reference to the publication of lectures. It is strange that Wakley, in his reply, did not attempt to repel these strong censures; but he afterwards, in the pages of the 'Lancet,' laboured strenuously to wipe off the odious allegations. This fact proves that Wakley was primed and charged for the encounter, and just delivered himself of what he had learned, but beyond that he could do nothing, and failed. There is some personal abuse in his reply, but of debating power, or argumentative eloquence, there is not a particle. In his subsequent leading articles he laments his failure in this respect. The verdict was in favour of Mr Cooper, with 100*l.* in damages. At this period commenced those appeals to the profession for subscriptions, either to defray the costs of a law-suit or to cover the expenses of an election, with which the profession is so well acquainted.

Besides the actions for libel, to which we have already referred, Mr Stanley threatened Mr Wakley with a prosecution, and Mr Guthrie persisted for some time with menaces of a lawsuit against him; but neither gentleman went into court. These details are very sickening, but Mr Wakley has figured prominently in our professional history during the last thirty years, and if the life of such a person deserves to be written at all, such facts must be recorded. We are copying from his own journal, so that the accuracy of our narration cannot be disputed by him or his friends. If the portrait be not so flattering as he might now desire, he must remember that the block is engraved by his own hand, and that our office is merely to strike off the copies. The trumpet that he may have hung up for a time, we have taken down from the wall to blow a blast, and it is possible that he may start at the familiar but displeasing sound.



Men will often record with gratulation of themselves that which they would declare to be calumny if uttered by another; but, fortunately, the rest of the world do not judge by their standard.

We are now approaching an eventful period in Mr Wakley's career. Medical journalism does not appear to have satisfied the cravings of his ambition, and he sought, in the wider sphere of political agitation, for an element more congenial to the turbulence of his nature. In the vague conflict of political strife, his tumultuous passions might safely exhale their ardour; while it was possible that the improved social status which would ensue from a successful candidature for a seat in Parliament, might reflect increased consequence on his literary vocation, and thereby advance his private interests. After the passing of the Reform Bill, therefore, Mr Wakley engaged with fervour in the political discussions of the day, always advocating extreme views on the liberal side, and earning the character of a "low Radical," an epithet then usually applied to men of his conduct and opinions. Mr Wakley was not likely to be squeamish about his political doctrines; and as a love of notoriety has been his abiding mania, he was just the man to spread his sail to catch every gust of popular passion.

Hence in the year 1832, just nine years after the establishment of the 'Lancet,' Mr Wakley became a candidate to represent the borough of Finsbury in Parliament. He failed, and tried again in 1834. Failing then, he applied to the constituency once more, and was returned in 1835.

In all questions regarding the political rights and interests of the profession, Mr Wakley's influence in the House of Commons was, in our opinion, when exerted at all, always exerted on the wrong side. He imported into every debate his personal dislikes, and made his public action subservient to his literary interests. The journalist invariably dominated over the politician. His speeches were 'Lancet' articles, deuded of the latter's personality and coarseness, and adapted to the ear of a Home Secretary. In these questions, as in those of a more public nature, he professed principles of a general and abstract character, so that he could always refuse to be satisfied, if this tactic best answered his purpose; or, on the contrary, demurely confess the authority of circumstances, and submit to a compromise or to a partial, unequal, and unjust measure, if this should seem best qualified to meet a present exigency. He held the game in his own hands, able to play any card he chose against his adversary, whom he always, once excepted, compelled to play first. He was, by profession, a fault-finder, a breeder of suspicions, a fomentor of discord—in one word, a "demagogue."

On the first occasion of Mr Wakley's candidature, a subscription was raised to pay his expenses, chiefly through the exertions of his professional supporters. Much was expected from him; yet, excepting the clause in the 'Medical Witnesses Act'—the benefits of which he has himself done his utmost to neutralize—what advantage to the profession has been derived from his presence in the House of Commons? He affected an influence he did not possess; hence it was, that for many years, he feared, by bringing forward a substantive measure of medical reform, to expose the vanity of his pretensions; and when at length he was compelled to introduce his 'Registration Bill,' it was found to be so narrow in its scope, defective in its clauses, and unjust in its application, that it gained no supporters, and its author withdrew the measure in disappointment and shame. This was a terrible ordeal.

We must not omit to record his election for the Coroner'ship of Middlesex; the professions he made to obtain that important office, and the mode in which they have been realized.

As in the case of his election for the borough, he was not successful on his first application to the freeholders. The most important event, for weal or woe, connected with the exercise of his duties as Coroner, has been his behaviour in the celebrated "Hounslow Inquest" case. That the course he then pursued was instrumental to the abolition of flogging in the army cannot be disputed; and, although probably he had no such design when he commenced the proceedings,

yet the publicity and the discussions upon the evidence that followed awakened public attention to the cruelties that might be thus inflicted, and an amelioration of the evil ensued. His treatment, however, of Dr Warren appears to us to have been irreconcilable with the spirit of English law, and certainly an injurious aspersion on the profession of which both gentlemen were members. We have recently called attention to an omission of a similar character, and we fear that such a course of action on the part of coroners is becoming common throughout the country, as our last Number recorded another flagrant instance of similar misbehaviour. Should the practice prevail, either of excluding the attending-surgeon from the court, or of appointing another surgeon to get up the case without calling the attending-surgeon as a witness, the profession will have to thank the Coroner for Middlesex for the example. It is well known that Mr Wakley, having failed to procure a "criminal information," brought an action for libel against Mr Healey, in consequence of the latter's publications in the 'Medical Times,' reflecting upon his conduct in relation to this case. During this trial Sergeant Wilkins delivered a speech of six hours' duration—a speech, by the way, which Mr Wakley will not be likely soon to forget. We may also mention here that we believe two other actions were instituted against Healey, on account of libels published by him in the same journal referring to the trial for arson, of which the recollections are too painful to be renewed. Healey in his turn reorted with an action for defamation against Wakley, in consequence of the latter's libel on his character, in connection with the Poor-law Committee. He won the cause; but the expenses of the numerous law-suits ruined him; and thus Wakley enjoyed the unenviable satisfaction of getting rid of an opponent by the aid of prosecutions at law.

Previously, however, to these events, Mr Wakley had disturbed the profession to its depths by the agitation he commenced on Medical Reform. Public meetings, presided over by Mr Hume and Mr Lawrence, were held, at which Mr Wakley addressed the auditory at great length, and exposed the misgovernment of the College of Surgeons with extreme severity of language. His attempt to take possession of the theatre the College of Surgeons, in conjunction with Mr Dermott and a "noble army of martyrs," is well remembered by those members of the profession who were his contemporaries. Mr Wakley's coat was torn off his back, and some of the leaders of the forlorn hope were marched off to durance vile by the officers of police. We quote the following graphic description of the *fracas* from the pages of the 'Lancet':—

"The ink on this paper was not dry, and the short-hand writer had not time to copy the words, before a number of police-officers rushed into the theatre from the door leading to the museum, and at once going up to Mr Wakley, *three* of them seized that gentleman (!) by the collar, arms, and legs. At the same instant the gentlemen (!!) in the theatre rushed towards Mr Wakley, and while the officers were dragging at his legs, his friends were retaining him by the arms (*merciful powers!*) to prevent his attempted removal. While in this defenceless position, and stretched across the benches on his back (*inglorious posture!*) one of the cowardly Bow-street ruffians aimed a desperate blow at his forehead with a brass staff (*he had no idea of its thickness*), and had not Mr Wakley suddenly turned his head on one side to avoid the blow, it must have fractured his skull (*fearful calamity!*). The theatre was now in the greatest uproar, and the officers behaved in a brutal manner to the gentlemen with whom they came in contact. The fellows at last dragged Mr Wakley from the grasp of his friends, and when he recovered his legs (*has he yet recovered his head?*), Ledbitter still holding him by the collar—he also having fast hold of the officer—officers, members, and all, descended suddenly over several benches to-towards the floor of the theatre, and, at one time, there could not have been less than the weight of half a dozen persons directly on the back of Mr Wakley, who, it was thought by many of the gentlemen present, would be



crushed to death. (*Had he been as stout then as now, the squelch would have justified the opinion.*) He contrived, however, to retain his footing, and was extricated by the larger portion of the party tumbling on the floor. (*Singular mode of extrication!*) Smith the officer, who, as well as Ledbitter and another of the officers, is a man of enormous bulk, not being accustomed to the abruptly elevated seats of this college, missed his footing near the bottom, and fell upon the floor with the force of a fat ox, and cut his eyebrow slightly against the edge of one of the seats." Enough of this disgraceful brawl!

This is the hero's account of the battle, which, upon his own showing, was mere bluster and riot, and highly discreditable to him and his myrmidons. We know nothing like it except Falstaff's description of his fight with the eleven men in buckram!

(*To be continued.*)

#### JAMES JOHNSTON BROWN, M.D.

It will happen occasionally, in the press of editorial duty, that a name deserving honourable mention will inadvertently be passed over without receiving its meed. A retrospect of our labours, however, will always enable us (as in the present case) to render the honour where honour is due, and will suffice to show to both senior and junior members of the profession how anxious we are to maintain our reputation as impartial general biographers.

Dr J. J. Brown received a sound classical education at one of the first grammar schools in the city, aided by a private tutor at home. He was educated professionally at the London Hospital in the Mile-end Road, where he carried away the obstetric gold medal and other class distinctions. In the year 1845 he became a member of the Royal College of Surgeons of England, and in 1846 a Licentiate of the Society of Apothecaries. In 1849 he took the Doctorate at St Andrew's. He subsequently took a long residence in Paris, assiduously devoting himself to the study of Parisian practice under the most distinguished masters of the art, with whom he became on terms of personal intimacy. His accomplishments gained for him the honour of election into the Council of the Parisian Medical Society, before which he read a paper and other communications of more than ordinary merit and interest. Dr Brown's writings and speakings, it may be here remarked, have been—as all men's should at the opening of their career—before medical societies at home and abroad; and in these he has earned a deserved reputation for a ready and facile pen, and a fluent and tutored tongue. Dr Brown has held some public appointments with particular credit to himself, especially that of Physician to the Local Cholera Hospital for the Eastern Division of the metropolis, in which his zeal and success earned for him most deserved eclat.

As we have remarked, Dr Brown is comparatively but just entering public life; but we are fully justified in predicting for him an elevated career.

#### REVIEWS.

*The Dental Monitor.* By SAMUEL RYMER.

This is a useful little work on the subject of which it treats. Without pretending to science, it gives unexceptionable practical advice for the preservation of the teeth.

*Observations on Syphilis and on Inoculation.* By JOHN CROWCH CHRISTOPHERS, M.R.C.S.

In this work Mr Christophers shows himself to be a professor of the more advanced doctrines on the subject of syphilis. The non-identity of gonorrhœa and syphilis, the efficacy of simple treatment (*i.e.* the exclusion of mercury), the absolute hurtfulness of mercury in the treatment of the phagedænic ulcer, the unity of the syphilitic poison, and the non-contamination of the system during the first four or five

days of the disease; the cure of the ulcer during this period by excision and escharotics, and the consequent prevention of secondary symptoms: the treatment of these by iodine, and the absolute intransmissibility by hereditary disposition of tertiary symptoms, are among the leading points urged in this volume. The book is well written, and is as good a compendium upon the subject as could be desired.

#### MEDICAL NOTES AND QUERIES.

##### QUERIES.

VEGETARIANISM.—Would any of your numerous readers be so good as to inform me as to the nature of what is styled the *vegetarian* system—one of the last forms, I believe, of modern quackery. Is it merely adopting a vegetable diet? or is it the following out of the same, either as a prophylactic or a curative measure? I know well a gentleman who has adopted the vegetable diet plan for many years, who, though he flourishes tolerably on it himself, has had to pay the penalty of it in his family, all of whom are of unusually puny growth, and several of them dying of consumption a few years after the period of puberty. I should feel obliged for the information asked for.—Yours, &c.,

AN INQUIRER.

You will much oblige me by inserting in the MEDICAL CIRCULAR, at your earliest convenience, a recipe for making a good, permanent black writing ink, and one that will not become decomposed by exposure to the atmospheric air. I am yours, &c.,

ROBERT MEADE, JUN.

North Curry, January 27, 1853.



## MEDICAL SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 25, 1853.—MR HODGSON, PRESIDENT.

*A Case of large Axillary Aneurism, in which the Subclavian Artery was successfully Tied. By Barnard Holt, F.R.C.S.*

bruit and pulsation could be detected. On consultation, it was agreed that the tumour was aneurismal. The bruit and pulsation had become more distinct, and it was decided that the operation of tying the subclavian artery should be performed. On the 18th of June, the day previous to the operation, the tumour had increased, the pulsations were uniform and distinct, and a moderately loud bruit could be heard all over the surface; the arm swollen, tense, and painful, widely separated from the side; the clavicle pushed upwards and backwards, so as to describe an obtuse angle with the sternum; the artery could be commanded by pressure above the clavicle. On the 19th, the patient being seated in a chair, the integument was drawn over the clavicle, and an incision made the whole length of and upon that bone. The skin being now permitted to resume its original position, the incision of between four and five inches in length, was situated immediately above the clavicle. The deep cervical fascia was cautiously divided to the same extent. On careful dissection of the cellular tissue, the brachial plexus was exposed. A branch being mistaken for the artery was raised on the needle, but as pressure on it did not command the circulation, the artery was again sought for, which was felt feebly beating under the plexus of nerves, which lay in front and covered it. A ligature was put round it, and the circulation completely commanded. The patient now suddenly became very faint, and his breathing em-

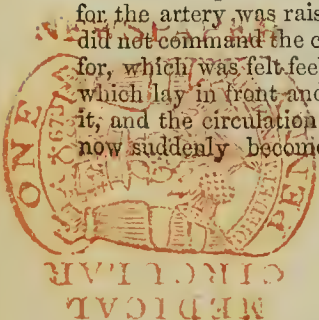
barrassed; he was laid on the floor, and water dashed on his face when he soon recovered. No unfavourable symptoms ensued after the operation. On the 8th of July the ligature came away. At this time the tumour had decreased one half, and a feeble pulsation could for the first time be detected in the radial artery. A few days afterwards, the tumour was somewhat large, and as it did not again decrease the diet was reduced and ice applied. From that time the tumour gradually diminished. On the 24th of December the tumour was so far reduced as to admit of his return to the country; he could move his arm nearly as easily as the other, and the œdema had entirely subsided.

Mr BOWMAN remarked, that the chief point of interest in Mr Holt's case was the difficulty of forming a diagnosis, not so much in the earlier stages as at the time it was admitted into the hospital. The aneurism then had burst, blood was effused under the skin, and there was no pulsation in the swelling, which had the soft kind of feel found in encephaloid tumours. In reference to the diagnosis, he could briefly mention a case, not strictly aneurismal, but a blood-tumour, which was long thought to be of a malignant character. This case was another illustration of the difficulty of diagnosis occasionally attending tumours in the axilla. The patient was a girl under the care of Mr Fergusson, in King's College Hospital. She was admitted with a tumour in the axilla, of such a size that it raised the arm and scapula. It was soft, elastic, and nodulated, and was said to have existed for some years. It was thought advisable not to interfere, and the girl was kept in the hospital that she might be watched. Eventually the tumour enlarged, its parietes gave way, and a fungous mass protruded from the opening. This was accompanied by hæmorrhage, which it was feared might be fatal. The tumour, however, at length, having separated from the surrounding parts, fairly dropped out entire, leaving the tissues healthy. On examining the mass, it was found to consist of laminæ of fibrine, much of which was colourless, but some was tinged with blood. On examination by the microscope the mass was found to consist of blood. Now, in this case, there had been no interruption whatever to the circulation in the wrist, and the pulse in both arms was the same. The girl got quite well and left the hospital. The only explanation he could suggest of this case was, that there was a morbid condition of the vessels of the part, by which blood was effused into the tumour, and on repeated occasions forming laminated coagulæ, the original tumour having been absorbed, and that containing blood having separated as described. He did not know of any similar case; the nearest approach to it being the "blood-tumour" of Craigie, consisting of effused blood.

Dr SIBSON said, that in 1844, in a paper on the 'Position of the Internal Organs,' in the 'Provincial Medical Transactions,' he proposed a plan for restraining the respiratory movements of the clavicles and sternum during the operation for tying the subclavian or carotid arteries. This consisted in passing a bandage round the chest, so as to prevent thoracic and increase abdominal breathing. This proposal was put in practice by Mr White, late surgeon of the Nottingham Hospital, when tying the carotid. It answered perfectly. The clavicle did not rise and fall so as to deepen the artery and baffle the operation; and the veins, contrary to anticipation, instead of being unusually swollen, were perfectly flaccid. The steps of the operation were markedly facilitated by the proceeding.

Mr DE MORGAN inquired if in Mr Holt's case any examination had been made of the blood which escaped when the grooved needle had been inserted into the tumour. He thought an examination by the microscope might have determined, in Mr Holt's case, whether the fluid had been blood only, or been connected with a morbid and malignant growth.

Mr HOLT regretted that no examination of the blood had been made. With respect to the plan recommended by Dr Sibson, it might be a good one in cases of carotid aneurism; but in the case under consideration, the tumour was so large and painful that it would not admit of any pressure being applied.





Dr SIBSON remarked, that a bandage simply applied over the opposite shoulder would keep down the clavicle and arrest the action of the ribs.

The PRESIDENT had seen the patient previous to the operation, which he had also witnessed. It was skilful and successful. With respect to the suggestion of Dr Sibson, he should say that most of the cases of axillary aneurism were so large, and lifted up the clavicle so much, that the plan could not be carried out. In other cases, however, it might be usefully resorted to. The case of Mr Holt was the third that he (Mr Hodgson) had seen, in which it was impossible, by external examination, to say whether the tumour was aneurismal, or a fungoid or other growth. The point could only be determined by puncture. The mode by which a bruit was best detected in these cases was to place the stethoscope behind on the scapula, and the bruit would then be heard. The Society was much indebted to Mr Holt for having brought the case before them.

#### MEDICAL SOCIETY OF LONDON.

SATURDAY, JANUARY 29, 1853.—MR BISHOP, PRESIDENT.

##### *The Furunculoid Epidemic.*

Mr DENDY made some observations on the present asthenic character of disease, more especially, however, with reference to a carbuncular epidemic at present prevailing. These cases, scarcely to be classed under the head of carbuncle, commenced sometimes as a pemphigus bulla, and were very troublesome; they bore more resemblance to what was known as the "Persian Fire." He had found in these cases that the use of the knife was not advisable, but he had employed the argenti nitras with very excellent effects. He used the caustic in the early stage, and by causing a slough, quickly arrested the spread of the disease. In all these cases, the blood was in a depraved condition, and tonics and support indicated. In some cases, the tenderness of the skin was so great, that pressure of the slightest kind in the neighbourhood of the sore could not be borne.

Mr B. W. RICHARDSON had found in these cases that the best and most effective treatment consisted of tonics, support, and, above all, change of air. He had used the knife sometimes freely, but little matter escaped. He had noticed the irritation of the skin referred to by Mr Dendy.

Mr HANCOCK had seen many cases similar to those mentioned by Mr Dendy. He regarded them more in the light of furunculoid tumour than of anthrax, as several occasionally occurred in one limb. The cases were usually accompanied with disorder of the digestive organs and want of power. He had found the best plan of treatment was to leave the tumour quite alone, and allow it to suppurate. When interfered with, either by the knife or the nitrate of silver, others were apt to form, which was not the case when the first tumour was allowed to take its course. Alterative doses of mercury, followed by the nitro-muriatic acid, he had found the best internal medicines.

Mr CHILDS remarked that the cases under discussion had been very prevalent, particularly amongst the police force, during the last two or three months. He agreed with Mr Hancock on the impropriety of early interference with these tumours. Tonic treatment was early required.

Mr DENDY observed that the nitrate of silver acted on the absorbents around the tumour, and by stimulating them, cut short the progress of the disease, in the same manner that erysipelas was arrested. He had seen only good effects follow the nitrate of silver; it was in his hands preferable either to the use of the knife or to doing nothing.

Mr CANTON said that chlorate of potash in these cases was more likely to do good than any other internal medicine. Wine and good diet were early required. The blood disease might, he thought, be in a great measure attributed to the state of the weather. He did not agree with Mr Dendy respecting the application of caustic; his own (Mr Canton's) experience was in favour of a free opening at the proper time, extending to the healthy textures underneath and around, so that the disease might fairly be eliminated from the system. He had noticed, in families who had been

subject to the furunculoid affection, that those members of it who escaped became the subjects of diarrhoea.

Dr HAWKSLEY had found large quantities of the oxalate of lime in the urine of patients affected with the furunculoid disease. In very obstinate cases, he had found the use of quinine and iron, and the local application of the resinous ointment, the best means of treatment.

#### LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICINE—LITERARY QUOTATIONS.

##### NO. IV. QUACKERY—(CONCLUDED).

Quacks and Quackery can anyhow boast of considerable antiquity. *Ætius*, 1,300 years ago, described and ridiculed the nostrums of his times, and the extravagant sums paid for them. The eminent Arabian physician, *Rhazes*, who flourished in the tenth century, has left us a curious little treatise on Quacks, whom he depicts with a fidelity applicable to designing knaves of modern days. *Shakspeare* has sundry allusions to the "prating mountebanks," as well as to those

"Corrupted

By spells and medicines bought of mountebanks;" adding—

"What drugs, what charms,

What conjurations, and what mighty magic!"

Honest *Isaac*, in his 'Angler,' tells us, "There are too many foolish meddlers in physic and divinity, who think themselves fit to meddle with hidden secrets, and so bring destruction to their followers. But I will not meddle with them any further than to wish them wiser."

The Quack is not of opinion that "a little knowlege" (or rather none at all), "is a dangerous thing." He holds that "Si populus vult decipi decipiatur." He knows and finds that "fools are always in the majority;" and the "Oneman holding troth, a million fail."\* Occasionally he may even himself believe, and his poor dupes always do believe that "in (his) poison there is physic."\* Boldness, impudence, and unblushing lying, on his part; and implicit faith, or childish credulity, on theirs, are the essentials to the success of his career. It is to the influence of this confidence, associated with imagination, that the chance cures—oftener more fancied than real—by the empirics, nostrums, are mainly owing. Even here the aphorism of *Hippocrates* sometimes holds good; he performs the greatest number of cures, in whom most trust.† *Dr Heathcote*, in his 'Slyva,' endeavouring to vindicate *Paracelsus*, remarks, "But it is to be lamented that in matters which relate to physic, even the most sensible part of mankind has ever shown a degree of weakness and credulity easily imposed on by the self-importance of those who know how to recommend themselves to the world by bold promises; and that diffidence, doubt, and hesitation, which help to constitute the true character of a philosopher, have often ruined both the fame and fortune of many an excellent physician."

In former days the Quack generally cut but a very sorry figure—the noble science of puffing by means of flaming advertisements and placards being then unknown; so that

\* *Shakspeare*.

† "The phylacteries of the Jews, the miracle-working relics of the Romish Church, the royal touch of the middle ages, were not more confided in than are the advertised nostrums of the present period, by all descriptions of people. In the sixteenth century *Paracelsus* cured gout, rheumatism, convulsions, and similar discases, by the magnet—a remedy which was again brought forward to work upon the imagination of the invalid labouring under the same diseases about forty years ago, in the form of *metallic tractors*; and a third time, in its original form, some years since; but its reign was short, and it has given way to the greater absurdity of animal magnetism, the invention of *Mesmer*, a German adventurer." (*Dr A. T. Thomson's 'Domestic management of the Sick Room.'*) To this strong faith may be attributed the occasional efficacy of 'charms' among the superstitious vulgar: warts have vanished, and inveterate agues have disappeared before the spells of a village witch.



he was probably often to be seen in the miserable plight in which he is presented to us in the following lines :—

"They brought me Pinch, a hungry lean-faced villain,  
A mere anatomy, a mountebank,  
A thread-bare juggler, and a fortune-teller,  
A needy hollow-eyed, sharp-looking wretch,  
A living dead man." \*

Very different it is now-a-days with the whole of this ignoble tribe: all of them contrive to make flourishing incomes—not a few of them immense fortunes, out of their infamous trash. They expend thousands annually on advertisements alone. With their patent, their purchased diploma, and their long string of fabricated, mendacious testimonials of cures, they easily catch and fleece multitudes of the ignorant and unwary, often ruining their infatuated victims in purse, and still oftener in constitution. "If we wanted ocular demonstration of the wealth acquired by the vilest form of the advertising quack, we need only go to the drive in Hyde park, pick out the most splendid equipages, fix our eye upon the bloated hook-nosed occupants, lolling so as to expose their toad-like stomachs, speckled with velvet and gold, to behold the individuals who live by depraving and defrauding our youth."† Compared with these foul harpies, the Morisons, the Holloways, and such like, who mainly delight

"To quack of universal cures"‡—

even they occupy at least a less disreputable place in the dark annals of quackery.

The weak silly folk who are victimised by this monstrous system of imposture almost always first seek out the Quack, and then, after finding, by sad experience, the error of their ways, have recourse to the regular educated medical man, and are disappointed and dissatisfied, if, with the additional mischief already done, they are not at once cured off-hand. Dryden says—

"In extremes bold measures are the best.  
Like empirick remedies they last are tried,  
And by the event condemned or justified."

But they, reversing matters, after having been gulled and fleeced by the ignorant, lying charlatan, expect to have cheap and immediate relief from the scientific, skilled physician.

To uproot this great evil from our land,§ sanctioned and protected as it is by our government and laws, would doubtless be next to impossible; but to keep it somewhat in check is not, perhaps, such an idle dream. Unhappily, also, we have too many traitors in the camp; for is not almost every druggist a quack himself? He both sells his own nostrums and vends the patent poisons of the empiric, for the sake of paltry, discreditable gain. Were medical men but true to themselves, they would have no dealings with such unworthy supporters of quackery, who gain their livelihood from an honourable profession. And why have not some of our leading physicians, whose names and fame would carry weight, come forward to expose before the eyes of the public, the folly and the danger of their putting themselves into the hands of the vulgar, illiterate quack, thus risking their health and their very lives, while wasting their means all in vain? A few tracts from such a source, telling "a plain, unvarnished tale," circulated, through an Anti-Quackery Society, by hundreds of thousands throughout the land—to which every medical man would feel bound to lend his aid—would do an immense deal at least to mitigate, if it could not eradicate, this plague-spot on society.

\* Shakspeare.

† See 'Med. Times and Gazette' for Dec. 18, 1852.

‡ Hudibras.

§ In France, and on the Continent, though there are native patent medicines, yet they are real remedies, having all been submitted to a Board of Government Officers distinguished for their proficiency in pharmacy and medicine, who decide whether the non-professional public can be safely trusted with them or not. ('Household Words,' vol. 2.)

## MEDICAL LIFE IN LONDON.

### HALF-HOURS IN THE MUSEUMS.

The several museums of Europe offer a wide and interesting field of practical observation; too wide, perhaps, for the quiet homilies and not ambitious fancies of the readers of the 'Medical Press;' and yet the most abstract of the mystical notions of our friends on the continent are every day taking such practical uses. Steam, the modern Ariel, performs such feats in bringing the chief continental cities to our doors; while, on the other hand, one encounters foreign travellers now so often in London, that physiological and other collections at home have no excuse if they do not keep on a level with the general advance of science abroad. Every discouragement, it is true, besets the path of original investigation in London. Societies and publishers, as we have heard it expressed by foreigners, being a sort of cofferdam to prevent the gushings of the stream of knowledge, while the great river of science flows on outside. A new spirit, however, is abroad, evinced in the late great exhibition in Hyde Park, which owed so much to foreign enterprise. Our American brethren, also, at the opposite side of the Atlantic, since their brilliant discovery in anæsthetics (the greatest discovery of our time), are making splendid progress; what is wanted often in the museums of one American state, being counterbalanced by the preparations in another. The science of our continental museums at this side of the Atlantic being well reflected in the various collections of the new world, and coming back to us, not unfrequently at least, in our own language. Practical science, in a word, and the science of medicine especially, is gaining by this interchange of facts and discoveries, and repaying the time expended in what may often appear over speculative and far removed from the realms of every-day usefulness.

The most superficial glance at our late discoveries is sufficient to determine how much we are indebted for the present beautiful aspect of medical science, as contradistinguished from colleges and cheap diploma-mongering, to this intercommunication of ideas between different schools and different men. While offering all our homage to the great name of Hunter, whom we have heard Professor Owen, in a burst of enthusiasm, call "this great saint of surgery," still, walking catalogue in hand among his marvellous preparations, one cannot help recollecting his martyrology, and that all our most valuable discoveries since his death have been made outside the college walls; nor in these additions to our knowledge has Ireland been inactive.

England has done her part, but it ever seems to us of a very negative, loaves-and-fishes character. It is to the continent, opened up as it has been by the great names alluded to, that we look for new facts and new ideas. While parliament gives our friends here all the money, the wonderful discovery of the stethoscope, with the wonderful book that ushered it into the world, we owe, it need scarcely be said, to the young and retiring Laennec. The cell-formation theory, which has remodelled the entire science of physiology, and given a new life and soul to the often crude ideas of Hunter, has grown up in Germany, together with the splendid inductions of Rokitansky, of Kölliker, Wagner, and others. Anæsthetics, the greatest of our modern facts, we owe to America. Edinburgh has given us the very secondary matter chloroform, with something better, perhaps—the true treatment of placenta previa, with the doughty encounters of Syme and Lizars on the only true and specific mode of curing impervious strictures of the urethra. Dublin has not come empty-handed; for we cannot but remember the beautiful discovery of "Jacob's membrane," which one sees in every museum in Germany, but of course not in the Hunterian Collection. Dublin, through Carmichael and Wallace, has put forward in an able manner views also now coming to London, through the name of Ricord, on the non-mercurial treatment of syphilis. Dublin told us long ago of the distinctions between typhus and typhoid, which an able London physician (Dr Jenner) has been telling us, and confirming over again; nor must we forget, not-



withstanding Hunter's beautiful operation in popliteal aneurism, the new cure of that disease by pressure, so ably put forth by Bellingham and others. Under shadow of our old friend, the Irish Giant, some eight feet high, and the great Dinotherium, we think in vain in the Hunterian Museum of any considerable discovery since Hunter died, or how he and Jenner joked about the latter getting a wife, and procuring him at the same time some hedge-hogs. One ever thinks, it is true, of the great interpreter of physiology in making out the bottles put up by his own hands, with his own marks, together with the extraordinary and unexpected proofs some preparations occasionally afford of subsequent discoveries made in other countries after Hunter's death. Oken has given us the doctrine of homologies, and Steenstrup that curious one of metagenesis; we have also the yet unsettled and broad question of the microscopic distinctions of malignant and non-malignant tumours. These all were unknown to Hunter, so that his museum is not as perfect as superficial observers are ready to take for granted. The labours of Owen and Quekett are, however, worthy of all praise.

The British Museum is, of course, not much in the medical or anatomical way: anything else the medical man wishes to see, in the heavens above or the earth beneath. butterflies, locusts, or the Elgin marbles, bronze pots, Thugs, or King Cambyses, huddled together, he will be able to make out; but for classification, or instruction by lectures or catalogues, he goes away as wise as he came. The radical defect of this colossal institution, for which nothing else can at all make amends (if the 'Quarterly Review' would see it), is a want of LECTURES and demonstrations, as in every other museum in the world: a dull, obsolete antiquity hanging about everything, while the world outside is pushing ahead at a rate never known before. In the kindred institution in Paris more than a dozen lecturers are every day giving information to the thousands who pass through its magnificent galleries. 150,000*l.*, the surplus of the Great Exhibition, and a like sum from Parliament, are now granted for the site of another museum to do what the present great museum has left undone; and yet a grant to your Dublin hospitals is sometimes loudly objected to.

The advanced scientific man will learn a great deal, of course, in the British Museum; or rather when he has learned everything somewhere else, he will come to the British Museum to read over his alphabet again, and deplore such vast resources utterly idle and going to waste. In passing along those ponderous fossils on its walls (the huge ichthyosaurus, the gigantic fragments of the mastodon, the cast of which in the inner room is a miracle in itself), his mind becomes trained to well-marked generic characters and new adaptations of the skeleton to new states of existence. His homologies may be a little out of joint, but the more he looks at those curious creatures of the thick mud of a dark chaotic world just forming, the more he will admire the great doctrine of Oken. The curious Irish elk, extinct, we may almost say, within our own day, the dodo, the gigantic bird of Australia, help us a little in our way from the present geological world to the world before the creation. In the British Museum, however, all this is a sealed book. Every new fact adds to the truth of revealed religion, but in our great national collection all is left to chance, and to the ingenious subtleties of such books as the 'Vestiges of Creation.' The Hunterian collection, as the medical tourist will see, fills up a great deficiency in the British Museum, containing as it does a well-classified set of skeletons of the different tribes of animals, and a set of beautiful physiological preparations, which, if your patience permits, we may take a look at. The museum at Guy's, at St Bartholomew's, Mr Rainey's paroxysms of new discovery at St Thomas's, the rather small but very practical collection of the Dupuytren Museum in Paris, may also interest your readers. Of Brian Borlome's harp, industriously eaten by moths, as Lord John Russell has so well and ably written the requiem of the great Irish poet, of the battle of the Boyne, and the modern origin of the round towers and other eccentricities of the

Museum of Trinity College, we should prefer not speaking; yet the collection is not without considerable value, and with a new College of Surgeons, Brian Borlome's battles might come in very well, but there seems great room for improvement. Of the labours of the late indefatigable Houston in the College of Surgeons' Museum (your Irish Owen), of Robert Smith's pathological industry in the Carmichael School, of Macartney, Carlisle, Jacob, and Alcock, names generally known in the museum world, we feel it of course unnecessary to speak.—'Dublin Medical Press.'

## OUR NOTE BOOK.

### *Improvements on Helmholtz' Speculum.*

Professor Donders, of Utrecht, recommends the following modifications in the construction of this instrument:—First. A single reflector of mirror glass, in place of the series of plates originally proposed by Helmholtz. The mirror should have a portion of its metallic surface removed at the centre, leaving a clear aperture of three lines in diameter. Second. A tube of about five inches long, and one and a quarter inches wide, interposed between the observed eye and the mirror. Third. A light screen of a dark colour fastened to the tube, and preventing the access of artificial light (except through the tube) to the eye of the patient or observer. Finally. The attachment of the whole apparatus to a stand, which can be screwed, at the requisite height, fast to a table. Donders has made comparative experiments with Helmholtz' original apparatus, and the instrument made under his own directions by Epkens of Amsterdam, and finds the latter to be by far the more convenient.—'Nederlandsch Lancet,' Junij 739.

### *Ichthyosis Cornea.* By H. MULLER.

The author describes fully a case which, in point of severity, though not in respect of hereditaryness, stands near the cases of the family Lambert. The crusts, on section, were found to be composed of a system of concentric rings, made up solely of epidermic-cells; between the rings, epidermis was irregularly arranged. The whole structure resembled Gustav. Simon's representation of a section of a wart, but the rings were not joined by the cuticle sheathing the papilla, and the masses lying between the rings by the cuticle formed by the parts between the papillæ, as in the case of warts, but each ring-system corresponded to a hair-bulb or to the duct of a sebaceous gland; spiral ducts of sebaceous glands pierced the mass. Ichthyosis, however, may be of various kinds, and especially in elephantiasis the papillæ are chiefly engaged, are long, and hardened and sheathed with abundant cuticle. The author proceeds to make some general remarks on ichthyosis and abnormal cuticular development, from which it is to be inferred that he believes ichthyosis may have, so to speak, various points of departure, and may be connected with hypertrophied papillæ, with altered hair-bulbs or sebaceous follicles, or even with degenerated sweat-glands.—'Wurzburg Gesell. Verhand.,' Band iii. Heft 1, p. 40.

### *Leucocythemia.* By Dr HEWSON.

Charles Robinson, aged 17; never had ague, but had been in miasmatic districts; came under the care of the author; he was anemic, and had œdema of the lower extremities, and diarrhœa, and on one occasion epistaxis. The spleen, marked out by percussion, measured 8½ inches by 8 inches. The blood showed "a great redundancy of white corpuscles." He was treated with iron and quinine, to which mercury and nitre, hydrochloric acid, were added, for a short time. In five weeks he was cured: the spleen was of its normal size, and the blood was healthy. When he was seen three months afterwards, however, the colourless corpuscles were found to be too numerous, although he appeared in perfect health. The author (who is a grandson of Hewson, and who refers, with pardonable pride, to his ancestor's well-known opinion on the function of the spleen) has examined numbers of patients with splenic enlargement



from intermittents, without detecting any leukaemia.—'Amer. Jour. of Med. Science,' Oct. 1852.

*On Elastic Collodion.* By M. E. LAURAS.

The following formula, given in the 'Repertoire de Pharmacie,' is said to produce a highly-elastic collodion:

Sulphuric acid, of s. g. 1.847, 300 parts; very dry nitre, 200 parts. Mix together in a stone-ware or porcelain pot, and add of carded cotton 10 parts.

Leave these substances in contact for twelve minutes; withdraw the cotton, wash it with cold water to remove the acid which it contains, and after two or three rinsings, immerse it in water containing 30 parts of subcarbonate of potash in 1000 of water; plunge it again into ordinary water, agitate well, and dry at a temperature of 77° to 86°. The cotton, thus prepared, takes the name of xyloidine, and may afterwards be mixed with the ether and the other substances which form it into elastic collodion.

*Elastic Collodion.*—Xyloidine, 8 parts; ordinary sulphuric ether, 125 parts. Place in a wide mouthed flask, and add 8 parts of alcohol of s. g. .825. Agitate, and then make a mixture of Venice turpentine, 2 parts; castor oil, 2 parts; white wax, 2 parts; sulphuric ether, 6 parts. Heat together the first three substances, add the ether, and combine the two mixtures.—'Pharm. Journal, December, 1852.

## Obituary.

\*Jan. 15.—WILLIAM CLEMENT, Esq., at his residence, Murivance, Shrewsbury, in the 90th year of his age. The deceased had been the chief medical practitioner in the town of Shrewsbury during the long period of half a century, previous to which time he was engaged as assistant to Mr Lovett, of Albemarle street, London. Mr Clement, as a medical practitioner, was much in advance of his age, and felt the greatest interest in every discovery that tended to remove the obscurity in which medical science was at that time enshrouded. Unaided by his contemporaries, he was, for many years, the champion of the immortal Jenner, whose discovery of vaccination, although verified by the amplest experiments, met with determined opposition from the ignorant and prejudiced. In the medical journals, and in the columns of the newspapers, his pen was frequently employed in promulgating the importance of vaccination, and after a long and resolute struggle he had the satisfaction of seeing the system fully adopted throughout that part of the kingdom where he resided. To his patients he was uniformly sympathising and attentive—always winning their confidence by his benevolent smile, which acted like sunshine upon spirits bowed down by suffering and distress. This kindliness of disposition, together with his honourable behaviour to his professional brethren, endeared him to a large circle of attached friends, whose affection he continued to enjoy to the day of his death. In politics, Mr Clement was thoroughly liberal; his voice and pen were both engaged in the establishment and defence of those great principles of civil and religious liberty, which are now the basis of the commonwealth. In this cause he laboured patiently, and prosecuted his object with wisdom, courage, and perseverance. During his long life he had been honoured with the friendship of men possessing some of the brightest intellects of their time, amongst whom may be mentioned Coleridge, Hazlitt, Southey, Wordsworth, Thelwall, and Horne Tooke. Mr Clement was as much beloved in private life as he was respected and admired in public, and many can recall his quick, lively, and intelligent conversation—his playful wit, sparkling anecdotes, and amiable disposition. He died "like a shock of corn fully ripe," and is succeeded by his son, Mr W. J. Clement.

21.—MR MONSON HILLS, cupper and surgery-man to Gny's Hospital, after a few days' illness, in his 62nd year. The death of Mr Hills will be felt with as deep regret by those who have, for many years past, been educated at this school as it is by the present generation of students. He

was a man who universally won, not merely the esteem, but the respect of all who knew him. To the professor, to the student, and to the patient, he was always the same. The same mild disposition, the same kind, unassuming, and strictly attentive manner, marked his career throughout, stamped on his appearance an air which in itself commanded respect, and gained for him that regard which he received during life, and that marked demonstration of esteem,—the last tribute that could be paid to him on this earth. The day of his funeral was a complete blank as regards medical studies at the hospital. Many old faces had assembled, and, at two o'clock, all collected on the colonnade, and formed a double line, consisting of the present students, with many of their predecessors, and most of the medical and surgical staff of the hospital, who all stood uncovered in honour of the dead that was borne along amidst the profoundest silence. From the hospital, his remains were conveyed to the Norwood cemetery, where he was interred, and whither a great number repaired to assist in the conclusion of the obsequies of one who had been long known to them as "Old Governor Hills,"—a title under which he usually went amongst students.—'Assoe. Jour.'

Lately.—FRANK SNAITH, M.D. Edin. 1828; M.R.C.S. Eng. 1827; L.S.A. 1828; in London (formerly of Boston), aged 48.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 28th ult.:—Daniel Barley Balding, Barkway, Herts; M. Currie Ancell, Norfolk crescent, Hyde park; Henry Gray Philpott, Brighton; T. Artindale Handsley, Alford, Lincolnshire; G. Robinson Barnes, Leadwell, Oxfordshire. At the same meeting of the Court, Messrs George Fletcher Banks, and John Norie, passed their examinations for naval surgeons; these gentlemen had previously been admitted members of the College, their diplomas bearing date respectively November 26, 1847, and July 30, 1849.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, 27th January, 1853:—Charles Frederick Moore, Dublin; Alfred Trousdale, Gainsborough, Lincolnshire; Charles George Woodd, Bromley, Kent.

REJECTIONS AT THE ROYAL COLLEGE OF SURGEONS.—No fewer than eleven candidates out of sixteen who presented themselves for examination were on Friday week remanded to their studies for various periods.

MEDICAL PRIZES.—At a recent sitting of the Academy of Medicine in Paris, M. Orfila announced that he had made a gift to the Academy of 28,000 francs, to found a prize of 2000 francs every two years, to commence in 1855. This prize is to be awarded alternately for a question of toxicology and for some other subject of legal medicine. If on any occasion the prize is not given, the sum is to be 4000 francs the next time; and, if once more held back, 6000 francs the third time. If that sum should remain on hand, it is to be paid over to the funds of the Association des Médecins de la Seine, founded by M. Orfila.

FRENCH MEDICAL ETIQUETTE.—A curious question of etiquette has risen amongst the members of the College of Medicine. It was Baron Portal, the first physician of Louis XVIII. who obtained a grant for the College from the king. The members of the Academy, as a token of gratitude, resolved that the king's first physician should in future be always the Honorary President of the Academy of Medicine. The Baron Portal, in accordance with this resolution, presided once or twice. The question was not raised during the Monarchy of July, and of course it was not heard of during the Republic. Dr Conneau, the first physician of the Emperor, now becomes of right the Honorary President of the Academy.



**DR DALTON.**—A proposal is on foot to erect a statue in memory of the late Dr Dalton, the author of the atomic theory, in the Ardwick cemetery, where his remains were interred, and to found two scholarships in Owen's College, Manchester, one in chemistry and the other in mathematics, the learned doctor having been eminent for his success in applying mathematics in the elucidation of chemistry. The Mayor and the Bishop of Manchester are earnest in supporting the proposed subscription.

**MICROSCOPICAL SOCIETY.**—On the 26th of January, G. Jackson, Esq. in the chair, a paper was read "On the Stellate Bodies, called Sporangia, found in some fresh-water Algaë," by the Rev. W. Smith. In opposition to the opinion of Mr Shadbolt, who first described these bodies, the author doubted if they could be regarded as sporangia, as he considered that they were rather parasites than any natural product of the plant. He proposed to give them the name Asteridia. A paper was also read by Professor Quekett "On the Occurrence of a Fungus and Crystals in the Heart of an Oak Tree."

**OBSERVATIONS ON SOME OF THE ABORIGINAL TRIBES OF NEW HOLLAND.**—An interesting paper on this subject was read by Dr T. H. R. Thomson, R.N., before the Ethnological Society, on the 12th ult.; Sir Benjamin C. Brodie, President, in the chair. The author stated, that, "of many tribes which, not sixty years ago, existed in the neighbourhood of Sydney, (each numbering from 200 upwards,) several have already entirely disappeared,—as the Botany Bay tribe; the Five Islands tribe; and of others only a trace exists in the debauched, enervated beings to be seen occasionally wandering about the streets of the metropolis of New South Wales." An account was then given of the intellectual and moral faculties of these tribes, together with their habits and domestic and social customs, the paper concluding with the remark, that there is but little doubt that many of the aborigines of New Holland are anthropophagi.

**HEALTH OF OUR TROOPS AT THE SEAT OF WAR.**—At Martaban, the seat of the Burmese war, out of 2000 men, the strength of the forces there, close on 1208 were in the hospital. There was not even a relief of guards and piquets, and the General refused to send more men; so the poor fellows were frequently six days out of seven on duty, and had to go on again at the eighth.

**POISONING BY DIGITALIS.**—A sad occurrence has happened at Glasgow, through the incautious prescription of a powerful drug (digitalis) by an unqualified person, in an enormous overdose. The unhappy victim, an intended Australian emigrant, suffering from a slight headache, applied to a friend, an assistant at a druggist's, for a certain medicine, containing a proportion of digitalis, which he said had always previously relieved him. It was prepared and taken, and immediately afterwards some doubtful symptoms became evident, and rapidly increased, so as soon to be very alarming. Although medical aid was speedily obtained, death took place in a few hours. The dose of the digitalis given is not stated in the 'Glasgow Constitutional,'—the paper whence we derive these details,—but it is stated to have been so large as to astonish the profession. The writer adds, "That the result is an accident cannot be doubted; but it becomes a grave question, how far parties professing to administer potions should entrust the manipulation of them to half-fledged students of chemistry or medicine." It is further stated, that the quantity of digitalis was so much in excess, that the wonder is, death did not ensue as quickly as if the patient had swallowed prussic acid. Three weeks since we recorded a case where the reckless exhibition of a monstrous dose of tincture of colchicum, used without professional assistance, deprived an individual of life; and there can hardly exist a doubt but that these accidents are of far more frequent occurrence than is generally supposed. Persons unacquainted with the properties and powers of drugs must certainly ought not to be trusted to prepare prescriptions or even family recipes.

**DEATH FROM GLANDERS.** An entire family, residing at Mangherow, near Lisadell, have been carried off by glanders,

contracted from a horse purchased from the fairs in Mayo by the head of the family, who was soon infected with the distemper from the beast, then his wife and four children caught it, and they all died in great agony.

**QUARTERLY RETURN OF THE MARRIAGES, BIRTHS, AND DEATHS IN ENGLAND.**—Marriages.—July, August, September, 1852: Births and Deaths.—October, November, December, 1852.—The births were 616,251 in the year 1851; and 624,171 in 1852. The deaths 395,933 in 1851, and 407,938 in 1852. The average annual rate of birth is 3.282 per cent. or nearly 1 in 30. In 1852 it rose to 3.472 per cent. or 1 in 29. The average annual rate of death is 2.242 per cent. (rather less than 1 in 45): in 1852 it was 2.269, or slightly above the average (1 in 44 nearly). *Marriages.*—76,582 persons were married in the quarter ending September, 1852, giving a considerable excess on the numbers (74,310) married in the corresponding quarter of the previous year. The number of marriages was 38,291, while in the summer quarters of 1840-3 the number of marriages never exceeded 29,397. The rate of marriage is still high in London, and the marriages were 7,109 in the last, 7,345 in the previous, September quarter: whereas they amounted only to 5,747 in the corresponding quarter of 1848. *Births.*—152,066 births were registered in the last quarter of the year, whereas the numbers in the quarter ending December, 1851, were 149,155. The births registered in London, in the west midland counties, and in Yorkshire, increased: in the other divisions, the numbers scarcely exceeded those in the previous year. *Increase of Population.*—As the births in the quarter were 152,066, the deaths 99,946, the natural increase was 52,120. The number of emigrants who sailed in the quarter from London was 12,322, Plymouth 1,676, Liverpool 41,317; from the three English ports, 55,315. The total numbers who sailed from the ports of the United Kingdom at which there are Government emigration agents, amounted to 57,913. Many who sailed from other ports are not in the return, and it is well known that a large proportion of the emigrants who sail from Liverpool are by birth Irish. At present it is probable, taking all circumstances into account, that the emigration from England is not equal to its natural increase. The number of emigrants who sailed during the year 1852 from the ports of the United Kingdom at which there are emigration agents, amounted to 350,647, or certainly not less, taking the year through, and other ports into account, than 1000 a day.

**MEDICAL BENEVOLENT FUND.**—At the meeting of the Committee, on Tuesday, the 25th ult, after the customary business had been gone through, and the various acknowledgments of grants had been read, the Treasurer made his usual report of the state of the finances, by which it appeared that the Fund was largely in debt to their Treasurer for advances. The Treasurer also reported, that he was in communication with a benevolent gentleman from the West of England, who was about to erect six small houses, which he proposed placing at the disposal of the Committee, for the reception of some of their annuitants. It was resolved that such offer be gratefully accepted. The following cases were then presented:—1. A medical man, with wife and five

employment, to assist him in obtaining such employment, and the means of acquiring a livelihood, 10*l.* to be placed in the hands of Mr Toynbee, the Honorary Secretary to the London Committee. 2. A gentleman, aged 74, possessed of the highest testimonials, who had lived the laborious life of a faithful assistant, but who now, as years had increased upon him, as well as the infirmities of age, was incapacitated for active duty, and found himself, at an advanced age, without the means of support. It was resolved to make a grant of 15*l.* to him in two half-yearly portions, and to place him upon the list of candidates for an annuity. 3. This case was miserably poor, disabled from obtaining employment by paralysis agitans. Had been previously relieved, and was now voted only 5*l.* in the hope that he might yet find employment as a writer. Cases 4, 5, 6, 7, 8, were referred for further inquiry, or as being incomplete from one cause or other.



**LUNACY IN MARYLEBONE.**—The report of the auditors of this parish made recently to the vestry, states an extraordinary increase in the number of lunatics and idiots in the parish. In the first half of 1851 there were 316 persons so afflicted in the various asylums and in the workhouse of the parish; in the first half of 1852, that number had increased to 494, being an addition of 180 lunatics to those already chargeable on the funds. No cause is assigned in the report for this sad increase of insanity.

**SUSSEX AND BRIGHTON EYE INFIRMARY.**—The annual meeting of this Infirmary took place in the board-room last Friday—J. Mills, Esq. in the chair. During the year there were admitted 1359, being a considerable increase of patients on the previous year. The late Clement Deacon, Esq., bequeathed 448*l.* 17*s.* 6*d.* and N. A. H. T. presented a donation of 100*l.* The subscriptions figured 206*l.* 14*s.*, and the expenditure 29*l.* 9*s.* 8*d.*; exclusive of which there were 154*l.* 11*s.* in the Savings Bank, and 448*l.* 17*s.* Three per Cent. Consols. Two wings were lately added to the Infirmary, which increased the beds to twenty-eight.

## NOTICES TO CORRESPONDENTS.

*To the Editors of the 'London and Provincial Medical Directory.'*

GENTLEMEN,—We, the undersigned medical practitioners of Ormskirk, and its vicinity, finding that the name of Mr R. E. Brown, of Burscough, is entered in your 'London and Provincial Medical Directory,' for the present year, as M.D. of Padua, beg to state our doubt of his having obtained such degree by examination; and in justice both to ourselves and the profession generally, we demand an investigation of his claims. Our suspicion is founded upon the fact of his having lately professed to be a Parisian M.D., and practised as such in Ormskirk and the surrounding district; whilst, according to the testimony of M. P. Dubois, Dean of the Faculty, Paris (vide 'Medical Times and Gazette,' Nov. 6, 1852, page 472\*), his name is not to be found in the List of the Doctors of the University of Paris.—We are, Gentlemen, your obedient servants,  
WILLIAM LAX,  
T. M. ASHTON,  
ROBERT M. MARSDEN,  
C. P. SYMONDS,  
CHARLES DANDY RUFFORD.

Ormskirk, Lancashire,  
27th January, 1853.

\* Under the head of counterfeit M.D.'s.

\*.\* The Editors of the 'Medical Directory' have communicated with the gentleman named in the foregoing document, with respect to the statement it contains, but have not yet received a reply.

SPES.—You have no legal claim, except upon a contract, which does not appear to have been entered into. The law is by no means settled on such a point as you put; but if the man could be proved to have admitted the liability it might give you a status in court; otherwise you have no chance.

\*.\*—The gentleman who writes to us on the subject of "Cholera" need not be alarmed; as there is no likelihood at present that it will prevail in the western states of Europe. Should there be any sufficient cause of apprehension we should be sure to give an intimation of it; but to track this enemy of mankind in his various windings through the obscure districts of Western Asia, would have the effect of unnecessarily keeping alive public anxiety. We are quite aware, in a scientific point of view, of the value of such records.

MR. CAMPLIN.—Your note has come to hand.

DR. GRAHAM.—Your communication has been received and attended to. Accept our best thanks.

DR. C. V. GRIMFIELD.—We are much obliged to you for your last favour.

*To the Editor of the 'Medical Circular.'*

SIR,—In the 'Medical Directory' for this year, which I have just received, is an error I am most desirous of correcting, "DAY, CHARLES (Day and Young), GRAVESEND." I beg to state that the partnership existing between myself and Mr Day terminated in May last.—I am, &c.,  
E. YOUNG, M.D.  
Gravesend, January 28, 1853.

M.D. (Plymouth).—The particular subject on which you address us has been already sufficiently discussed. In respect of the use of the speculum in "ordinary" cases we condemn it, and do not imagine that it is so employed. We quite agree with the rest of your remarks.

MARCUS.—We have marked him for a long time, and now remark that it is not the first time his conduct has been called in question. However, the attempt to rub the "blackamoor" white, is proverbially labour in vain.

MR. S. EVANS.—A reference to Mr Churchill's 'Intelligencer' will give you the required information. 'Kuox's Anatomy' was published by Renshaw.

TYRO.—Druitt's is a very superior work. Get that up and you need not fear,

EMANCIPATUS.—Your approbation of our observations on the "Tewkesbury Guardians" is appreciated. Unless the medical officers will resign in a body, and the profession support them, there is no hope of emancipation from the course pointed out. Such unanimity is hardly to be expected. There is not enough *esprit de corps* in the profession,—more's the pity! You doubtless enjoy your independence, and have a rational hope of improving your practice, but you will hardly persuade your former colleagues to follow your example.

DR. CAMPS.—Communication received.

A SLY FOX writes to inform us that we have omitted to record Mr Wakley's poetical abilities! We have the fact, however, on his own authority, and where could a better be found? for he publicly stated in the House of Commons, that he could write better poetry than Wordsworth's by the mile if he were paid for it. This is a fair specimen of Wakley's assurance; yet we doubt his ability. The following, we are quite sure, is not Mr Wakley's, however it may resemble his style:

"What is truth? exclaimed Billy, tell me that, if you can, Sir,

For I've bothered my brain till it aches for an answer;

There's Gammon and Cheat'em, two rogues I'll declare it

And ready on oath on the Bible to swear it:—

Bah! you noodle! cried Tommy, prove them rogues on the Bible!

In that case depend on't the truth is a lie, Bill." (Libel?)

MEDICUS (Westminster).—The main condition of being permitted to become a candidate for the annuity about to be given by the Medical Benevolent College, and for residence in the Asylum is the possession of fifteen pounds per annum. It does not, therefore, as you rightly state, meet the case of the poorest and most helpless. Write to the Secretary in Hanover square for further information.

M.R.C.S. (Hastings).—Craigie's work on 'Pathological Anatomy' is as good a one as you can select. The microscopic phenomena are not minutely recorded, but in other respects it is a valuable work.

A SANITARY REFORMER.—There should be a power given to the local authorities to condemn any house that could be proved to be a nuisance from the dilapidation into which it had fallen. At present, as in the City of London, such a power is given under local Acts, but then the municipal body must purchase the property at a valuation. We see no impropriety in this, for the greater the dilapidation the less the value, and the site might be profitably occupied with new buildings. Nothing is required but a patriotic spirit in Local Boards; but these, alas! are often bound hand and foot by the influence of individuals having an interest in the wrong—nay themselves too often being the wrong-doers. As soon as such persons amass a little money they invest it in houses, perhaps of the worst class, because they afford a large profit as low lodging-houses; these gentry then become vestrymen, guardians, &c., and use all their influence to perpetuate the nuisance their duty calls upon them to remove. Three or four active men of this class can arrest any beneficial measure.

EPIGRAM ON QUACKERY.

Though Quacks sometimes succeed, be sure

Their only maxim's "kill or cure;"

"Dead men can tell no tales," 'tis true,

So all are cures Quacks tell to you.

ANTI-QUACKERY.

MR. J. FOWLES.—We never give advice; apply to any qualified practitioner.

J. W. B.—Your reply is not appropriate; you have misunderstood the point.

LYNX.—We are aware of the fact stated; but we cannot enter into questions that are purely personal. We have no doubt that our publication is doing much good, and that it is putting the other journalists on their mettle. Its influence is felt in Scotland and Ireland, as well as in this country.

DUBITANS.—Your letter not being authenticated cannot be published. It insinuates charges also too serious to be published without satisfactory evidence of the facts having been placed in our hands; it would be easy for you to prove what you state by looking through the successive publications. At any rate we are most unwilling to publish anything against a Society which, we believe, is honourably conducted; and unless you give us your name cannot think of doing so.

MR. W. WILLIAMS.—Dr Copland has just published another part of his Dictionary. The Secretary of the Sydenham Society will give you the information if you apply. Some complaints have been recently made against the managers of this body; because, we presume, as is the case in every other society in which there is not a preponderating popular element, the power has become centred in a few hands, and misgovernment ensued as a matter of course.

MEDICUS asks "Who is Dr Conneau, the new President of the French Academy? What are his scientific claims?" We can inform our correspondent that Dr Conneau is the private physician of the Emperor of France; but of his "scientific claims" we know nothing, and doubt if he knows them himself. He formerly resided in Foley place, London, when Louis Napoleon was in England; and during that time we had the honour to meet him in consultation. He ordered morphia in considerable doses to allay irritability during an attack of typhoid fever with biliary and cerebral congestion; delirium ensued in the course of a few hours, and the French doctor lost the confidence of the family. He is a small man, with a genteel figure and intelligent countenance, quiet and unassuming in his manners, and might possibly be a good physician if he had more experience. We hope that Louis Napoleon may never suffer under an attack of typhoid fever, for the credit of his physician.

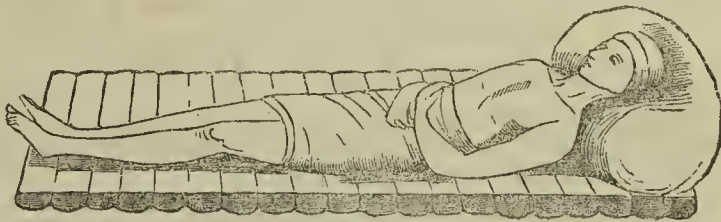


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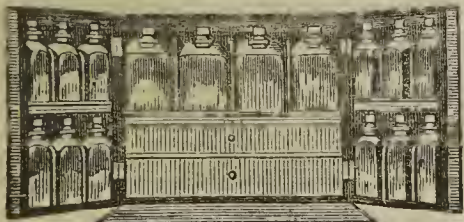
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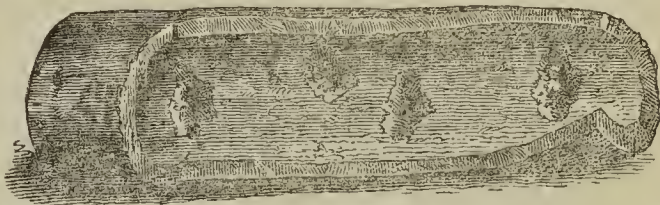
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The Profession, Trade, and Hospitals, supplied.

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**TWELVE DEMONSTRATIONS.**—At the suggestion and request of several medical gentlemen, Dr BOON HAYES, formerly Lecturer on Anatomy, Physiology, and Pathology, at the Sydenham College, Birmingham, is making arrangements for conducting **PRIVATE PRACTICAL CLASSES on MEDICAL HISTOLOGY**, at his Residence, 20 BOLTON STREET, PICCADILLY. This Course, being intended for Practitioners solely, will be illustrated by those microscopical subjects bearing distinctly upon PRACTICE; the physiological solids and fluids being examined, as preparative steps to the more practical details of Pathology, and the use of the Microscope as an instrument of DIAGNOSIS, in Medicine, Surgery, Therapeutics, and Medical Police. Microscopes for each demonstration will be supplied to those gentlemen who may require them. It is proposed that the Classes meet at Eight in the Evening. A Syllabus of this Course will be forwarded to any gentleman wishing particulars, or Dr Boon Hayes may be personally referred to any day before Twelve o'clock. N.B. The Fee to this Course will be Two Guineas.

### Water Poisoned by Leaden Pipes.



Section of a piece of Lead Pipe taken up from a well on the grounds of Mr Dick, of Bournemouth, Isle of Wight. Vide 'Expositor,' Aug. 7, 1852.

#### DURABILITY OF GUTTA PERCHA TUBING.

Many inquiries having been made as to the Durability of Gutta Percha Tubing, the Gutta Percha Company have pleasure in giving publicity to the following letter:—

FROM SIR RAYMOND JARVIS, BART., VENTNOR, ISLE OF WIGHT.—Second Testimonial.

"March 10th, 1852.

"In reply to your letter, received this morning, respecting the Gutta Percha Tubing for Pump Service, I can state with much satisfaction, it answers perfectly. Many Builders, and other persons, have lately examined it, and there is not the least apparent difference since the first laying down, now several years; and I am informed that it is to be adopted generally in the houses that are being erected here."

N.B. The Company's Illustrated Circulars, with instructions for joining Tubes, and for securely attaching Gutta Percha Socks, will be forwarded (post free) on receipt of three postage stamps.

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SYRINGE, described in the 'Lancet,' Jan. 22nd, 1853, p. 85, may be obtained of the Manufacturer. Also,

COXETER'S PORTABLE SPIROMETER (to fold in the space of an ordinary pocket-case), by which the capacity of the Chest can be accurately determined. Price 25s.; if in case, 28s. 6d.

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THE  
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No. 8, NEW SERIES. }  
No. 34. }

WEDNESDAY, FEBRUARY 23, 1853.

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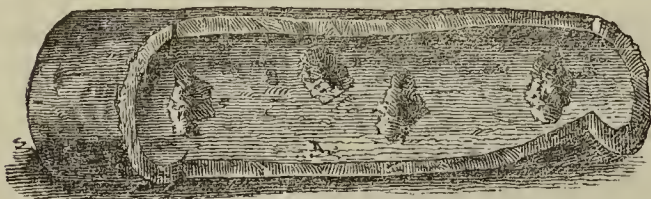
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## The Medical Circular.

WEDNESDAY, FEBRUARY 23, 1853.

### THE INCOME TAX.

PARLIAMENT is again sitting, and one of its earliest measures will be the reimposition of the "Income Tax," with such modifications as ministers may consider practicable. As Lord J. Russell has stated that a new Reform Bill has been postponed chiefly in order that Parliament may have ample opportunity of considering the provisions of the proposed Income Tax, we have a right to expect that the question will be revised in its fundamental principles, and that the new measure will embody a more rational and just system of taxation than characterised its predecessor. We are not, however, to be deluded by ministerial professions; and, bearing in mind that the leading members of the ministry have already avowed their opinion of the impossibility of making the measure much better than it now is—that the Chancellor of the Exchequer, in particular, has strenuously argued against the propositions of its opponents—and that a phalanx of economists have disputed the principles upon which Mr FARR and the actuaries have declared that an Income Tax, to be equitable, ought to be based, we deem ourselves justified in warning our brethren not to place too implicit reliance upon the intentions or promises of the Government, and in advising them, if they desire to procure an abatement of the grievance felt and condemned by all, to adopt the necessary means of making their wishes known to the Legislature.

To add anything to the arguments so ably put forth by Mr Farr, showing the ineumbency of a readjustment of the Income Tax, would be a work of supererogation. We need only say, that all his exposures of the unjust pressure of this tax in consequence of its being levied on income at its annual instead of its capitalised value, apply with double force to the case of the medical practitioner. The business of a retail dealer, in the event of his ill-health, may be conducted by his assistants or his wife, a merchant's by his secretary, and even a solicitor's by the intervention of a confidential clerk; for in these occupations personal prepossession forms but an unimportant contingent of negotiation; but who could conduct the business of the medical man? A month's suspension of personal attention would be disastrous, three months' might be ruin; yet the medical man is charged to the Income Tax in precisely the same ratio as others whose income is unaffected by any of the ordinary vicissitudes of life! Besides this he is charged for an income that he may never have earned; for the tax is not levied upon the past year's income, but upon an average of previous years. Thus it happens that a surgeon may be called upon to pay a heavy income tax at the very time when he is least able to bear the impost. The direct subtraction from the funds of the pro-

fessional man exacted by this tax, diminishes his power to provide for his family by assurance: while, should he be induced prudently to expend a portion of his annual income for this purpose, he is taxed upon the premiums, for of such private arrangements the Government officials will take no cognisance. How many advantages does not the owner of real property enjoy over the hard-working and self-denying possessor of a fluctuating annual income! In truth, incomes of this kind are not annual: they are earned by the day, and subject to the precarious tenure of health, strength, mental aptitude, and physical ability.

Our legislators inform us that they are about to adjust these inequalities, and we trust that the general expectation may be realised; but we advise our professional brethren to trust to themselves alone. If there were a few medical men in the House of Commons, they might be efficiently employed to defend the interests of our profession in common with those of all other sections of the community aggrieved by the present Act. But in the absence of such representatives, we must exert ourselves to make the best use of our opportunities, and especially to exercise the privilege of PETITIONING the Houses of Legislature, through the county and borough members, so that the Government shall have no reason to think that the members of our influential profession are indifferent and apathetic about the result of their deliberations.

Members of Parliament occasionally require a little stimulus to be diligent and faithful in their duty. Some go to the House for position; others for influence; some for reputation; others for office; some for the luxury of change; others for a change of luxuries; many on a mere speculation of chances; few from patriotism. To some the House of Commons is a lounge; to others a club; to some a debating society; to others an eating-house; to a few only, the sacred ground upon which the great battle of Truth and Right must be fought out, where the interests of the community must be guarded, and the cause of civilisation and humanity pioneered and directed in the course it should take for coming generations. The great majority of members move in masses, without any opinion of their own, or the faculty of forming one; but they adopt such doctrines as they hear preached, and urge them with an earnestness proportioned to the fervour of their temperaments. Let us, then, teach them the injustice of this "income tax," and endeavour to lead their judgments in the right path. The House of Commons is formed of the most malleable materials of any body in the United Kingdom, and can be beaten into any shape the public desire. Its stubbornness will melt like glue, exposed to the heat of popular indignation, and, like it, harden again in the cold atmosphere of indifference. Such being the character of that House, we may be perfectly certain that unless the public display a strong interest in the attempt to remodel the "income tax," the new measure will be, however altered, as unsatis-



factory as the present; for there are interests engaged in the argument that will not yield their vantage-ground except to a more resolved and masculine opposition than we have yet seen arrayed. Will the Government assent to a measure to capitalise income or not? That is the question to which we await an answer.

#### SPECIMENS OF LITERARY COMPOSITION.

The editor of the 'Lancet' has been recently studying "Lindley Murray," and giving his readers the benefit of his lessons. He has been sneering at the 'Association Medical Journal' for its bad grammar, and censuring the members of the London Medical Societies for their want of logic; *à fortiori*, his grammar and logic must be unexceptionable. The 'Association Medical Journal' takes to itself credit for being immeasurably superior to its predecessor, the defunct 'Provincial,' not only in science and plan, but especially also in literary style. There is a self-satisfied aspect about its articles—printed, as they are, in clear, bold, open type—that seems to challenge universal admiration. Our contemporary, the 'Medical Times and Gazette,' affects a spruce and learned look, and flatters itself that it has retained the correct and pungent style of the old 'Times,' at the same time that it has appropriated the sedate respectability of the 'Gazette.' Let us see how all these pretensions can be justified. We will examine the leading articles in the last numbers of these journals, and take our word for it, inquisitive reader, we shall have some rare sport ere we have done. Let us begin with the 'Lancet;' and, not to appear as if we were searching with much pains for errors arising from oversight, let us dissect the first leader, which is probably the best piece of literary workmanship the 'Lancet' can turn out of its office. This article was written with the object of correcting the bad taste and indifferent logic of the orators of the London Medical Societies; and we shall see in a few minutes what claims the editor of the 'Lancet' can advance to be received as an authority either on style or logic. He especially denounces redundancy, and behold a beautiful example of conciseness and simplicity!

"All departments of human science have their due importance; and least of all can that be turned contemptuously from, and sneered at, whose office is to deal with the laws of the reasoning faculty of man, *which*, in whatever sphere of life the *latter* may move (where is the *former*?), will at some time or other be found endeavouring to persuade, investigating, learning or teaching, or having striven to arrive at a just conclusion, anxious to lead another to its own inference or deduction." What wretched verbiage and tautology! A schoolboy would be ashamed to put such a sentence into his first theme. What is the philosophical difference, Mr Editor, between an inference and a deduction? What is the meaning of "striving to arrive at a just conclusion," if it be not "investigating," and "learning"? And what is the difference between being "anxious to lead another," and "endeavouring to persuade"? It is likely that you will reply, that there is some difference between "anxiety" and "endeavour;" and we are willing to give you the benefit of it. So much for your pleonasm: not a word about your taste in using such expressions as "turning contemptuously from," &c., because certain writers see no impropriety in converting prepositions into post-positions, by way of variety.

We will finish our remarks on the 'Lancet' with a few comments on the concluding sentences of this puerile, yet most laboriously-written article. "Immediately a speaker begins to wander, he (*observe the position of relative and antecedent, for the sake of the coming contrast*) should be gently reminded that there is such a thing in argument as the point at issue; and if the President finds (*that?*) he (*the President, of course*) has really nothing to say regarding it, or cannot, from want of mental discipline (*poor President!*) restrain himself from flying off (*he is corked up, doubtless*)

to irrelevant matter, it should be intimated to him (*the President*) from the chair (*how this is to be done we cannot conceive*) that he (*the President*) has already said enough! (*very polite indeed! We suspect that the Editor has already written more than enough*). The next sentence is equally bad, and contains such a phrase as this: "Legitimacy of duration equivalent (*proportional?*) to their clinical or bedside importance." Clinical is too difficult a word for the comprehension of the readers of the 'Lancet,' so must be explained by a synonyme. The following specimen of admirable collocation of pronouns concludes the article:—"For all these *latter* subjects there are special societies, the handmaidens of practical medicine, and *which* (*which what?*) those (*those what—subjects, societies, or handmaidens?*) following the *latter* (*latter again! what latter? latter subjects?*) can visit if they please." And if they don't please, we suppose that they can let it alone. We are much mistaken if this is not as precious a specimen of gibberish as was ever penned.

Now for the 'Medical Times and Gazette.' We need not travel farther for a blunder than the first sentence of the first article. "Whatever differences of opinion upon *other* subjects may exist among the journals devoted to the science of medicine, upon *one* point they (*differences of opinion, of course, for the sake of the antithesis*) seem to be unanimous," &c. How "differences of opinion" can be "unanimous" is a problem we cannot solve; but probably the learned editor of this journal can. Let him. The sentence should run thus: Whatever differences of opinion upon other subjects, the journals devoted to the science of medicine may exhibit, &c. So much for the knowledge of grammar possessed by the writers in the 'Medical Times and Gazette'!

Come forth, thou modest Journal of the Association, and let us see what is in thee. We can afford room for only one sentence, taken from the second leader,—the first being too dull to read. Thus runs the sentence:—"The verdict not only does full justice to the courage of our colleague, Mr Umphelby, in refusing to comply with a misnamed code of honour (*the "verdict" refusing to comply?* read instead *who* refused, &c.), but it likewise shows that a soldier and a gentlemen *need no longer fear being cut* (*very elegant phraseology!*) or cashiered, should he decline to sin against the laws of God and man, *by fighting a duel* with every tipsy comrade or reckless bully by whom he may be (*may have been?*) injured or insulted." So a man is "to decline" to sin against the laws of God *by fighting a duel!* This is a strange way of declining to commit sin: we should have written, in accordance with our system of morality and grammar, *by not fighting!* But indeed we should not be guilty of such a slipshod construction at all, but have written something of this kind: "Should he, by not fighting a duel, &c., decline to sin against the laws of God and man."

Let us finish this anatomy of nonsense, for the labour is growing tiresome. We have humbled the consequence of these learned editors, and we suspect that, from the 'Lancet' especially, we shall not be favoured again for some time with disquisitions on style and logic.

**ST LUKE'S HOSPITAL FOR LUNATICS.**—Mr Henry Stevens has been elected Resident Medical Officer, vice Dr Arlidge resigned.

**WESTMINSTER HOSPITAL.**—It is with regret that we have to announce the resignation of Mr Benjamin Phillips as Surgeon to this Institution. His retirement, which has been rendered necessary by the bad state of his health, will prove a great loss to the Westminster Hospital. Mr Charles Guthrie has also resigned the office of Assistant-Surgeon, in order to become a candidate for the appointment of Surgeon. There will, consequently, be a vacancy for an Assistant-Surgeon, which appears likely to give rise to a severe contest. Mr Hillman and Mr Holthouse, lecturers in the Westminster Hospital School of Medicine, are the candidates at present in the field.



## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Dublin Quarterly Journal of Medical Science,'  
February, 1853.)

## ON THE URINARY DISEASES OF CHILDREN.

Dr Fleming has communicated a valuable article on this subject. We quote the following:

"*Irritable Bladder.*—Irritable bladder occurs much more frequently in young children than would at first sight appear, and this, where the irritability is not the consequence either of inflammation or of organic disease, although occasionally attributable to some abnormal defect. The mother or nurse of the child so affected states that the child is constantly applying the hand to the organs engaged; that it appears to suffer pain during micturition; that the act is frequent; that it is urgent, but when the urine has passed off the child appears relieved; that often, if the urine falls on the floor or clothes, it rapidly becomes muddy and whitish, and it is even stated by some, that it is so at the moment of being passed; that when the child sits down for such purpose, it has an inclination to remain longer than is requisite, and in some cases, that there is a disposition to prolapsus of the rectum, from the forcing and straining attendant, and very frequently a discharge of bloody mucus from the rectum takes place; that these symptoms have continued for some time, notwithstanding the exhibition of medicines to regulate the bowels and produce other ordinary effects; that the child is losing strength and wasting in flesh; that the appetite is most precarious, and that there is a great desire for drink; that the quantity of urine passed is very variable, sometimes deficient; that its quality is equally changeable, at times being pale, at others, deep in colour, and again, clear and often muddy, and with copious sediment."

Dr Fleming considers that many children liable to this affection are born of gouty or dyspeptic parents; and states that there is no derangement of urine found in the adult that he has not found in the child. With respect to the qualities of the urine Dr Fleming says:

"As attendant on the 'irritable bladder,' I would say that according to the classification of urinary deposits by Golding Bird, those of uric acid and the urate of ammonia and of oxalate of lime are particularly frequent in occurrence; and that, next in order of frequency are conjointly or separately with these 'the non-crystalline organized products,' such as blood, pus, occasionally mucus, but very often indeed vibriones. It would be too great an occupation of space and of time to enumerate the many cases I have witnessed, as illustrative of these statements; they are of almost daily occurrence. I do not deny that phosphatic deposits are to be met with, but these deposits do not occur, under ordinary circumstances, as a substantive deposit in the urine of children. The prisms of the neutral triple phosphate are to be seen conjointly with the crystalline deposits above specified, just as in adults, but it is very rare indeed to meet with them as solitary deposits, although so frequent in advanced life; and it is equally rare to find them combined with that physical and chemical condition of urine almost necessarily present under such circumstances."

Further on he adds:

"I have often found these deposits present conjointly; very often the oxalate of lime and the urate of ammonia, the latter cloaking the former, unless carefully looked for. I have found the red sand, as the lithic acid is sometimes termed, in the child, but it is far more frequent to find the colourless, or nearly colourless, crystals of lithic acid, and all are met with of every variety of shape and form, and they are to be seen in the children of the poor as well as of the rich; and really it does not appear that diet very materially influences their presence or their character."

The author remarks that the passage of blood, mucus,

pus, or epithelium, apart from general disease, is comparatively rare. Having made some observations relating to hematuria, Dr Fleming thus speaks of purulent urine:

"With regard to pus, it is far more frequently met with in the urinary diseases of children, and it is surprising how tolerant both the general health and the bladder are of its presence. Unless very particular inquiry is made by the surgeon into the history of the case, such a complication will wholly escape detection. Cases of this kind occur in both sexes. In girls, as in grown up females, very considerable circumspection is requisite as to accuracy of diagnosis. Indeed I should have made a similar remark as to hematuria when it occurs in girls, but this caution is so palpable that it merely requires a passing notice."

"It is otherwise, however, with respect to purulent urine. To be accurate, when the affection is persistent and obstinate, local inspection must be made in the female child, as morbid secretions from the vulva and vagina are by no means of unfrequent occurrence in such children if badly cared, and the urine, 'in transitu,' will be loaded with pus globules, with mucus, and even with an amount of phosphates sufficient to render it neutral or alkaline, and this quite apart from urinary diseases, although attended with much urinary irritation."

This view is illustrated by a case, and he remarks:

"Here, then, is a source of pus in the urine which should command attention. It must be inquired into. From what cause I know not, but details will not be voluntarily communicated by child or parent. Irritability of the bladder in girls may arise from another source than that of general engagement of the vaginal mucous membrane in the secretion of pus. The quantity of pus may be more limited, but yet pus globules will be distinctly visible. I allude to an ulcerated fissure of the vagina, resembling a similar affection engaging the rectum in the adult. The agony attending this can hardly be described or exaggerated: the principal suffering is referred to the bladder, and the pain during and after micturition is most acute. It is also quite intelligible that the whole mucous membrane of the vagina, in consequence of this partial ulceration, may become secondarily engaged, and that the purulent secretion will be proportionably profuse."

He is of opinion that cases of purulent urine occur more frequently in boys than in girls; and thinks that this condition of urine may be occasionally vicarious. Many interesting observations are made on this point. The presence of vibriones, he has observed, were commonly in the lithic acid or in the oxalate of lime diathesis, and particularly in the children of the poor.

Dr Fleming makes the following remarks on the treatment:

"I shall not enter into the details of the therapeutics suited for these cases. I have found buchu and uva ursi, with lime or magnesia water, or with the nitric or hydrochloric acids, in suitable doses, of great benefit; and I have combined them with hyoscyamus. In the chronic cystitis affection,—for I believe it often to be of that nature,—cod-liver oil, alternated with those preparations of iron fitted for children, do much good; and mild counter-irritation in the supra-pubic and lumbar regions with the tincture of iodine, will materially assist their action. Sea air, and tepid or cold bathing, as may be suited to each patient, are most valuable in many cases."

"In addition to these general and local means, it is indispensable to attend to the state of the bladder. Its capability of discharging its contents must be tested occasionally, and such operation must be performed very gently, and with a gum-elastic catheter. I am under the impression that in all painful urinary affections children do not empty their bladders fully, and the very position which they select for the purpose shows that they circumscribe as much as possible the action of the abdominal muscles, so as to measure with more precision the amount of contraction of bladder suited to alleviate their sufferings. In the posture they select they absolutely prevent much pressure of these muscles on the parietes of their bladders, in them so liable from its



position to be so affected thereby; and, therefore, in calculus, and in the disease under consideration, there is not a diminution of capacity to the extent to be expected from the repeated action of the bladder. In such cases I have often tested the bladder as to its contents after the child had made every effort to empty it, and in it I have always detected from four to six ounces of urine: even without the introduction of a catheter I have found that percussion in the supra-pubic region will enable the surgeon to estimate the amount of distention. I am particular in alluding to this practical fact, as a knowledge of it is important in treatment. It is being carried into effect in the case so often alluded to, where, notwithstanding the great irritability of the bladder, the catheter must be had recourse to, to empty it."

With reference to the abnormal defects in the genital organs, Dr Fleming alludes to congenital adhesion of the labia pudendi in girls, as an occasional occurrence; and to a peculiar malformation not infrequent in boys, in which the orifice of the prepuce is at a considerable distance from the extreme end of the glans; that the orifice is so small as to admit with difficulty the end of an ordinary probe, and that when the child makes water the urine does not escape in a uniform stream. In these cases the division of the prepuce may be ultimately required; but Dr Fleming prefers mechanical dilatation of the prepuce by the occasional insertion of a piece of sponge for an hour or so, or the retraction of the prepuce over the glans during micturition.

(From the 'Lancet,' Feb. 19, 1853.)

#### LECTURES ON SOME OF THE PRINCIPAL DISEASES OF THE EYE.

Among various observations not requiring particular notice on catarrhal ophthalmia, Mr France makes the following, relating to its causes, in which we observe he adduces *contagion* as an occasional agent:—

"The principal circumstances predisposing an individual to catarrhal ophthalmia, of which I propose to speak on the present occasion, are, original constitutional debility, enfeebled health—whether arising from actual sickness, defective nourishment, or a disproportionate drain from the system (as in cases of superlactation), there having been a former attack of the same malady, the vernal and autumnal seasons, &c. The direct or exciting causes consist of casual exposure to damp and cold, in any of the many ways in which such exposure continually occurs. Wet feet, damp beds, chilling currents of air, an open or broken window in the sleeping apartment, immersion in the water, and circumstances similar to these the ordinary exciting causes of common catarrh, are the usual originators of this species of it. We must, however, add to this list the application or contact of diseased mucous secretion from an eye already the subject of the complaint. There may be some who would scruple to admit 'contagion;' but I have seen so clearly-marked evidence of its operation, that no doubt remains on the subject in my own mind; nor have I any hesitation in openly asserting my opinion. When one member of a family is attacked, others using perhaps the same towel, or otherwise brought into contact with the morbid secretion, are apt to become affected too, as is seen in the families of the poor, in workhouses, pauper nurseries, &c. Unquestionably, epidemic influence, and subjection to similar conditions of habitation, would in a measure explain the extension of the disease from one individual to another living under the same roof. Still my conclusion on the matter (taking all these circumstances into consideration) is, as I have said, that catarrhal ophthalmia is contagious—a conclusion it were unprofitable, on the present occasion, to attempt to establish irrefragably, the question of contagion being generally an especially vexed one."

#### ON THE OPERATION FOR CLEFT PALATE.

A series of cases in which the operation for cleft palate was performed by Mr Gay is recorded in this article. A transverse incision was made in addition to the usual mode

of operating introduced by Mr Fergusson. Mr Gay makes the following remarks on the cases:—

"The three cases, detailed above by Mr Lane, illustrate some important points in reference to the operation for cleft palate. The labours of Mr Fergusson have rendered the treatment of these cases all but perfect, the remaining defect being limited to the frequent occurrence of a small aperture, which has to a certain degree compromised the value of the operation. I refer to the aperture which has very frequently remained between those portions of the edges of the flaps in immediate proximity to the tubercle of the hard palate, the edges of which will, on examination, be observed to be thinned off, and generally of a hard and fibrous character.

"These apertures, after the healing of the remainder of the flaps, are of various sizes; in some cases they go on to closure, but their completely closing depends on two circumstances—first, the size of the aperture; and, secondly, the general tension of the flaps; for, as was observed by Mr Lane, at the Royal Free Hospital, these apertures heal or approximate towards closing, not so much by addition to the edges through the medium of fresh tissue, as by a stretching of the flaps generally towards the axis of the opening. In other words, the apertures are mainly closed at the expense of the flaps, and by an increase of their general tension; the result of which is, that when the call on that tension has been obeyed to the utmost, the power of further closing ceases.

"It is desirable, then, to give increased freedom to the flaps, and especially at that part where their freedom is interfered with by their connexion with the bony palate.

"When cases were presented to me in which the cleft extended itself throughout the bony as well as the soft palate, the question arose whether the latter could be united through its entire length; for on that being accomplished, a small obturator could easily be made to supply the deficiency in the hard palate, in case Mr Avery's ingenious plan of closing it should not be feasible. The view ordinarily accepted—that in these cases there is no deficiency of soft parts; that where even the bony palate is limited to the merest ridge, still the soft palate is normally developed, although retained back by the deficient bony palate; moreover, that in children the soft palate has been known to become cleft after birth by a strain upon it in the act of crying, &c.—led me to adopt the course that was successfully taken in these cases.

"The results have shown, that as soon as the flaps are freed from connexion with the bone by *transverse incisions*, they unfold, and can be brought with the greatest ease into contact mesially.

"It follows, then, that these transverse incisions, if made, but to a less extent, in the usual operation for a cleft of the soft palate only, will, by relieving the tension on the front part of the flaps, effectually prevent the defect alluded to—viz., the aperture which often remains an unworthy stigma on one of the most admirable and effective operations in surgery.

"Moreover, these additional incisions will, to a certain degree, prevent that tension of the flaps which has been frequently observed to remain after their re-union by operation; and thus to render the palate better adapted for the performance of its functions, by making it more amenable to the muscular influences which act upon it."

#### CASE OF VITILIGOIDEA.

An example of this rare disease is reported by Dr Rankin:—

"My patient, Mary B—, a married woman, aged twenty-nine, consulted me, in June, 1850, for obstinate and severe jaundice. Inquiry into her history elicited the facts that her health had been good until three years previously, when, after an attack of dyspepsia, jaundice supervened, and had continued till the time of her visit to me, uninfluenced by treatment, including several salivations. At this time she was universally and deeply jaundiced; but the appearance which immediately and more strongly attracted my



attention was a peculiar deposit on the skin surrounding the eyes, and which, on further investigation, I found to be abundantly distributed over other portions of the body. She informed me that about twelve months ago spots of this peculiar deposit first appeared on the shoulders, and have since shown themselves on the face, arms, hands, and lumbar regions. In the face it has assumed a symmetrical disposition, extending along each eyelid, and down the side of the nostrils. On the shoulder the spots are circular, and very distinctly elevated. Along the inside of the elbows, and on the hands, the deposit follows the flexures of the joints, being flat and linear on the palmar aspect, and more tubercular and rounded on the dorsal. The colour of this deposit is of a whitish-yellow, resembling more nearly than anything else the atheromatous patches so commonly found in the aorta. On the face and palms of the hands it is but little elevated; and, as in atheroma, appears to be deposited immediately under the epithelium. On the shoulder and in the dorsal region the spots are circular and prominent, bearing no inconsiderable resemblance to split peas.

"At the time of my seeing this case the peculiar affection was still on the increase, fresh spots showing themselves almost daily. They were tender to the touch, and were the seat of a burning sensation, which prevented the patient using her hands without acute suffering.

"The history of the jaundice pointed to the conclusion that it depended upon permanent occlusion of the common duct. The woman died soon after my seeing her, under the care of another practitioner, and, as far as I could learn, from severe and rapid peritonitis."

Dr Ranking suggests that this peculiar deposit may contain cholesterine, and that the disease is an attempt to eliminate noxious matter from the blood, caused by the retention of the elements of bile.

#### CASE OF PERFORATION OF THE STOMACH.

Mr Govett reports the case as follows:—

"The subject of this case was a young Irishwoman, twenty-four years of age, hitherto healthy, and of active habits, and following the situation of a domestic servant in a private family. On the evening of Sunday, the 16th ultimo, she left her employer's house apparently in good health, having made no complaint to any one previous to her departure; but on returning home at ten o'clock the same night, in a cab, she complained of extreme pain in the epigastric region, stating, at the same time, that she had been very sick. There was no peculiarity about the pulse, and the tongue was ordinarily clean. In the absence of obvious cause or knowledge of previous disease, I concluded that she must have eaten some indigestible substance, which had produced the symptoms above related, and accordingly prescribed at once a stimulant. Being a visitor, on the point of leaving the house for own residence as the deceased entered, I hastily gave directions that further assistance should be obtained if she grew worse. On the following evening (Monday) I heard that she had died at about half-past one o'clock p.m. of that day, having previously had the professional assistance of a gentleman in the neighbourhood, who found her in a state of extreme collapse, and having much the appearance of a patient in the last stage of cholera, but without the diarrhoea or cramps. Stimulants, hot-water bottles, and mustard poultices, were ordered; but she died in about twenty minutes after his arrival, remaining sensible to the latest moment; the entire duration of her suffering from first to last being only about eighteen hours.

"At a post-mortem examination by the surgeon in attendance and myself, we found, on opening the abdomen, that the entire peritoneal covering of the cavity and its contents was found to be in the highest state of inflammation; large quantities of pus and lymph between the convolutions of the intestines; the great and lesser omentum being in a shrivelled and highly engorged, and partially agglutinated condition: in short, such was the fearful state of the abdominal viscera, that we were entirely puzzled how to account for such an enormous amount of mischief arising in so short a period, until, upon examining the stomach, the

cause at once appeared—viz., a perforation of that organ, of the size of a sixpenny-piece, with smooth white edges, somewhat hardened, and nearly as even as though it had been cut out with a wadding-punch. The situation was at the superior and anterior wall, and about two inches and a half from the pylorus; the villous coat was obliterated in the neighbourhood of the opening, and the vessels around it red and greatly distended; the other parts of the lining membrane were healthy.

"It appears to me that there are several points of interest in the case:—

"1st. The remarkably sudden appearance of the symptoms without previous derangement;

"2ndly. The preservation of the mental powers to the last moment; and

"3rdly. The peculiar character of the perforation itself.

"I am informed that *several similar cases* have occurred in the same district, and that it has been difficult to trace the disease to any evident exciting cause!"

(From the 'Medical Times and Gazette,' Feb. 19, 1853.)

#### A COURSE OF LECTURES ON ORGANIC CHEMISTRY.

This lecture by Dr A. W. Hoffman is occupied with a description of the method used for determining the composition of organic substances; carbon and hydrogen are the subjects of experiment and demonstration.

#### CASES OF PLACENTA PRÆVIA.

The present case reported by Dr Waller was that of a woman thirty-five years of age, who had already given birth to five children. She had been under the treatment of Mr Amsden, and suffering from uterine hæmorrhage to a greater or less extent for the preceding eight or nine weeks. When Dr Waller saw her,

"The placental presentation was complete, the ovum entire, the liquor amnii not having passed away. The placenta was entirely detached from its connexion with the uterus, the hand carried through the membranes, the feet grasped, and a child which had been some time dead, easily extracted. After the separation of the placenta, the hæmorrhage entirely ceased; no blood was lost in the subsequent steps of the operation. Faintness, but no delirium supervened; some egg mixed with brandy was administered, and I left the house with the confident expectation that all would be well. On the 10th day after confinement, I was requested again to see this patient, in consequence of severe indisposition. On inquiry, I was informed, that, for the first two or three days she had remained in very much the same state as when I left her, with the addition of great irritability of bowels; that she had been disturbed and alarmed by the noisy behaviour of her husband, who had returned home in a state of intoxication at a late hour on the previous night. This circumstance had produced a state of nervous excitement amounting to slight delirium; the diarrhoea had increased, the stools passing involuntarily; the exhaustion, as might be expected, extreme; the face of a marble whiteness. These symptoms were mitigated during the following week, but still there was no decided rally. At the termination of this period another source of disquietude occurred in the sudden removal of her nurse, to whom she was much attached; this was followed by an increase of nervous excitement, after which she gradually sank.

"The treatment adopted in this case was ineffectual. It consisted principally of decoction of bark with aromatic confection, large doses of chlorate of potass, and opium, which soon checked the diarrhoea. Relief also appeared to be obtained by the exhibition of full doses of opium, three grains of which were occasionally given at bed-time, followed by a two-grain pill an hour afterwards. Some hours of tranquil sleep were produced by the remedy, and a temporary feeling of refreshment ensued. Food was, to a great extent, retained on the stomach; notwithstanding, however, there were occasional shades of improvement, these were



but temporary, and insufficient to excite hopes of eventual recovery. It should be stated that the annoyance before adverted to was repeated almost every night, so that our unfortunate patient scarcely passed twenty-four hours in quietness from the time of delivery; and in truth it may be asserted, that for many months previously her mind and body had been harassed from the same cause."

#### CASE OF EXTRA-UTERINE FETATION (OVARIO-TUBAL).

Dr Langley, surgeon to the 63rd Regiment, thus describes the case:—

"Mrs Jane Eliza O'Brian, aged 22 years, married five months, without leave, residing in the town of Athlone, was seized with severe pains, similar to labour pains, early on the morning of the 21st Dec., 1852. I was requested to see her at 1 o'clock p.m. on that day, by her husband, gunner and driver John O'Brian, Royal Artillery. She lay in a semi-flexed position in bed, with her thighs somewhat bent upon the abdomen, and the legs on the thighs. She looked very pale, anxious, and depressed, and at first indisposed to answer my questions. Pulse tolerably full and firm, about 70. Stated that she was five months gone with child, and had strained herself on the previous day whilst spreading clothes to dry on a line; that she suffered from most distressing pain in the small of her back, extending to the abdomen and thighs, the pain as referred to the abdomen being especially distressing. No flooding or discharge of any kind was apparent, nor could the os uteri be felt in the least dilated. She was very desponding, and said she was sure she would die. Ordered an anodyne and slightly stimulating draught, which composed her for some hours; she was again seen by Assistant-Surgeon Rutherford, 62nd Regiment, at nine o'clock, when the same train of symptoms were observed as in the morning, and the same remedies had recourse to; but at ten o'clock she got up to take a drink, became suddenly faint, fell back in the bed, and died almost instantaneously.

*Secio Cadaveris, Forty-eight hours after Death.*—On laying the abdomen open an immense quantity of fluid blood was found, filling up the whole of pelvic and hypogastric regions, and a fetus at about the fifth month was seen floating in the umbilical region through the transparent membranes, which were whole and perfect, but broke as soon as they were taken in the hand. The umbilical cord was traced to a large rent in a hollow membranous sac, in the right ovarian region, somewhat similar in shape to the womb, to the inside of which the placenta was seen to be adherent, but on further examination the unimpregnated womb was also discovered, and laid open for the purpose of tracing its connexion with the other body, which had evidently been the resting-place of the fetus, and an imperfect deciduous membrane, an abortive effort of Nature made for the reception of the future being, was found lining the inside of the womb, but the Fallopian tube was impervious, and prevented its transmission to its natural abode. The dilated bag of the ovary was connected with the true uterus by means of the right Fallopian tube, the fimbriated extremity of which covered and was adherent to it. This woman had suffered from pain, and a variety of anomalous sensations in the right groin and lower part of abdomen for several months, at least three or four, but would not submit to an examination.

"As the death was so sudden and unexpected, we called for and obtained a coroner's inquest upon the body, and the assistance of a civil practitioner of the town to be present at the examination."

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**Association Medical Journal.**—(No. VII. Feb. 18, 1853.)—**LEADING ARTICLES.**—The College of Physicians of Edinburgh, and the Unequal Pressure of the Diploma Stamp-Tax. Court-Martial on the Conduct of Mr Umphelby, in Relation to Military Ethics. Medical Society of London and the Science of Physiology. The Verdict against Mr Hicks.—**ORIGINAL COMMUNICATIONS.**—Mr T. S. Little's Report of the Reading Pathological Society for 1852. Mr White Cooper on Distichiasis. Mr Robinson Elsdale on Identity of Erysipelas and Puerperal Fever. Dr W. H. Ashley on Hemiplegia from Exposure to Solar Heat. Mr George Lowther on Stricture of the Oesophagus. Mr J. P. Bowling on Abscess of the Cæcum, containing Solid Opium, in an Opium Eater.—**PERISCOPIC REVIEW.**—Practice of Medicine and Pathology: Iodide of Sodium in Constitutional Syphilis; Case of Lymphorrhagia; Varicose Dilatation of the Lymphatic Vessels. Epidemiology, Hygienics, and Statistics: Small-Pox; Scarlatina; Measles; Furunculoid Epidemic; Appearance of Acute Pemphigus. Surgery: Rhinoplasty Operation; Flaps formed by Subcutaneous Incision. Midwifery, and Diseases of Women: Prolapsus of the Anterior Wall of the Vagina an occasional Cause of Fetid Phosphatic Mucous Urine; Communication of Ovarian Cysts with the Fallopian Tubes. Toxicology: Dr Cogswell's Experiments on the Local Action of Poisons; Dr Albers on the Physiological Action of Theine and Caffeine; Poisonous Properties of the Calabar Bean.

**Dublin Medical Press.**—(No. DCCXXXVII. Vol. XXIX. Feb. 16, 1853.)—**PROCEEDINGS OF SOCIETIES.**—Surgical Society of Ireland: Dr William Alton on a Case of Imperforate Anus. Dr Z. Johnson's Notes of a Singular Development of Purpura in a Remarkable Purpuric Diathesis.—**ORIGINAL COMMUNICATIONS.**—Dr James F. Duncan on a Case of Delirium Tremens treated by the Internal Administration of Chloroform.—**TRANSLATIONS FROM FOREIGN JOURNALS.**—M. Duplay on Existence of Semen in Aged Men. Paracentesis Thoracis in a Child Five Years Old.—**SELECTIONS FROM MEDICAL JOURNALS.**—Wound of the Vagina; Case at the War-office. Dr A. L. Gihon on a Case of Popliteal Aneurism. On the Effects of the Acetate of Strychnia.—**REVIEWS.**—Principles of Physiology, General and Comparative. By W. B. Carpenter, M.D., F.R.S., F.G.S., &c. A Manual of Physiology, including Physiological Anatomy. By the same Author.—**LEADING ARTICLES.**—Establishment of General Practitioners in Ireland. Medical Life in London. Nota Bene.

#### BOOKS RECEIVED FOR REVIEW.

Sanitary Measures and their Results; being a Sequel to the History of Cholera in Exeter in 1832. By Thomas Shapter, M.D. London: John Churchill.



## HOSPITAL REPORTS.

## ST BARTHOLOMEW'S HOSPITAL.

*Large serous Abscess in the Thigh.—Evacuation.—Recovery.*  
(Under the care of Mr Lloyd.)

The examples of this disease are undoubtedly rare, but a good illustration of it is afforded by the following case, which has recently been discharged from one of Mr Lloyd's wards. The subject of it, M. A. Bradbrook, a delicate-looking woman, aged forty-eight, was admitted on account of great general tumefaction of the inner side of the upper half of the right thigh, bulging also somewhat in front. She stated, that the swelling had commenced six weeks previously immediately above the knee-joint, and that it had been from the first very painful, but not so much so as to prevent her pursuing with some difficulty her ordinary domestic avocations. As the swelling extended upwards, there was much throbbing and shooting in the surrounding parts; she likewise suffered from repeated slight rigors.

On examination, Mr Lloyd thought he could detect a sense of deep-seated fluctuation about the middle of the thigh; but, as it was considered by others to be uncertain, he decided to defer the employment of the scalpel. The whole inner side of the thigh was much swollen, very tense, and tender on pressure. Fomentations were ordered to be applied constantly, and a saline aperient mixture was prescribed.

Ten days after admission, fluctuation having in the meantime become every distinct, Mr Lloyd made a free incision into the supposed collection of pus at the commencement of the upper third of the thigh. Instead of pus, about thirty ounces of a clear, glairy fluid escaped, tinged slightly with blood, derived from the edges of the incision. This fluid, on standing for a short time, coagulated into a substance like white of egg. A large piece of lint was introduced into the wound, and the limb, enveloped in a fomentation-cloth, was supported by a light bandage. Great relief from pain followed the operation, and in a short time free suppuration was established, unattended, however, by any undue or excessive inflammation.

In a few weeks the wound healed, and the cavity of the cyst had apparently become obliterated, as no swelling returned. The woman regained her health, which had been much reduced, and was discharged about six weeks after admission, quite well.

## GUY'S HOSPITAL.

*Impaction of a piece of Walnut in the Larynx of a Child, eighteen months old; Tracheotomy; Recovery.*

(Under the care of Mr Birkett).

There are many interesting particulars worthy of record in the following case:

On the 8th October, 1852, at about half-past eleven, Mr Roper, of Croydon, brought a female child, eighteen months old, to Guy's Hospital. The parents had taken the little girl to Croydon from Waringham, a little village situated about five miles therefrom. At about 4 p.m. on the previous day the child, whilst eating some pieces of walnut, was seized with violent coughing and an appearance of choking. With the exception of a slight diarrhoea, probably consequent upon dentition, she was in good health at the time of the accident, this being evident from her general constitutional nutrition. The mother gave the child the portion of walnut, and from her the following particulars were obtained.

Almost immediately after taking the piece into her mouth the child coughed violently, vomited the contents of the stomach, (for she had been eating several pieces of walnut), and turned blue in the face. Dyspnoea soon became severe, and continued throughout the night, especially when the recumbent posture was attempted. Mr Roper saw the child about half-past nine a.m. the day after the accident, and im-

mediately came up with her to the hospital. The dyspnoea increased considerably during the journey; and when the little girl was admitted, the following symptoms presented themselves:

Each inspiration was performed with great difficulty, a deep hollow or depression appearing in the scrobiculus cordis during every effort, and the latter was accompanied by a crowing noise in the larynx. The countenance was livid, the eyes dull and sunken, the pulse quick and feeble, and the extremities cold.

Mr Birkett passed his finger to the superior laryngeal opening, but could not detect any foreign body. It being quite clear that the child would speedily die from suffocation, Mr Birkett proceeded at once to perform tracheotomy, hoping he would be able to remove the foreign body through the artificial opening.

A little before noon, about two hours after admission, this operation was completed, fortunately with great ease, and without any delay whatever arising from hæmorrhage. The cervical portion of the trachea was unusually long, and its anterior surface being clearly exposed, Mr Birkett divided with a small scalpel the four or five superior cartilages, and the intervening ligaments in the mesian line. After a few inspirations the child breathed with more tranquillity, and Mr Birkett then passed a pair of long and fine forceps upwards. He could not pass them through the larynx, nor could any foreign body be detected. A slightly-curved probe seemed to reach the larynx, but it did not remove the extraneous substance. It was quite clear, however, that the child was enabled to breath freely through the tracheal opening; and as she was much exhausted, it was thought more prudent to send her to bed, with a silver tube fixed in the trachea, than to cause a greater amount of irritation by further efforts to extract the bit of nut.

The child soon recovered its warmth, the colour returned to its cheeks, and when not excited she breathed quite freely. Throughout the night the tube was cleared of the mucus which collected therein, by the dresser, Mr Dunn; and the following morning the condition of the patient was highly satisfactory.

Second day.—The foreign body still remained in the larynx; and of this there was indubitable evidence, for upon the closure of the tracheal opening all the signs of impending suffocation supervened. A peculiar crowing sound was produced at each inspiration, and a very subdued sibilus at every expiration. Mr Birkett again attempted to move the obstruction by passing a flexible catheter from the tracheal opening upwards. In this, however, he could not succeed, after trying several sizes, and with a force beyond which he did not think himself justified to go. The child became exhausted, and the tube was again fixed in the trachea. In the evening, the number of respirations were 48 per minute, not at all embarrassed, except when the tube became obstructed with mucus, and the pulse very quick.

Third day.—The child passed a disturbed night; the countenance was pallid; expression anxious; eye sunken and heavy; and the pulse small. Mr Birkett made another attempt to introduce a flexible catheter through the larynx from below, and succeeded immediately on bringing it out at the mouth. At the moment the instrument passed the larynx, Mr Birkett and the dresser saw the piece of walnut floating on an accumulation of mucus in the mouth. He could not, however, take hold of it, and it was immediately swallowed.

Now, when the tracheal opening was closed with the finger, although the inspirations were attended with a hoarse sound, the child breathed through the larynx. The tracheal tube was not again inserted, but the wound left open, no means being employed to keep its edges together. The child was kept as warm as possible; half a drachm of the solution of acetate of ammonia was given, every two hours, in a little water; and milk diet was adopted.

In the evening the child was very comfortable, inspiring through the larynx, but expiring through the opening in the trachea. The temperature of the body was high; respirations 48 per minute; pulse above 100. The child had slept, taken



her food freely, and the only trouble was that the mucus collected in the trachea in great abundance.

Fourth day.—After twelve o'clock the infant passed a comfortable night; being, however, occasionally restless in consequence of the mucus collecting in the wound and trachea. Respirations 36 per minute. As the little patient inspired through the larynx, there was about as much hoarseness as with ordinary catarrh. Expiration took place at the tracheal opening, through which purulent mucus was expelled. Drachm doses of the solution of acetate of ammonia were given every two hours and the milk diet continued.

Dr Addison suggested the addition of beef-tea to the diet, and four minims of tincture of henbane to be added to each dose of the mixture.—Ten p.m.: Pulse 100; respirations 40 per minute whilst asleep. Temperature of the skin higher than in health, but not so hot as in the morning. Appetite good; sleeps comfortably. A piece of walnut was found in the motions about the middle of this day.

Fifth day.—From this date the infant continued to improve; the pulse becoming less frequent; the respirations less excited; and the wound gradually healing. She left the hospital in good health on Thursday, the 28th of October, twenty days after admission.

This child was seen about one month after her discharge, she was then quite well, breathed without difficulty, and the cicatrix in the neck was quite perfect.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. VIII.

#### PARR'S LIFE PILLS.

The history of the "Methusaleh Pill," given in the 'Household Words,' is a cutting and truthful exposition of the origin and progress of the nostrum now before us.

"Mr Prattles was a poor man. His printing business brought him in a very slender income." \* \* \* "Mr Prattles one day received a command to strike off a thousand labels for 'Mr Smith's Universal Pill.' No sooner had he delivered the first batch of labels than a second order was given for five thousand more; and the second order was immediately succeeded by a third, and the third by a fourth."

Mr Prattles soon began to envy the prosperity of Mr Smith, and seriously to consider whether he also could manufacture a "universal pill;" but for a moment was appalled at the difficulty of inventing a story so plausible as that which enveloped Mr Smith's pill-boxes. "Mr Smith had fortified himself in every possible way. He had selected the most obscure villages in the country from the Gazetteer, and had written very characteristic testimonials from imaginary patients residing near these remote localities. His pill was—these spurious documents declared—an infallible cure for every disease. He tacked to his pill the properties of the entire pharmacopœia. Mr Smith's pill was advertised to accomplish everything of which medical science was capable. By the virtues of Mr Smith's pills John Dobbins, Cwryrytehmwwl, in Wales, had been cured of a bad leg, which had baffled the ingenuity of the first surgeons in the country." Mr Smith's pill had saved the life of Lady Grey, of Sunny Vale, after twelve years suffering from severe nervous fever. "Mr Smith's pill restored Miss Brown, of Briar Cottage, near Ide-cum-Dun-chideock, to life, after the rattles were in her throat. It cured asthma, consumption, water on the brain, corns, dropsy, and influenza; it was infallible in scarlet fever, yellow jaundice, and blue cholera; gout, rheumatism, tie-doloureux; sciatica, lock-jaw, and cancer, invariably disappeared from every patient respectively or concurrently afflicted with any or all of these diseases, after the third box."

Mr Smith's ambition led him to desire to have a noble-

man as a patron, and at length he entered into negotiation for such a purchase with a poor member of that class residing abroad. "The transaction was a long time pending, but at length it was signed and sealed between Mr Smith and the Earl of Rottenborough, that his lordship should, for and in consideration of the sum of 600*l.* per annum, consent to be cured in public advertisements by means of Mr Smith's omnipotent pill of ANY and ALL diseases of which the said Mr Smith might choose to call upon him, the Earl aforesaid to testify he had been cured. Under these auspices Mr Smith thrived exceedingly; but it was not until Mr Smith conferred upon himself a diploma, and inducted himself into the chair of a college, which he endowed for that single purpose, somewhere, that the 'Universal Pill' was found in every druggist and medicine vendors' shop in the three kingdoms, as the special and particular pill of Professor Smith, M.D., 'without whose signature all others are spurious.'"

"Poor Prattles! how could he, with not twenty pounds in the world, hope to compete with the rich Professor Smith?" He began to despair; but an accident came to his rescue. "At this crisis, his wife one day, in purest jest (good-tempered soul!) told him that 'care would soon make him look as old as Methusaleh!' This single remark decided him. He would have a 'Methusaleh (Old Parr) pill!' His wife tried to dissuade him in vain. He wrote forthwith to his cousin, a chemist at Bath, and asked him to mix him a harmless (aperient) pill. 'Let the properties it contains neutralise each other.' This was the simple direction. A bribe of a part share in the speculation decided his cousin, the chemist, to set to work immediately. The next step was to frame a very learned history of the pill—to trace its descent from Methusaleh (Old Parr) to Prattles. With this object Prattles consulted an old schoolmaster of his acquaintance, whose scraps of ancient lore sufficed for the needy printer's purpose. In a few hours a very interesting story was fabricated, and ready for the press."\* It ran as follows:—

"A most singular document has recently been brought to light, written by the celebrated OLD PARR, who attained the almost incredible age of 152 years. It is written on parchment, and although upwards of 200 years old, is in an excellent state of preservation. The following is an extract:—

"These do certifie yt ye undermentioned is ye method of preserving health, which by ye grace of Almighty God has caused me to attain to my miraculous old age. Albeit in my youth I was afflicted with ye bloody flux and King's evil, but which left me by using some dayes ye herbs as herein written."

Here follows the receipt:—

"Moreover, I bequeath to my second Great Grandson ye method I employ for preparing ye medicament. Given this day, and in ye 147th year of my age.

Thomas Parr."

"Winnington, Salop, Januarie 17th, 1630."†

To the above was appended a pretended life of Old Parr, or rather a compound, manufactured out of "Gulliver's travels," the "Economy of Human Life," and the novel of "Jack Shepherd," of which Old Parr was made the hero, and the virtues of his professed pills, the burden.

"This notable prospectus was concocted in the back parlour of Mr Prattles' house." \* \* \* "Mr Prattles then wore a paper cap and apron." \* \* \* "In a few years Mr Prattles was a man of property, able to sneer at Mr Smith, with his expensive tool, my Lord Rottenborough." \* \* \* "When some foolish old man died at an advanced age, in some remote rural district, public attention was particularly called to Prattles' patent, by a statement on the part of the firm (it was now Prattles and Co.), that the instance of the longevity in question was undoubtedly the effect of the Methusaleh (Old Parr) receipt. Prattles (and his partner) pocketed the shillings, and smiled at the world; he laughed and won."

\* 'Household Words,' Vol. II, pp. 36-7; abridged and slightly altered.

† Vide Circulars and Advertisements of "Parr's Pills."



"Publicly, Mr Prattles complained that the government charged him three-halfpence per impression for their 'Hall marks,' (stamps;) *privately*, he whispered that to them he owed his success." \* \* \* "Mr Prattles (and his partner) made a brilliant fortune out of his gullible countrymen."\*

Let us change the humble name of Mr Prattles for others now better known to the public, and the history of the *Old Parr humbug* will be complete. We quote from one, *only*, of several communications which we have received on the subject. Listen:—

"Messrs Ingram and Cooke, the present proprietors of the 'Illustrated London News,' were the concoctors of 'Old Parr's Life Pills,' from the proceeds of which, they were enabled to start their paper, and to accumulate a princely fortune. Messrs Ingram and Cooke, were previously booksellers and printers at Nottingham, and it is now some twelve or more years, since they first started the *Old Parr humbug*."†

Here is another example of the wide field open to the plausible and persevering quack. The men who set themselves up as public instructors, and arbiters on questions of public morality, are nowise scrupulous in deluging the world with daily, weekly, and monthly advertisements,—with posters, placards, and pamphlets, offering the delusive promise of "living to a hundred and fifty years," to the simpletons that will buy their pills. This is only *one* evil, out of "a thousand and one," of a like character, that have grown with our civilisation, and afflict the present age. The results of quackery *always have been*—the results *still are*—the results will *always be*, prejudicial to the health and pockets of its dupes. The only benefit arising therefrom is the elevation of the nostrum-monger from the rank of *Messrs Struggles* to that of *Messrs Affluent*; the removal of the humble inhabitant of a back-lane to a suburban villa, or a handsome house in a West end square, and the addition of *Esquire* to the name, in lieu of the more humble, yet often more *honest*, Mr. Then the past is rapidly forgotten, and the unscrupulous aspirant to prosperity endeavours to obliterate the path by which he mounted. A crest or coat of arms is purchased, and with it a lineage long and honorable. The change soon becomes complete. He who was recently merely a footman, a chimney-sweep, a scavenger, a barber, a grocer, a druggist's errand boy, or a printer's pressman, undergoes a strange transformation beneath the smiles of the golden goddess, and suddenly springs forth a gentleman in very deed. "Truth is strange—stranger than fiction."

Under the assumed name of Mr Smith the reader will probably recognise another quack, who has been already noticed in the 'Medical Circular.' The name of his pliant and accommodating lordship must be familiar to the reader of the local newspapers.

But we are almost weary and sickened of the task of having continually to notice and expose the triumphs of impostors, and the gullibility of simpletons. The lies, the trash, the humbug, the improbabilities, nay, even the *impossibilities*, of which the advertisements and circulars of the nostrum-mongers are compounded—that would be sneered at by a parish schoolboy—are swallowed as gospel by an adult and gaping public. The quack knows this, and acts upon his knowledge. Experience tells him that there are thousands in the crowd who, like a trout, may be caught by tickling. We thought the climax of humbug and absurdity had been reached by the Morisons, the Holloways, and the Da Silvas. The *Parr humbug* fully eclipses them all. "This fine herbal medicine (*Parr's Pills*) if taken for the *time* and in the *manner* specified (*i.e.* two to six pills daily, until the disease *disappears*), is warranted on OATH to effect a cure." Here are accommodating quacks, to swear a *sick man well*; and

then to give him a life assurance of upwards of 150 years, at the easy premium of only consuming their "life pills" in "*doses sufficient*." However, by a strange act of forgetfulness, the same parties shortly afterwards *swear* that their pills are "as harmless as a simple crust of bread." Thus impotent for either good or evil, they are (wonderful to relate) capable of removing *all* diseases, and bestowing on the aspirant after longevity "a miraculous old age." Professor Holloway pays others to swear for him; T. Roberts and Company do their own swearing.

Even the brothers Morison—who, *en passant*, remind us of the fable of the bundle of sticks—even the brothers Morison turn pale at the audacity of the proprietors of *Parr's Pills*. They don't mind the "simple lying;" the iniquity is "lying, and then *swearing* to it," and at the same time stealing their pretended system. The old proverb is true here: "Set a — to catch a —." Certain it is that no men "go to it" so heartily, when they do begin, as two thorough-paced, bloated, toad-bellied, jewel-bedizened quacks. The Messrs Morison are men who delight once now and then to turn the pen into a poignard against one of their own craft, and to send forth their paragraphs, like the bread of the Southwark baker, "*with the gin in it*." We extract the following from a long article, by the Morisons, in a recent number of the 'Hygieist':—

"Of all the *impudent schemes* adopted by the *unprincipled* parties who live by *thieving*, the following article stands foremost. We publish it in full, in order that no misapprehension may exist; and here we charge the *unprincipled* concoctors of the old *Parr* scheme as *guilty of forging the non-existent will* of old *Parr*. Our Hygiean friends are already aware that we took notice, some years ago, of this attempt to rob James Morison of his system, but we did not expect the parties concerned would have gone the length of *committing forgery*, in order to obtain a sale for their *trash*. What must these parties think of themselves, when they reflect that they have made their money by one of the most *bare-faced forgeries* (and perjuries), only committed in such a way that the law cannot reach them; but *morally speaking they are equally guilty*. We repeat that the *pretended will of old Parr is altogether an untruth*, and dare the parties to produce such a document as they speak of in their advertisements. What can editors of newspapers be about who lend themselves to the publishing of such a nefarious proceeding. We trust all Hygeists will expose the *forgery* and the *forgers*."

Here is a bolus for the proprietors of "*Parr's Life Pills*." Unfortunately they have swallowed it without the slightest symptoms of "choking," or even "wincing" under the dose. Indeed they appear as redolent of life as ever, congratulating themselves with the retort—"It is not every one who reads the Hygieist." However, we repeat the challenge of the Morisons—"produce the will." Is there no evidence of its existence but in assertions contained in quack advertisements?—None gentle reader! none whatever! The evidence is all the other way.

(To be continued.)

## HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, Esq., M.D., F.S.S.

### CHAPTER III.

A.D. 1400—1711.

(Continued from Number XXXIII.)

The progress of surgery was quite as apparent. The Saxons knew no mode of staunching blood; as this was indispensable in surgical operations, it engaged great attention. In amputations the limb was seared with a hot iron, which coagulated the blood, and formed an eschar over the mouths of the vessels. Some had their arms and legs taken off with red-hot irons. Many of them perished, especially in the London hospitals. The patients would rather die with the member on than abide the terrible fire. Various caustic

\* 'Household Words,' vol. ii, p. 37-8, cit. ante.

† T. Roberts and Co. are stated in the advertisements to be the sole proprietors of *Parr's pills*. When men become rich, they frequently shrink from open complicity with the calling which elevated them above the crowd. The company, here, we understand, includes the *principal* proprietors.



powders were resorted to as substitutes for the iron, but *dismembering* remained a fearful business for the patient.\* "Let him," says Woodal, "prepare his soul as a ready sacrifice to the Lord by earnest prayers, craving mercy and help unfeignedly."† He tells the surgeon to tie a ligature round the femoral artery, if he can. Ambrose Paré discovered, or re-discovered the fact that the blood flows from a few vessels; and the profuse bleeding may be arrested by half-a-dozen threads employed as ligatures. Harvey's doctrine of the circulation lent support to the practice; and instead of searing the stump with a red-hot iron, the arteries were tied with silk ligatures in London, at the beginning of the seventeenth century. Union, by first intention, or without suppuration, was not practised, although the admirable operations of Taliacozzi demonstrated its possibility.

Gale mentions, among the surgeon's instruments, incision shears, an incision knife, a flewme, a lance, a cauterising iron, a pair of pincers, or nippers, a probe, a crooked hook, a needle, and a quill; a trappan, speculum oris, speculum matricis (1581.) A great number of instruments are figured in the "Surgeon's Mate" (1617.) Wiseman used either a knife or a razor in amputations. Speaking of the arm of a soldier at the battle of Worcester, he says:—"I would have cut it off instantly with a razour, for the bone being shattered there needed no saw."‡ Wiseman was the Sydenham of surgery; his works are still of great value.

The state of *Pharmacy* is displayed in the various manuals used during this period; among which may be mentioned, 'Serapion' and 'Mesue de Simplicibus,' the 'Nicolaus Magnus,' and 'Nicolaus Parvus,' the 'Lumen Apothecariorum,' the first Pharmacopœia published by authority at Nuremburg (1542), and several Italian compilations. The London Pharmacopœia (1618) fixed the composition, and the proportion of the various compounds prescribed in this country. The College of Physicians had too much modesty to claim the merit of originating a production so felicitous—*ejus caput altius, ejus divini origo; à Jove principium*—it

\* Gale, Enchiridion, p. 63.

† Woodal was surgeon to Bartholomew's Hospital. He was a puritan, and declares in his preface that the "gift of healing is no lesse than one of the gifts of the Holy Ghost;

\* \* \* and was transcendent successively on those whom he had pre-ordained and chosen unto the medicinal function!!" He states that no surgeon of our nation had published any book of the true practice of surgery to the benefit of the younger sort, his mean treatises only excepted—a falshood, or a piece of envy; for the works of Gale and Clowes preceded his treatises.

‡ Several 'Chirurgical Treatises' by R. Wiseman, serjeant-chirurgion, 1676.

sprang from the head of their king! \* Notwithstanding the merits and advantages of the national Pharmacopœia, it must be confessed that it retained many strange ingredients, as well as some unreasonable compounds; a great multitude of spices are enumerated, but in singular contrast stand foxes, vipers, moles, scorpions, swallows, ants, earth-worms, millipedes; triquetral bones, stercus humanum, lupinum, murium, ovillum, caprinum, columbinum, equinum, gallinaceum, hirundinum, vaccinum, caninum sive album græcum; swallows' nests; the blood of bats; frogs' spawn;—testes galli; virga cervina, taurina; urina hominis, apri, capri, canis, tauri; and gold and precious stones. These simples were variously combined; the *Diascordium*, *Mithridatum*, and *Theriac*, contained from twenty to a hundred ingredients in scientific mixture.

It was a matter of great importance to the community that these drugs should be pure and genuine; accordingly, in the statutes (32 Hen. VIII, &c.) there are express clauses authorising four persons of the College of Physicians, with a warden of the mystery of Apothecaries, to enter the shops, and to submit all the wares to a severe scrutiny. This was very solemnly and satisfactorily performed; but no chemical tests existed; and although the separate substances may have been readily recognised by the senses, it is doubtful whether the most delicate organs could have detected an error in the proportions. James's Pharmacopœia remained almost unaltered until the beginning of the eighteenth century; but some of the articles were probably omitted in practice. Mayerne and others, however diffusive in composition, could never have prescribed *all* of them to the Nell Gwynnes, the Portsmouths, and the Clelandes of the day.

The accessions made by the *materia medica* in this period were numerous. The chemists discovered new preparations. Direct commerce with the East Indies brought many scarce articles into the English drug market. America yielded several invaluable remedies. Guaiacum was introduced into Europe, A.D., 1509; sarsaparilla, 1530; sassafras, 1580. Peruvian bark cured a tertian in the Countess of Cinchona, vicereine of Peru, A.D., 1638. It found its way into England before 1654; but the proper mode of administering the remedy was first proclaimed by Robert Talbor, an apothecary's assistant, probably a subsizer of St John's College, Cambridge, and certainly a clever charlatan. His practice was brilliantly successful in Paris; the Dauphin was placed under his care, to the great mortification of the court physicians; and the king purchased the secret of his preparation of bark for 2,000 Louis d'ors, and 2,000 francs a year for life.

(To be continued.)

\* Dedication to James I, Ph. Lon. 1618.

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### POISONS

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\* \* \* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.



## BIOGRAPHICAL NOTICES.

## JOHN STEVENSON BUSHNAN, M.D.

Oneshake of the kaleidoseope, and lo! another figure:—the genus, editor—the species, peculiar. Dr J. S. Bushnan—how shall we describe him? In what formation, primary, secondary, or tertiary shall we find his fellow? We invoke the genius of Cuvier, the learning of Owen, to re-arrange the scattered fragments, and give us a true representation of the organic peculiarities of our whilome friend and *collaborateur*. Here we have a tooth and a talon, a first phalanx and a frontal bone, with a small bit of the *os calcis*, of which, from its looking worn, we have no doubt that he made admirable use in his day; but they are all “odds and ends,” and lie about as if they were never intended to be linked together, and never could. We are fairly puzzled at last; and if we give our kaleidoseope another shake we get no comfort, for the figures look equally bizarre, and defy all mathematical regularity.

This tooth seems to us to be one of the *cuspidati*, and to have a sharp cutting edge—hem! carnivorous;—here is a talon, too; ah! let us see,—this animal lacerated his prey and then ate him up at a meal; leaving nothing but shreds of carrion and dry bones to indicate the repast. That will do: try again. Here is a digital extremity, evidently belonging to the “irritable genus,” class 1st. “Scriptores” and this frontal bone, broad, high, and spacious;—about that there can be no mistake. What a pity that the occipital and temporal bones should be wanting: how rich in suggestions would they not have been! Then this *os calcis*! How some of his fellow-creatures must have smarted when this member was vigorously applied! It is really painful to think of it! The parting kick—what a delightful remembrance!

John Stevenson Bushnan thou wert a “ehiel” whom thine enemies will not soon forget, and thy best friends will never cease to remember. Thou wilt be embalmed in the memory of thy generation. Thou wert, in truth—let men say what they will—a generous fellow, with a supreme contempt of vile “yellow dirt,” and seemed to think that the rest of the world despised it as heartily as thou didst. That was a mistake, brother Editor; but the knowledge of it came too late:—no matter; thou wert much trusted, much loved, and art very much regretted.

Life is a tragi-comedy, and has its laughing side, and just now we see no harm in laughing with an old friend at some of its ridiculous aspects. We write “*currente calamo*,” hitting folly as it flies; we sometimes miss our mark, and lose an arrow, but we have a quiver full of them, and can shoot again at our leisure. Dr Bushnan was a man of an eager temperament, generous feelings, and graceful and winning manner. A perfect citizen of the world he made it his football, and he thought the exercise excellent sport. Few men were better calculated than he to make friends, for besides being a gentleman in aspect and bearing, he was conciliatory, easy, and cordial. He was only too generous—too hospitable—for he filled his house with people whose entertainment cost him more than money, of whom he knew little on the day before, and who had forgotten him the day after. Who could not foresee the result? Dr Bushnan was intended by nature for an honourable destiny,—if he mar it our pen shall not convey the censure. But we hope that we shall see him, some day hence, rising phoenix-like out of his ashes; and mounting to his own sphere.

The subject of our memoir was born at Guildhall in 1810, the son of wealthy parents, his grandfather and father having been Comptroller of the Chamber of London; so might he, but he “would be a doctor,” though we now fancy he wishes he were not; and his mother a well-endowed heiress, of the noble house of Osborne. His grandfather left behind him something like 70,000*l.*; his father, however, was given to the turf, and therefore did not so well provide for those who were to follow him.

Having gone through the routine of preliminary education,

Dr Bushnan was apprenticed in 1826, to Mr Lloyd, then surgeon to the General Dispensary, and afterwards of St Bartholomew's Hospital.

At Aldersgate-street, he had the advantage of instruction in drug-compounding, epping, and strapping legs, from the hands of the late Dr Pereira, then a humble reporter to the ‘Lancet.’ But never was there an idler or faster student than, in those days, was our friend. The care of both Jonathan and Jeremiah Pereira were lost to him. St Bartholomew in vain opened its wards and dissecting rooms. Then, as now, he was the same restless creature. See him, at Mr Stanley's morning lecture, his “bit of pink” carefully covered with an over-coat; his well-turned out “tops;” his tandem waiting for him at the gate to “tool” him down to cover, for in those days he kept his horses at Croydon, and regularly hunted with Lord Derby and Colonel Jolliffe.

But, soon a change came o'er the spirit of his dream. He went to Scotland and took to study. Under the auspices of the Reverend George Gordon, of Elgin, he became an expert naturalist; and, in 1829, we find him the receiver of the gold medal for Botany, in Edinburgh, and the president of the Plinian Society of the university. In 1830, he passed the College of Surgeons of Edinburgh. In the ensuing year, he would have graduated, but Cupid held him in his chains; and in 1831, he took his degree from Hymen, instead of the principal of the university, having married the daughter of a wealthy Dumfriesshire laird. The world was now before him where to choose. Dumfries offered, in the meantime, an agreeable residence, many friends, and a rich field for botanical and zoological pursuits. So he gave a few hundred pounds to Dr Laing, and became his partner. But “The best laid schemes of mice and men oft ga'r agree.” Horses were his bane: and a month after his marriage, driving a pair of thorough breds he was upset, and suffered a severe compound fracture of his leg. Now came a lengthened term of sickness, during which, to make matters worse, his partner, Dr Laing, died. Practice was scattered to the winds; and, sometime after his recovery, he went abroad. After residence and examination at Heidelberg, he graduated at that university, in 1836. In the following year, he purchased the small property and large practice of the late Dr Woodfridge, at Castle Cary, in Somersetshire. He established himself as a consulting physician, under his own vine, at Ansford House, where he soon obtained the almost undivided support of the general practitioners far and near to him, and the confidence of the gentry for many miles around his residence. Few provincial physicians, in fact, enjoyed so large a share of practice. But, his house was the resort of the neighbourhood, his carriages and horses, and his gardens and hot-houses were his pleasure and delight. This could not last. So, in 1841, he broke up his establishment, made over his practice to a friend, and went to the continent.

Dr Bushnan remained seven years abroad, travelling through France and Belgium, Germany and Switzerland, visiting all the great hospitals, studying his profession wherever an opportunity was offered, and publishing from time to time accounts of the various medical schools and university towns of the continent. Neither were the study of the fine arts and languages neglected. Poetry and general literature were zealously cultivated, and a strong foundation laid for future excellence. At Berlin he enjoyed the friendship of Dieffenbach, who strongly urged him to remain as his English assistant—a request warmly seconded by the great Humboldt, who also assured him of the royal patronage: but the Doctor could not be persuaded.

In 1848 the revolutionary troubles on the Continent making it an unpleasant residence for a family, Dr B. returned to England, and fixed his residence in London.

About this time commenced Dr Bushnan's connexion with the ‘Medical Times,’ and it is in the capacity of its late “Editor” that he appears in our columns. During the period of his residence on the continent, he had been in the habit of forwarding to that journal for publication sketches of medical life in Germany and Switzerland, which



were written in an easy and interesting manner. On Mr Healey's retirement from the journal, and its purchase by Messrs Orr, Tyler, and Reed, the new proprietary were in difficulties about a staff. Mr Brailsford, who was sub-editor under Mr Healey, continued to get out the journal, and was appointed its editor. In a short time Dr Bushnan, who had formed an intimacy with Mr Orr, was associated in the management as joint-editor, and in a very short time longer superseded Mr Brailsford and took his seat in the editorial chair. For the first three months Mr Ross, who had twice in Healey's time refused the editorship and held aloof from the management, remained unattached; but after that time he was associated in the political department of the journal. That Dr Bushnan's connexion with the 'Medical Times' was advantageous to the journal cannot be doubted, for he made it his "hobby;" and having very little else to do, he gave nearly the whole of his time to its management. His articles, we believe, were few, but they were commonly vigorous and brilliant, though sometimes they exhibited more elaboration than was consistent with strength. The error was on the side of finish, and arose, we apprehend, from being too long under the file before publication. His great *forte* was in the management of the paper, in connecting with it some of the rising young physicians and surgeons of the day, and thereby giving it a more scientific character. When the journal fell into Mr Churchill's hands, it received doubtless an immense impetus in the same direction. The effect of this tendency was eventually to emasculate it, and efforts have since been made to correct what was obviously an evil. Dr Bushnan's day has closed, but we doubt if the journal will ever find a better editor. He was a correct and tasteful writer when he chose to exhibit, and his literary judgment was useful in determining the selection of articles for publication. He was incapable of steady exertion, but he would undertake anything from a baby's song-book to a Lexicon; and if he could not do it himself, he would find the men who could. His habits, as editor, led him to regard such transactions as a matter of course.

Although we are inclined to excuse our old friend for his own sake, yet, in the cause of literature, we cannot pass by this reference to the matter without a word condemnatory of the practice. It is dangerous, however, to throw stones in this metropolis, for we do not know whom we may hit. As a dinner-giver and diner-out, Dr Bushnan attained considerable notoriety. He was eminently social, and this humour was an important element of his strength. He was never so happy as when his table was surrounded with guests—except when he was dressed for a Court levée. Take him altogether, he was an open-handed, easy-living, good-natured, gentlemanlike, and intellectual son of Apollo, doing no discredit to his order and injuring only himself. His heart was warm, his spirit high, and he loved the world, "and all which it inherit." Of his discretion let us say nothing, for he never made it his boast.

Dr Bushnan has written several works. Before he left England he published three works on Natural History, and another on Instinct and Reason; he also translated Dieffenbach's great work on the Nose, and wrote a Monograph on Worms in the Blood. Since his return he has prepared two volumes of poetry addressed to children—very sweet and pretty; annihilated Miss Martineau and her fooleries, and scourged the homœopaths.

In 1839 Dr B became a fellow of the College of Physicians of Edinburgh; and in 1851 was appointed Physician to the Metropolitan Free Hospital—an office since resigned.

About six months since his connexion with the 'Medical Times and Gazette' terminated, and he is now, we believe, residing on the continent with his family.

J. W. CALVERT, M.D.

HUGH CAMPBELL, ESQ.

THOS. THEODORE CAMPBELL, ESQ.

J. MUSSENDINE CAMPLIN, ESQ.

[Vide 'Medical Directories' for 1853.]

W. CAMPS, M.D.

The name of Dr Camps must not be passed over without some notice of his professional researches. He has not the fortune to be connected in any way with either of the principal London Hospitals, yet his professional associations are sufficiently numerous. On the authority of the 'Directory' we can state that he was formerly physician to the Grosvenor Dispensary, and senior physician to the Farringdon General Dispensary and Lying-in Charity. He is a member of the Harveian Society, and Fellow, Treasurer, and Trustee to the Ethnological Society, a Fellow of the Statistical Society, and a Fellow of the Medical and of the Pathological Society. He is also a member and was formerly honorary secretary of the Medical Society of Paris. Besides his connexion with these strictly professional bodies, he is the medical referee to the Industrial and General Life Assurance Company, and to the United Kingdom Provident Institute.

Dr Camps has contributed to medical literature several interesting papers: one, a very useful production, entitled 'A Tabular View of the Treatment of Uterine Hæmorrhages.' He has also published "A Series of Papers on the Pathological Characters of the Blood in Cancer, Phthisis Pulmonalis, Plethora, in the Exanthemata, Pyrexia;" and a paper "On the Bruit du Diable, in proportion of the Red Globules in the Blood." A paper of a different character has also proceeded from his pen, "On the Employment of Nitrate of Silver in Diseases of the Eyes." Dr Camps passed his examination at the College of Surgeons of England in the year 1840, and took his degree of M.D. at Edinburgh in the year 1842. He resides at 52 Park Street, Grosvenor Square.

NATHANIEL JACOB CANSTATT, ESQ.

HENRY CANTIS, ESQ.

[Vide 'Medical Directories' for 1853.]

ALFRED CANTON, ESQ.

Mr Canton holds the appointment of dental surgeon to Charing Cross Hospital, and is the author of a good treatise on "The Teeth, and their Preservation in Infancy, and Manhood to Old Age." He passed the College of Surgeons in the year 1843, and is a Fellow of London Medical Society. Mr Canton is doing a good practice in the branch of the profession which he has selected. He resides at 17 Great Marlborough Street, Regent Street.

GLASGOW SOCIAL STATISTICS.—The annual report of Dr Strang, city chamberlain, on the mortality bills of the city of Glasgow for 1852, states the real average figure of mortality in that city in proportion to the living, to be as 1 to 34.8. The cost of maintaining the poor in the four parishes of Glasgow, which, in 1848-49, was 105,266*l.*, was only 78,733*l.* in 1850-51—the return for last year not being complete. The bankruptcies connected with Glasgow have decreased by 20, compared with the year 1851. The writer urges the authorities to adopt stringent sanitary measures for the improvement of the city. "Try (he says) by every means in your power to open up densely-peopled quarters to more light and air than they now possess, and to preserve open spaces in the suburbs capable of ere long becoming the lungs of a future city. Endeavour also to control, as much as is consistent with the rights of property, the construction of dwelling-houses, school-rooms, and work-shops, with a view of affording better ventilation, purer air, and greater comfort to their occupants; to extend the already great improvements made in our sewerage and drainage; and to control still further the cess-pools and other noxious agencies which affect the public health and public comfort; endeavour, in fine, to procure for this growing community that indispensable element of internal and external cleanliness—a constant and an abundant supply of pure water, coupled with every one of the other sanitary improvements which the wise and the philanthropic have of late years advocated."



## REVIEWS.

*On Laceration of the Perineum during Labour.* By JOHN COCKLE, A.M., M.D.

This is a little essay of only eight pages, but containing many useful observations. Dr Cockle expresses a doubtful opinion on the influence of artificial support of the Perineum in preventing the occurrence of laceration. Without questioning the propriety of the practice in ordinary labour, he says that, nevertheless, he has known laceration occur in three cases in which careful support was given for three and a half, four, and four and a half hours respectively. He says that he can find no evidence to show that women who have been unassisted in labour are more liable than others to this lesion. Our private experience tends to the belief that laceration occurs most frequently in cases in which the head has been pressing upon the Perineum for "three and a half, four, and four and a half hours," and that when expulsion of the head takes place, mere support is not adequate to prevent laceration.

Dr Cockle thus treats of rigidity:

"I now proceed to offer my own views of the manner in which it is conceivable the accident may arise in such irritable constitutions. I am inclined to think that the Fœtal Head, in its descent from the cavity towards the pelvic outlet, produces, by pressure upon the pelvic nerves, reflex tonic spasm of the muscles of the Perineum. That consequently, by the attachment of these (through the medium of the perineal fascia) to the cellular tissue, the floor of the canal is kept permanently constricted: and that, such constriction being coincident with and antagonistic to expulsive effort, the perineal structures are eventually burst. For an excellent and minute description of these nerves and their distribution in the Perineum we refer to the recent work of Dr R. Lec."

Dr Cockle recommends the use of chloroform in these cases, and quotes Dr Channing's opinion in relation to it, thus,—

"We know finally, that during and in consequence of etherization, circumstances highly favourable to safe as well as to easy labour arise. Among these may be enumerated the increase of secretions in the organs immediately concerned in labour, and a more perfect relaxation or dilatation than existed before its use."—'Etherization in Childbirth,' p. 3.

The administration of Morphia and Belladonna is also advised, and he observes—

"With regard to the treatment to be adopted in such lacerations as I have described, I may presume that, in many of them, Nature alone is equal to the cure. Although union by the first intention is very far from being the general rule, still the patient should be afforded the chance of so desirable a consummation, and a full opiate administered to prevent any action of the bowels for several days. The most perfect repose must be enjoined, and a bandage may advantageously be applied to restrain the motion of the lower extremities. Various local applications either in the form of unguents or cataplasms have been recommended, but their practical inconvenience has been well pointed out by Puzos, 'Traité, &c.,' p. 126.

"As a general rule sutures are to be considered as inadmissible at all events in the early stage. For, in consequence of the lowered vitality of the parts from pressure of the Fœtal Head, they are liable to give way, and thus rather retard than accelerate the process of repair. Such is the opinion of Duparquet, 'Traité de Ruptures, &c.,' p. 426.

"But, when laceration is associated with uterine hæmorrhage and the uterus remains bulky from the presence of large Coagula, which by their passage might lessen the chances of immediate union, the small wire spring clasps used in France might prove exceedingly valuable. They are applied with facility, and may be most readily removed in the event of their inducing the slightest irritation."

The frequent use of the catheter Dr Cockle does not approve, as he has seen it induce constitutional irritation.

*Remarks on the External Application of Iodine in Erysipelas; with Suggestions for its use in Puerperal Fever.* By HUGH NORRIS, Surgeon.

This essay is a reprint from a paper read before the Crewkerne and Yeovil Medical Association. The writer says:—

"Of all the remedies I have tried for this formidable complaint, I have found none approach, in point of efficacy, the repeated external application of the tincture of Iodine. I have used it within the last four years in nearly thirty cases of erysipelas, of which number some were very severe, —all idiopathic, and, although chiefly occurring over the head and face, yet in some few instances affecting the extremities.

"The results have led me to form the following conclusions:—

"1. That the local application of the tincture of Iodine over the whole affected part appears to exercise a specific control over erysipelas.

"2. That (as might *à priori* have been expected) the earlier the remedy is applied, the more rapidly are its good effects manifested.

"3. That it should be repeated until convalescence set in, as often as the surface becomes pale from the vaporization of the Iodine, notwithstanding the somewhat severe smarting which oftentimes immediately ensues.

"4. That it never acts, as nitrate of silver sometimes does, in at once preventing the spread of the disease beyond the limits of its application (by circumvention as it were), but that, *locally*, it merely produces a rapid absorption of the exudation in the subjacent areolar tissue.

"5. That it appears, *ceteris paribus*, to be equally beneficial in the sthenic and asthenic forms of the complaint.

"6. That its effects apparently are *not merely local*, for in every severe case in which I have used it, it has exhibited a marked control over the constitutional symptoms, the constitutional amendment generally appearing to coincide with the local—although, in several instances, while the external inflammation was spreading (the force of the disease, so to speak, having been broken), the internal improvement has sensibly manifested itself, the pulse becoming softer and less frequent, the tongue cleaner and moister, and the previous distress invariably more tolerable.

"In this manner, I have every reason to believe, the disease may be frequently cut short in its course."

Mr Norris does not lay claim to originality in the adoption of this practice, and seems to give the credit of it to Dr Davies, of Hertford.

The use of the same medicine—a pigmentum iodinii, much stronger than the Pharmacopœia tincture—as a local application painted over the whole surface of the abdomen, is recommended also in cases of puerperal fever. A few cases are referred to, in which the remedy is stated to have been used with benefit; and Mr Norris says:—

"The immediate effects of the Iodine application were manifest relief to the peritoneal tenderness and rapid subsidence of the tympanitis, and in the cases I attended at least, such comfort followed its use, and so sensible were the patients of the benefit it appeared to occasion, that, although productive of extreme pain at the time of application, they would again and again beg me to repeat it, 'because it did them so much good.' In the absence of further experience, I attach some value to this last piece of evidence in its favour."

The following are Mr Norris's conclusions:—

"1. That a very free and oft-repeated application of a strong pigmentum iodinii over the whole abdomen, in the low peritonitic form of puerperal fever, is not injurious.

"2. That, as a counter-irritant, at least, it is actually beneficial.

"3. That we have good reason, from analogy, to hope it may possibly in some cases be found to exercise an influence *sui generis* over the peculiar kind of inflammation with which we have to deal in treating the worst forms of puerperal fever."



## ORIGINAL COMMUNICATIONS.

## MERCURY AND PTYALISM.

I have of late remarked an unusual degree of susceptibility to the influence of Mercury in the human frame. It is no doubt attributable to the peculiar electrical condition of the atmosphere which has prevailed during the last three months, of excessive moisture and great barometrical variation. As, however, it will not do to occupy your valuable space with much theorising, I proceed to give my proofs.

The following are a few cases which have recently occurred in my own practice:—

Case 1. T—B—, male, aged 54; disease—secondary syphilis, complicated with delirium tremens, (a nice mélange!) Ordered—proto-iodide of mercury,  $\frac{1}{2}$  gr. every night; iodide of potassium during the day. Result—mouth sore after third pill, giving rise to violent salivation.

Case 2. C—G—, female, 10; disease—remittent fever, with great hepatic congestion. Ordered—hyd. c. cretâ, 2 grains every morning and night; bark, &c. at intervals. Result—mouth sore on third day, proving troublesome.

Case 3. T—P—, male, 26; disease—obscure cerebral symptoms, threatening apoplexy. Ordered—(after v. s.) calomel 1 gr. three times a day. Result—sore mouth after the fourth dose.

Case 4. J—L—, male, 40; disease—chronic pleuritis. Ordered—pil. hyd. (in combination), 3 grs. every night. Result—ptyalism, on the third day.

Case 5. S—J—, male, 16; disease—acute rheumatism, with suspicious cardiac symptoms. Ordered—calomel, 1 gr. every four hours. Result—salivated the next visit.

Case 6. S—L—, female, 65; disease—apoplectic seizure. Ordered—(after usual immediate appliances), a purgative of calomel, 6 grs., and jalap, 1 scruple; one dose only. Result—excessive ptyalism, which lasted a fortnight.

As doubtless such casualties are now of frequent occurrence in medical practice, it may not be amiss to state the means which I have found best to alleviate the suffering they occasion: these are—daily laxatives, (colocynth pills with castor-oil mixture), a liberal allowance of beef tea and arrow-root; and, lastly, the persevering use of gargles, first, of solution of chlorinated soda or lime, with hydrochloric acid; afterwards, of warm brandy and water, with alum and cinchona: in extreme cases, leeches to the angles of the jaws.

WILLIAM J. COX, M.B.

Kensall town, February 10, 1853.

## MEDICAL NOTES AND QUERIES.

## REPLIES

*The Vegetarian System.*—In No. 32 of your Journal (February 9th) under the head of “Medical Notes and Queries,” “An Inquirer” asks to be informed as to the nature of the vegetarian system.

If his object be to deride the system, I as a vegetarian of many years’ standing, have no answer to give him; but if he be really “An Inquirer,” I could do nothing better than recommend his STUDY of an American work on Physiology, entitled, “Lectures on the Science of Human Life,” by Sylvester Graham.

It may, I believe, be procured of Chapman, in the Strand, in its original form; and a cheap reprint may be obtained of or through Horsall, Paternoster row.

I am, sir,

ALSO AN INQUIRER.

London, February 17, 1853.

*To the Editor of the ‘Medical Circular.’*

SIR,—In reply to Mr Giles Sobersides’ answer to an “Inquirer,” as to the nature of “Vegetarianism,” in your last number, allow me to say that I was perfectly aware that

there was nothing new in the vegetable diet system, if that is all that it means. That is as old as Adam (*vide* Gen. chap. i. v. 29); but, having heard of the “public meetings” and “festivals” of the vegetarians of our day, which that shrewd fellow, ‘Punch’ has had a laugh at, I still think, spite of Mr Sobersides’ *dictum*, that I am not quite wrong in believing that this system is one of the *latest* forms of quackery of the age. Of course, everyone may eat, and eke drink, whatever he likes, “*de gustibus non est disputandum*,” but if vegetarianism, or any similar extravagance of the mind, is set up before the public as something that ought to be adopted, then, I maintain, it comes under the head of quackery. No doubt there have been a number of worthy and superior men who have been vegetarians—they have sometimes been “characters,” or else they were wise enough to know what best agreed with them. Mr Sobersides must be aware that man, by the structure of his teeth and his alimentary canal, can be *proved* to be *omnivorous*, and consequently any such deviation from the great laws of nature as vegetarianism upholds and tries to promulgate, is quackery in the true sense of the term, alias, humbug, a thing of ignorant pretension *versus* common sense, and science, to boot. “Quackery” does not necessarily mean that its supporters, of whatever nature it may be, are exactly to be called *quacks*, unless, indeed, they venture to encroach upon the medical domain; there is too much of it in almost every line of life. For a capital account of literary quackery I beg to refer Mr Sobersides to Macaulay’s critique on Robert Montgomery’s Poems (see Essays). I must own that it has not yet come under my observation, that we *carnivori* do “consume whole mountains of roasted beef or mutton daily;” perhaps Mr Sobersides has observed that “great fact.” In conclusion, I beg to repeat that I do not consider myself quite wrong in thinking and saying that vegetarianism is one of the last forms of quackery.

I am, Sir, yours, &c.,

INQUIRER AS TO VEGETARIANISM.

P.S. The vegetarian’s abhorrence of the “slaughter of animals for food (*i. e.* those large enough to be seen)” is a sufficiently visible proof of the ridiculous nature of this ludicrous system.

## CORRESPONDENCE.

*To the Editor of the ‘Medical Circular.’*

MR EDITOR,—Your leading article in the ‘Medical Circular’ of the 16th inst., bears upon a subject so important to the profession that I am induced to furnish you with an outline of circumstances, which occurred to me at this place in January last year.

I was requested to visit a child about five years of age, whom I found in a dying state from excessive vomiting, and purging, and who only survived a few hours after my visit; the cause of the vomiting and purging was attributed by the father (a man of bad character) to a dose of powdered jalap he had administered on the preceding day. On requesting to have ocular demonstration of the matters which had been vomited and of the alvine secretions, I was told “they had been *thrown away* by the direction of the father prior to my visit.” Learning the child had been in previous good health even to the day preceding my visit, I thought *poison* had been administered, an idea strengthened by the appearance of the body after death; and therefore I applied for an *inquest*, which was held before J. Stokes, Esq., coroner for the lower division of the county of Pembroke, who ordered Mr Mathias Jones, the Union Medical Officer, to make a post-mortem examination of the child, *without informing* me of the fact, but which, accidentally learning, I immediately requested the coroner to permit me to be present, to which he replied, “You may if you like.”

The post-mortem examination elucidated such evident effects of acute inflammation on the lining membrane of the stomach, the duodenum, and the lower intestines, that the jury would not give a verdict until the whole of the *viscera*



and the *medicines* I had prescribed had been examined by Mr Herepath, of Bristol, who gave as his opinion "that he could not trace poison of any kind in them;" therefore, the verdict returned was, "The deceased came by her death from violent inflammation of the stomach and bowels, but *certainly* not by poison."

The following was the treatment I, a doctor of medicine, a member of the Royal College of Surgeons, and a licentiate of the Apothecaries' Company, having been in active practice for thirty-four years, received at the hands of the coroner on the above occasion.

1stly. The medicine I prescribed for the patient on whom I had requested the inquest was forwarded to a chemist to ascertain whether it contained poison or not!

2ndly. Another medical man was ordered to make the post-mortem examination, who had been but a few years in the profession, and whose knowledge of pathology, in consequence of his residence in Wales, must necessarily be *extremely small*.

3rdly. I was ordered to leave the inquest-room during the examination of witnesses, and at the sunning-up of the evidence, and also when the verdict was delivered.

In fact, sir, I was treated with so much want of courtesy by the coroner, that I have made up my mind to request no more *inquests*.

I am, Mr Editor,  
Your most obedient servant,  
H. B. C. HILLIER.

Tenby, South Wales, February 17th, 1853.

#### REMUNERATION OF MEDICAL OFFICERS OF UNIONS.

*To the Editor of the 'Medical Circular.'*

SIR,—I observe in the 'Medical Circular' of February 2nd a paragraph relating to the way in which my professional brethren, of Tewkesbury, are rewarded for their important services by the Guardians of that Union.

I think much credit is to be attached to them for protesting against an arrangement which must be most noxious to the Medical Officer, in consequence of his being paid so badly already. It has long appeared to me that the Medical Officers of this country are most shamefully remunerated for their services.

The question is, how is this to be remedied? The rate-payer complains of the oppressive tax he suffers from, and he receives nothing in return. This is true—but how are the Medical Officers of unions to be paid for their hard-earned services?

It can never be remedied, in my opinion, unless Government will sanction the payment of Medical Officers being made a charge upon the Consolidated Fund. It is not one set of Medical men in this country that ought to complain, it is the whole body throughout the kingdom; it must be "a pull, a strong pull, and a pull altogether," that must effect the change.

M.R.C.S.E., L.A.C., Somerset.

**THE CHOLERA.—RUSSIA.**—591 cholera patients were under treatment at St Petersburg on Jan. 20. On the same day there were 55 new cases, 28 cures, and 21 deaths.

**BETHLEHEM HOSPITAL.**—The Governors, having appointed a second physician to the Bethlehem hospital, are now considering the propriety of also appointing a second apothecary.

**LONDON HOSPITAL.**—The House Committee met on the 22nd inst., to receive and examine applications from candidates for the office of physician to the hospital, in the place of the late Dr Pereira.

**HOSPITAL FOR DISEASES OF CHILDREN.**—The annual meeting of this charity was held in the board-room, Great Ormond street, Queen square, Sir H. Dukenfield in the chair. The number of out-patients alone numbered 1 250, and all the beds were generally full. The addition of fever wards proved most beneficial. The subscriptions figured 293*l.*; the donations, 4,221*l.*, including 100*l.* from her Most Gracious Majesty.

#### STRAY LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

POPULAR HYGIENE.—NO. I.

"I have here made only a nosegay of culled flowers, and have brought nothing of my own but the string that ties them."—MONTAIGNE.

"He that can cure by recreation, and make pleasure the vehicle of health, is a doctor at it in good earnest."—COLLIER.

Among the numerous excellent literary proverbs in which, as Lord Bacon observes, "the genius, wit, and spirit of a nation are discovered," and which the wisdom of our forefathers has handed down to us from generation to generation, are to be found many "old sayings and true," containing some of the most useful portions of what is called the *Hygiene* of Medicine; or those plain rules of health, as regards attention to diet, air, exercise, &c., which, since "prevention is better than cure," every one may make use of, if he pleases, to his own advantage, and which the widespread diffusion of these "old saws and wise sayings" has contributed not a little to make known among the ignorant and the unlettered. Truly do we say, "forewarned, forearmed."

"Principiis obsta, sero medicina paratur,  
Cum mala per longas convaluere moras."—OVID.

A few of these, together with a number of hygienic literary scraps, it is the design of the following papers to string together.

Well, doubtless, would it have been if many of our worthy forefathers had themselves followed the precepts which they so pithily inculcated, and then probably we should have heard less of

"The pains arthritic that infest  
The gouty toe of libertine excess;"\*

nor in this, as well as in divers other cases, would "the sins of the fathers have been so often visited upon the children, even unto the third and fourth generation." But in these as in other matters, "preaching" and "practice" are very different things. Voltaire tells us that "the physician is an unfortunate gentleman, who is every day required to perform a miracle, viz., to reconcile health with intemperance." Most of us are too fond of the good things of life to "feed sparingly and dupe the doctor," though we may not only know but also feel that "satis est quod sufficit."

"Nature's with little pleased, enough's a feast."†

Even the doctors themselves do not always follow the sage rules they lay down for their patients' observance. Abernethy being once joked at a dinner-party about a slight discrepancy between his dietetic principles and his own practice, stood up and extended his arm at right angles, as much as to say, "Don't you see what I am—a mere *directing post*?" thus, while borrowing a joke from Joe Miller, showing that though he pointed out the way to others, he was himself fixed to the earth. And truly, "for aught I see, they are as sick that surfeit with too much as they that starve with nothing."‡ "Diseases are the interest paid for pleasures;" and most sooner or later learn that

"The Gods are just, and of our pleasant vices  
Make instruments to scourge us."§

Though too many are of opinion that "qui vivit medietate, vivit miserè," more especially as regards the "creature comforts," or the luxuries of the table.

The stomach has been well called the "*conscience* of the body," but, like the conscience of the soul, its dictates and warnings are too often disregarded. To illustrate the important duties which this organ performs in the animal economy, we need only remind the Shaksperian reader of

\* Cowper's "Task."

† Shakespeare. "Enough's as good as a feast."—*English proverb*.

‡ Shakespeare.

§ Ibid.



the fable of the stomach and the members; citing a few lines:

"There was a time when all the body's members  
Rebell'd against the belly; thus accused it,  
That only like a gulf it did remain,  
I' the midst of the body, idle and inactive,  
Still cupboarding the viand, never bearing  
Like labour with the rest; where the other instruments  
Did see and hear, devise, instruct, walk, feel,  
And mutually participate, did minister  
Unto the appetite and affection common  
Of the whole body. The belly answer'd—  
'True it is, my incorporate friends,' quoth he,  
'That I receive the general food at first,  
Which you do live upon: and fit it is;  
Because I am the storehouse and the shop  
Of the whole body: but if you do remember,  
I send it through the rivers of your blood,  
Even to the court—the heart, to the seat o' the brain,  
And through the cranks and offices of man:  
The stroughest nerves and small inferior veins  
From me receive that natural competency  
Whereby they live.'"

Surely, Beaumont and Fletcher show no small sagacity, when they observe; "What an excellent thing did God bestow upon man, when he did give him a good stomach!" "Hunger is," in truth, "the best sauce;" and "A good digestion turneth all to health."\* "Tis good, also, to be merry at meat;" for, "A merry heart doeth good like medicine;"† and "Better is a dry morsel, and quietness therewith, than a house full of sacrifices with strife."‡ Our wise forefathers well knew the benefit of mirth and merriment at their meals; hence, most of the wealthier gentry and nobles of the olden time used to keep a professed jester or "fool" at their hospitable boards, to crack jokes and "keep the table in a roar;" and "My lord that's gone, made himself much sport of him." "Ride, si sapias," says Martial: "Laugh and grow fat," says the proverb. "Simple diet is the best," remarks Pliny, "for many dishes bring many disorders." Then, we are told, that "God sends meats, but the devil sends cooks;" and so, what with the quality of these cooked meats, and the quantity consumed, "Men dig their graves with their teeth." Of a truth, "The recipes of cookery are swelled to a volume, but a good stomach excels them all;" even though

"Epicurian cooks  
Sharpen with cloyless sauce the appetite."

"After dinner sit awhile,"§ and "Early to bed," since "One hour's sleep before midnight is worth two after it;" and "Early to rise," for, "Surgere diluculo saluberrimum est."|| As a Dutch proverb also has it, "He who rises early doubles life;" though even then, as Sir Thomas Browne expresses it, "The brother of death extracteth a third part of our lives."

THE NEW LAW OF LUNACY.—On Monday Earl St Leonard's Bill reforming the Law of Lunacy was read for the first time. The bill is under three heads:—1. For lessening the expense of the commission *de lunatico inquirendo*: to prevent the unnecessary summoning of juries; to confer upon the Lord Chancellor the right of chamber practice as regards lunatics; to prevent the unnecessary attendance of the next of kin, and to do away with the references to the Masters in Chancery. 2. The consolidation of the lunacy laws. 3. The safe guardianship of lunatics. The bill has no reference to criminal lunatics, nor does it include Bethlehem Hospital. But as regards Bethlehem, Government has expressed its determination to enact a law bringing the hospital under the provisions of the above bill.

\* Herbert.

† Proverbs.

‡ Ibid.

§ Lord Bacon says, "Aged men and weak bodies a short sleape after dinner doth help to nourish."

|| Sir Toby Belch, indeed, tells us that "Not to be abed after midnight is to be up betimes; and 'diluculo surgere,' thou knowest."

## MEDICAL SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 25, 1853.—MR HODGSON, PRESIDENT.

(Continued from p. 134.)

Mr BARLOW, while fully admitting the value of the contribution already made by Dr Barnes to the Society on fatty degeneration of the placenta, could not but perceive that Dr Drnutt's interesting communication supplied some very important matter relative to the degeneration of that organ, as generally viewed. Wherever atrophy prevailed to excess there was a tendency to fatty or earthy degeneration, as was exemplified by the placenta as well as other parts. He quite agreed with the author that much of the placental degeneration which was found at the close of gestation should be called normal. He had examined the placenta of a woman seven months gone with child on its expulsion; it was very slightly degenerated; the villi were for the most part healthy and full of blood-corpuscles; the child was shrivelled, and died soon after birth. The mother had erysipelas, and was in a state altogether unfavourable for the support of the life contingent on her own. He thought, in this case, that the death of the infant was owing to the changes in the maternal blood, and not to any alteration of the placenta. As to what the author had observed respecting the propriety of producing premature labour in cases where the child was considered to be perishing from suspected fatty degeneration of the placenta, he must beg to express his agreement. Were the child really perishing from atrophy, its chances would not be benefited to any certainty by the proceeding; were it weak simply, and quite viable, it seemed better for it to remain in utero. As to the mother herself, it was clearly most prudent not to interfere.

Dr MURPHY said—In his opinion, many of the examples of fatty and calcareous degeneration of the placenta were analogous to the same processes in the muscles and arteries of some aged people. There was, however, a species of degeneration of the placenta to which he wished some allusion had been made by the author. He alluded to that form of degeneration which Dr Simpson had described as resulting from inflammation, and the conditions supervening thereupon. In one of the cases related in Mr Drnutt's paper, he thought the fibrinous effusion which had been mentioned as observable in a small portion of the placenta pointed to the existence of previous inflammation, from which, in all likelihood, the fatty and calcareous degeneration of the placenta in that particular instance resulted. The question which thus sprang up respecting the origin of the degenerative processes in individual cases was, he considered, of the highest importance, because it was probable that a placenta which had degenerated after its inflammation would adhere in most cases, to the uterus, and be discharged with difficulty after the expulsion of the foetus. Now, if this connexion could be established, it might be quite possible, by close attention, to make out the presence of inflammation of the placenta during gestation, and both to counteract it by suitable remedies and to be prepared for the circumstances that might arise in consequence at the time of delivery.

Dr OGIER WARD did not agree with Dr Drnutt in the opinion he advanced respecting the influence exercised by degeneration of the placenta on the foetus. He believed, with Dr Tyler Smith, that in most cases the foetus died first from other causes, and that subsequently the placenta degenerated from having no function to discharge. Calcareous degeneration of the placenta was, according to his experience, more generally met with among the poor than among the rich, and he thought it very likely depended on deficiency of nourishment and other privations to which the poor were exposed. Calcareous change was, he believed, the most common form of degeneration of the placenta, for he had met it more frequently than either the fibrinous or fatty.



Mr TOYNBEE observed, that an interesting feature in relation to the subject under discussion was the connexion between fatty and calcareous degenerations. He had noticed, that when these changes affected the ear, they took place simultaneously, and appeared independent of each other.

Mr BOWMAN was opposed to the explanation given by Dr Druitt as to the cause of degeneration of the placenta—an explanation which seemed to him inconsistent with sound physiology. There was no period during the existence of the placenta in which it could be said to be naturally on the decline, either in structure or function. He considered it to be an organ which was expelled from the uterus while completely developed and in possession of its most active functions. There was no analogy between the placenta and such organs as the thymus gland or the testicles of birds, which become developed for a temporary purpose, and then gradually atrophied. The placenta was, under natural circumstances, continually increasing, both in extent of structure and activity of function, from the time of its first formation to that of its discharge; and these processes of growth and development were manifestly in correspondence with the increasing wants of the foetus, which it was unreasonable to suppose required less nourishment at the termination of its intra-uterine life than at any previous period.

Mr HEALD considered calcareous degeneration to be the result of electricity, and said it might be imitated out of the body by the action of some blood on a pair of galvanic plates.

Dr BARNES was gratified to find that the subject which he had brought before the Society had excited the attention which had been bestowed upon it. He could not altogether agree that the remarks of Dr Druitt were correct. He himself had examined many healthy placenta of the full period. It was difficult to examine any healthy tissue, not placental only, without detecting the presence of some granules or spherules of oil; and it was expressly stated in his paper, published in the 'Medico-Chirurgical Transactions,' that some oil was found in the healthy placenta; but the proportion was exceedingly minute, and not of a degree or character to alter the texture of the tissues, or to impede their function. He believed that whatever fatty degeneration might be found in the normal placenta at times was accidental and partial; and that appeared to be confirmed by Dr Druitt's remark, that he had usually observed it at the margin, where there is commonly a hard, gristly border, the result of effused fibrine. He (Dr Barnes) believed that either from pressure or other circumstances, the villi in the immediate vicinity of this gristly border might become atrophied and degenerate. But this was accidental, and in no way proved that degeneration to any extent affected the mass of the placenta. It was obvious that the placenta was an organ the integrity of which was essential to the child up to the very moment of birth: and he was glad to hear Mr Bowman confess that opinion. This fact was a strong argument against the conclusion of Dr Druitt, that fatty degeneration was a normal condition of the placenta towards the termination of pregnancy. He had also paid some attention to calcareous degeneration. He had not observed the crystalline form so frequently as Dr Druitt had. It was usually amorphous. It seldom appeared to him to affect the villi themselves; and it certainly, except perhaps in very extreme cases, did not interfere with the function of the placenta. He (Dr Barnes) wished to correct a remark of Mr Barlow's. If Mr Barlow would refer to his paper, he would observe that he did not recommend the induction of premature labour as a rule in practice in cases of suspected fatty degeneration of the placenta. He had merely referred to the fact, adverted to by Dr Tyler Smith, that women had been observed, time after time, to bear dead children in connexion with some or other of diseased placenta, and that in such cases the induction of premature labour had sometimes been the means of saving the child. He had simply remarked, that fatty degeneration was a form of disease similarly liable to recur in successive pregnancies, and that it might become a question whether the induction of labour

should not be resorted to. He had placed in the hands of the Society a second paper illustrated by additional cases; and he believed it would be found that this paper confirmed the statements he had previously made. It would be inexpedient to anticipate the contents of that paper. He preferred to rest his case upon it.

Dr DRUITT had been led to the investigation of these degenerations by repeatedly observing, in one of his cases, that the death of the child was associated with a degenerated condition of the placenta. Notwithstanding much patient inquiry, he had hitherto been unable, from the cases which had occurred to him, to obtain any other explanations respecting the causes of the degenerative changes than those expressed in the paper he had submitted to the Society. He had observed these changes in women of all ages and conditions, but he had been unable to connect them with previous disease, or the habits and circumstances of life. He had compared the placenta of healthy women with those of women whose systems were tainted with struma or syphilis, but he had been unable to discover any difference in respect to the frequency of degeneration between the two.

The Society adjourned at the usual hour.

#### MR HODGSON, F.R.S. (PRESIDENT), IN THE CHAIR.

*Observations on the induction of Premature Labour before the Seventh Month of Pregnancy. By Dr Robert Lee, F.R.S.*

In the year 1812, in the third volume of the "Transactions" of this Society, Dr Merriman had published a paper entitled 'Cases of Premature Labour Artificially induced in Women with Distorted Pelvis, to which are subjoined some Observations on this Method of Practice.' The author thought it significant that in thirty-two volumes of the 'Transactions,' embracing a period of forty years, there did not occur the history of a single case to illustrate this important rule of practice; while in these volumes there were reports of ten cases of Caesarian operation. Of the safety, efficacy, and morality of inducing premature labour, in conformity with the rules inculcated by Dr Merriman, the author thought most British and some foreign practitioners were convinced; but in respect to the induction of premature labour before the seventh month and in first pregnancies, to obviate the danger of craniotomy and the fatal effects of the Caesarian section, in cases of great distortion of the pelvis, little had been said by writers on midwifery. To justify the practice, which the author regarded as equally safe, efficacious, and moral, before as after the seventh month of utero-gestation, and in a first as in any subsequent pregnancy, he submitted the history of a successful case, which was attended with peculiar complications and formidable difficulties. In October, 1849, with Mr Booth, of Queen-street, Westminster, he saw Mrs S—, who had been in labour forty-eight hours, and whose pelvis was distorted in the highest degree from mollities ossium. After perforating the head, which had not entered the brim of the pelvis, and by tearing in pieces the bone with the crotchet, delivery was accomplished after two hours' violent exertion. The partially dilated state of the os uteri greatly increased the difficulty and danger of the operation. The patient recovered without any unfavourable symptom. In December, 1852, the author learned from Mr Booth that the patient was again pregnant; and in the fifth month, some diagnostic symptoms of pregnancy being absent, any interference was postponed for another month. In January, 1853, the movements of the foetus could be distinctly felt, and the necessity for immediately attempting to induce premature labour was obvious and urgent. The great distortion of the pelvis (the tuberosities of the ischia were almost in contact, and the sacrum projected forward so as nearly to touch the front of the pelvis) presented unusual difficulties, seen in reaching the os uteri for the purpose of introducing the stilet catheter to puncture the membranes. After a time, the fore and middle fingers of the left hand were passed into the vagina, and the interior lip of the os uteri was touched with the tip of the forefinger; the instrument was then guided into the cavity of the uterus, and the membranes punctured. The liquor amni continued



to flow till the morning of Friday, the 7th of January, when labour pains came on. At two p.m. the os uteri was so much dilated, that the points of two fingers could be introduced, and the nature of the presentation ascertained. It was not the head, but whether shoulder or nates could not be determined. At seven p.m. the right hand was hanging out of the external parts, and the shoulders and thorax had sunk deeper into the pelvis. On a careful examination, it was found that the tuberosities of the ischia had been pressed considerably apart, the short diameter of the outlet being thus increased; and there was little doubt but that the bones at the brim had also yielded somewhat to the pressure. The shoulder being brought down as much as possible, the viscera of the thorax were removed by the crotchet; and, after fixing its point in the spine as near as possible to the pelvis, after strong traction, the nates and lower extremities were drawn through, and the other superior extremity soon followed. But little difficulty was experienced in crushing or extracting the head. The placenta soon followed. Three weeks after the delivery the author received a satisfactory communication from Mr Booth, stating that the patient had progressed very favourably.

THE PRESIDENT asked Dr Lee what he would consider the smallest diameters of a pelvis which might permit forcible delivery to be accomplished by the natural passages; and he was anxious to know whether instances of such extreme distortion might not present themselves, that extraction of the fœtus by the Cæsarian operation would be preferable to attempting forcible delivery by the natural passages.

DR LEE said, the question he wished to bring before the Society was the propriety of inducing premature labour before the seventh month, to obviate the dangers of craniotomy after that period, and the risk of the Cæsarian section. The question of the President was not an easy one to answer, but he was strongly inclined to believe that delivery might always be accomplished before the seventh month. In the case he had laid before the Society the distortion was extreme, greater difficulties were never surmounted, and he did not believe that any accoucheur would be at all likely to meet with a more deformed pelvis. He had seen the pelvis of a woman who had been delivered by the Cæsarian section, and had perished in consequence during the past year; and he had no hesitation in declaring, that the pelvic deformity in that case was less than in the one he had succeeded in delivering by the natural passages.

DR JOHN CLARKE had witnessed an instance in which delivery was effected between the sixth and seventh month with considerable difficulty; and, had the pregnancy been allowed to proceed, the fœtus could only have been extracted by the Cæsarian section. Dr Lee, perhaps, would recollect having seen this case at the Lying-in Hospital. His personal experience would not enable him to decide whether the Cæsarian operation might not, in some instances, be impossible to avoid; but a gentleman who had great experience in obstetrical practice informed him that he had met with no cases in which premature delivery might not be accomplished with care and attention before the seventh month, nor with any in which recourse to the Cæsarian operation might not be averted by this proceeding.

A MEMBER said, it had been mentioned by Dr Lee that the bones of the pelvis yielded during delivery in the case which had been related; but he should like to ask Dr Lee whether such yielding might not be ascribed to the ligaments, inasmuch as M. Lenoir had recently laid some observations before the French Academy, to prove that the ligaments did yield considerably in cases of deformed pelvis.

DR LEE was at a loss to know what ligaments could have yielded so as to increase the dimensions of the pelvis in the case he had related.

DR TYLER SMITH believed that it would be a very advantageous circumstance if delivery could be brought on in cases like that detailed by Dr Lee without rupturing the membranes. The retention of the liquor amnii prevented the violent contractions of the uterus from taking place, and

so diminished the risk of its rupture, and he thought it would be far better to induce premature labour by the use of the douche than by rupturing the membranes.

DR LEE was acquainted with no certain mode of inducing premature labour except rupture of the membranes. The plan alluded to by Dr Tyler Smith was one that possessed many advantages, and had been used by himself to bring on premature labour after the seventh month, but he thought it was not so applicable before that period. It was quite true that the uterus was less likely to rupture if the liquor amnii had been retained, but nevertheless it might rupture, and he thought it quite possible that the douche might fail to accomplish its object, or that labour so induced might be ineffectual and much prolonged.

DR TYLER SMITH said, that the plan of bringing on premature labour by the douche was perfectly safe, and had been found very efficacious in cases of distorted pelvis in Germany. It was, in his opinion, a far less hazardous proceeding to throw up a jet of water into the uterus, than to puncture the membranes as Dr Lee had done, by a stilet catheter, which, in consequence of the distance at which the uterus was placed from the vagina, in such instances might penetrate the walls of the uterus or pass out into the cavity of the pelvis, and do considerable damage without any fault of the operator. By the employment of the douche no such risks were incurred, and he thought this constituted an additional reason for adopting a practice which experience had shown to be effective and devoid of danger.

The Society adjourned at the usual hour.

## OUR NOTE BOOK.

*Case of Extra-Uterine Fœtation occurring in a Hernial Sac.*  
By Dr Skirvan.

An otherwise healthy woman, aged 38, had from childhood an imperfectly developed inguinal hernia of the left side. She had been delivered eight times without the occurrence of anything abnormal, except that on one occasion she had given birth to twins; however, in consequence of her labours being difficult, the hernia had gradually increased until it attained to half the size of a child's head. The patient suffered no other inconvenience from it than that occasioned by its bulk, and the hernia was easily reduced during her confinement to bed. In October, 1850, she experienced, while in the act of stooping, the sensation of a round body falling suddenly into the hernial sac; from that time the hernia steadily increased in volume, and the tumour became the seat of pains similar to those caused by a burn, which were relieved by cold applications. Two months later the patient perceived slight movements in the tumour, and Dr Skirvan then saw her for the first time; he diagnosed an extra-uterine pregnancy, but deferred operating. On the 24th of April pains set in; they extended from the sacrum to the hernia, and rapidly increased both in frequency and intensity. The patient having been put under the influence of ether, an incision five inches long was made in the fundus of the tumour, which now reached to the knee; the placenta was then observed covered with a sero-fibrous envelope three lines in thickness, the structure of which roughly resembled that of the uterus. The child was extracted living, with the membranes, but died in an hour after the operation. The wound soon closed, and the patient recovered completely; the hernia, however, continued as large as it had been before its occupation by the fœtus.—'Wicner Zeitschrift.' Nouvelle Encyclographie des Sciences Médicales, October, 1852, p. 261.

*History of Corsets.* By M. Bouvier.

The Academy of Medicine (Séance du 25 Janvier, 1853, Presidencé de M. Bérard) feeling with propriety that no subject affecting the health is below consideration, has given its attention to a report from M. Bouvier upon lady's stays. The work is divided into two parts; the first, now before the public, being the history of stays. The report bears especially upon stays without seams and without a mechanical



busk. The learned author, who seems to have ransacked both ancient and modern history for information upon so absorbing a matter, arrives at the following conclusions :

1. The history of the dress of the principal people of antiquity shows that the want of a retentive garment, more or less constricting, round the trunk in the female, was felt in ancient as well as in modern Europe.

2. In other times, as now, women have been disposed to overdo this circular constriction, to the detriment of their health.

3. In the history of modern civilisation, one sees after the relinquishment of the ample tunic of the Roman ladies, the figure first simply surrounded in a well-fitting corsage ; then inclosed and bound in a sort of cuirass, called "corps à baleines;" and, lastly, brought out and supported by the present corset, the last form of this special garment.

4. Although corsets, when improperly employed, may be prejudicial, yet, when well made and well adjusted, they have not the injurious effects usually ascribed to them.

5. It is an error to attribute the constriction of the lower part of the chest to the influence of stays. A constriction is normal, within certain limits, in both sexes, and subject to vary from other causes than the pressure exercised by this article of dress.

6. There is no proof that the use of corsets produces deformity of the vertebral column.

7. Not only should motives deduced from æsthetics and from the social destination of woman induce the physician to pervert the use of corsets, under proper restrictions, but, moreover, there are many circumstances, such as the volume of the bosom, the relaxation or the distension of the muscular wall of the abdomen, the habitual bending of the trunk, the lateral deviation of the spine, etc., which give formal indications for the employment of this sort of bandage, whether upon hygienic principles, or as an aid to cure certain lesions.

The second part of this contribution to medical literature is to be presented at the next *séance*.—Union Médicale, Jan. 27, 1853.

#### THE HUNTERIAN ORATION.

The oration in honour of the great John Hunter was delivered on Thursday, the 15th inst., by Mr Bransby Cooper, in the new theatre of the College of Surgeons. The new theatre is certainly a great improvement over the old lecture-room : it will contain about 400 persons ; and, though imperfect in some respects, will, when completed, no doubt be sufficient for all its purposes. Before three the theatre was full, and in consequence of the entrance door for the Council having not yet been completed, the President, the Orator, the Council, and visitors, had considerable difficulty to get to their respective places. So crammed was the passage alluded to above, that it was in vain, for a few minutes, that the silver mace was wielded by Mr Stone, or that the official dress of the President could obtain respect from the crowd. At length, however, a passage was made, and, after a somewhat hard squeeze, the dignitaries of the College reached their destinations. The oration, as usual, was a written one, and if it did not go much out of the usual course of these lucubrations, at all events might be regarded as thoroughly Hunterian. Mr Cooper first made a few remarks on the peculiar characteristics of Hunter's mind : of its originality and power, unaided or strengthened by early education ; of its unwearying activity and its tenacity of purpose. He referred to the gigantic museum, which was an honour to the country, and of itself would have conferred immortality on Hunter. He then spoke of the difficulties of choosing a subject for the occasion, so that he might not pass over a trodden road ; and therefore, from the preparations of Hunter, he gave an interesting account of the labours of the great naturalist in his early researches into organisation. He paid a graceful tribute to the memory of the late Mr Vincent, Dr Pereira, and Mr Dalrymple ; and concluded his oration amid great applause.

#### Obituary.

Feb. 15.—JOHN ERSKINE RISK, M.D. Royal Navy, at Mount Pleasant terrace, Plymouth, aged 70.

Feb. 15.—JONATHAN MONCKTON, Esq., M.R.C.S. Eng. 1819 ; L.S.A. 1818 ; at Porto Bello, Brechley, Kent, aged 56. The deceased was the son of a respectable salesman and farmer, residing in East Peckham, Kent, and was apprenticed to his uncle, then an eminent practitioner in Brechley. Having passed the college and hall he became assistant to his uncle, and was thus engaged until his uncle's death, which took place about 15 years ago, when he came into possession of the practice, and also considerable property. During the last five or six years, he has given his attention principally to agricultural pursuits, leaving his practice to the management of his son. He was extensively connected in the neighbourhood, and from his social habits enjoyed a large circle of friends. On Saturday the 12th inst., he was seized with enteritis, and expired on the following Tuesday, leaving a widow and eleven children to mourn his loss.

Feb. 15.—JAMES COVE JONES, M.D. at his residence, Cassailles House, Southsea, Hants (and of Milverton, Warwickshire) aged 64.

Lately.—CORNELIUS HARRISON BROWNE, Esq. F.R.C.S. (Hon.) 1843 ; L.S.A. 1834 ; at the Kent and Canterbury Hospital to which he had been the Resident Surgeon 15 years. His death is a source of deep affliction to a large circle of friends, and especially deplored by the sick poor, who found in him, not only an assiduous medical attendant, but also a sincere sympathiser in their sufferings.

#### MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At a Comitia Majora Extraordinaria, held on Thursday the 17th inst., Dr Ramskill, St Helen's place, Bishopsgate, having undergone the necessary examinations, was admitted a Licentiate of the College.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted to the Fellowship, at the last meeting of the Council :—John Nathan Bainbridge, St Martin's lane ; diploma of membership dated Dec. 1, 1820 ; William Bodington, Keilworth ; May 6, 1808 ; Edward Blackmore, Manchester ; March 26, 1830 ; J. Livingston, Craigie, Finsbury square ; Nov. 28, 1834 ; James Henry Ceely, Aylesbury ; Aug. 3, 1832 ; George Daniel, Manchester ; Jan. 6, 1837 ; Wm. Batchelor Diamond, Henley-in-Arden ; Feb. 5, 1808 ; Oswald Dieken, Middleton ; Jan. 23, 1827 ; Robert Duncan, Tunbridge Wells ; June 20, 1834 ; Richard Faircloth, Newmarket ; May 8, 1832 ; Bernard Gilpin, Ulverstone ; Dec. 7, 1813 ; Henry John Gore, Croydon ; April 2, 1819 ; John Hembrough, Waltham ; Jan. 23, 1827 ; H. S. Illingworth, Arlington street ; March 16, 1832 ; William Irving, Penrith ; Oct. 1, 1830 ; George Henry Marshall, Kingstou ; Jan. 5, 1836 ; Tobias Mitchell, Redruth ; Dec. 16, 1808 ; John Parrott, Clapham common ; May 19, 1809 ; Timothy Pollock, Hatton garden ; March 3, 1820 ; Joseph Seed, Rochdale ; March 1, 1816 ; William Thompson, Bognor ; Sept. 5, 1823 ; James Townley, Kennington common ; March 26, 1830. At the same meeting, Mr John Macdonald, of Coburg place, Kennington, a member of the Edinburgh College, was admitted, *ad eundem*, a member of this College.

LICENTIATES IN MIDWIFERY.—In our last Journal, we omitted to include amongst the gentlemen who had passed the necessary examinations for this distinction the name of Mr Francis Nottige Macnamara, of Uxbridge.

A deputation, consisting of the Earl of Burlington, Lord Montagu, Mr Warburton, and Mr Lefevre, (Members of the Senate of the University of London,) had an interview with the Earl of Aberdeen, yesterday, at his official residence in Downing street.



**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 10th February, 1853:—Henry Cantis, London; Edward Davis, Newbury, Berks; Henry Desplan, Bath; Edward Hampton, London; John Manley, Pernambuco; George Woods, Maghull, Lancashire.

**RECOGNITION OF THE CLAIMS OF ASSISTANT-SURGEONS IN THE ROYAL NAVY.**—Sheerness, Feb. 14th.—The Esplanade, 12, Commander George Hancock.—An example has been set by Commander Hancock, which we hope to see followed by other commanders fitting out vessels of her class. Under the present Admiralty regulations for the accommodation of officers, no provision has been made for the assistant-surgeon appointed. Captain Hancock has given up one of his own cabins for the entire use of the assistant-surgeon, otherwise he must have been without a cabin for his personal comfort.—'Times,' Feb. 16th.

**MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.**—The annual meeting of the Belfast Branch of this Society, so laudable and purely philanthropic in its objects, was held yesterday, at eleven o'clock, in the Library-room of the Medical Society in the General Hospital, Frederick street. The attendance of subscribers was respectable and influential, and Dr Stephenson, the worthy President, occupied the Chair. A very satisfactory statement was made of the year's proceedings, from which it appeared that several new members had joined the Society both in Belfast and the adjoining towns (Lisburn in particular, all its medical men giving it their support); the aggregate number of subscribers being greater than in any preceding year, a sufficient proof of its becoming more and more popular, as it should, from the nature of its objects, and a great encouragement to its friends and supporters to persevere in still further extending its humane operations. The Treasurer's report showed that the total amount of subscriptions received during the year amounted to 45*l.* and upwards, and that four widows of medical men had been relieved in sums proportionate to their individual urgent necessities and the funds at command respectively; the strictest inquiry having been instituted in each case before any relief was granted, thus affording every guarantee to subscribers that the means of the Society were meted out in the most careful manner and to none but really necessitous applicants. A donation of ten pounds for the current year was handed in from Dr T. H. Purdon, making fifty pounds in this way which he has so generously given within the last few years only. The following subscriptions for the present year were also received, viz.:—Dr Hunter, Bryansford, 1*l.* 1*s.*; Dr Thompson, Belfast, 1*l.* 1*l.*; Surgeon Shiels, Bangor, 7*s.* 6*d.*; Dr R. Stewart, Belfast, 1*l.* 1*s.*; Dr Gordon, Belfast, 1*l.* 1*s.*; Dr Stephenson, Belfast, 1*l.* 1*s.*; and Dr Patterson, 1*l.* 1*s.* The meeting having re-elected Dr A. Gordon, Professor, Queen's College, Belfast, to the office of Treasurer, and Dr R. Stewart, Secretary, and having appointed a committee for the ensuing year, to meet quarterly, returned thanks to the president for his conduct in the chair, and the warm interest continued to be taken by him in promoting the excellent objects of the Society; after which the meeting separated.—'N. Whig,' Feb. 8, 1853.

**FOUL CONSPIRACY AND PERJURY AGAINST A UNION WORKHOUSE SURGEON.**—At the Croydon Sessions, last Saturday, a young girl named Duff, residing with her parents at Cashalton, charged Mr Shorthouse, one of the surgeons to the Croydon Union, with rape, committed in his surgery while she sought his professional advice. The prosecutrix swore that while she was in his surgery, Mr Shorthouse applied some lint to her face, when she immediately became insensible, and that during her unconsciousness he committed the felony, which in five months afterwards he repeated. The father was examined as a corroborative witness. Mr Doubleday, surgeon, the Rev. Mr Eaton, and Mr Shorthouse so satisfactorily disproved the charge, that the magistrates without retiring immediately dismissed the summons; stating that Mr Shorthouse left the court without the slightest stain upon his character; after which Anne Duff was held to bail to answer the charge of perjury this day (Saturday).

**THE MEDICAL SOCIETY OF LONDON.**—The Annual Anniversary Oration of this Society will be delivered by Dr Snow.

**INSANITY.**—The prize of twenty guineas, founded by Lord St Leonard's, when Chancellor of Ireland, has been awarded by the College of Surgeons to Joseph Williams, Esq., M.D., for his essay on 'Hypochondriacal Insanity.'

## NOTICES TO CORRESPONDENTS.

**ASPIRANS.**—Students are not required to pay fees in the Parisian hospitals. You will do well to spend a season there, but you must do it for the love of science; for the Examining boards in this country will not recognise the certificates.

**M.D., AND L.A.C.**—Admission to the College to hear the Hunterian Oration is by ticket. The library and museum are open to the members, and we may add, the profession generally, by the mere insertion of the name and residence in the visitors' book. The public can be admitted only by member's ticket.

**MEDICUS (Hull).**—Mr Gardiner Hill was the introducer of the non-restraint system in the treatment of lunatics; though Dr Conolly has carried out the plan on a more extensive scale, and has done most towards impressing public opinion with its importance.

**JUVENIS.**—There is not much difference in the price of a good microscope, get it where you may. The objects described are probably mucus corpuscles.

**MR JOHNSON.**—Large consecutive doses of opium in the treatment of acute rheumatism, were introduced by, we believe, Dr Corrigan, of Dublin. They are very efficacious. A large amount of this drug is tolerated by patients suffering under rheumatic fever; but it is not equally supportable or beneficial in chronic rheumatism.

**INQUIRER.**—We know nothing of the institution in question, more than that it is a purely private speculation.

**AN INVALID.**—We cannot recommend in such a case.

*To the Editor of the 'Medical Circular.'*

SIR,—I observe in your "Notice to Correspondents," that you have been addressed by a gentleman complaining of the injurious operation of the free dispensary system; I have a complaint too that I should like to bring under your notice; it is that of the cheap club system, of which I must confess myself to have been a recent victim. I was induced, after long persuasion, to accept a club, whose members resided in different parts of the metropolis, at half-a-crown a head. When I had undertaken the duty, I found that for this pitiful sum I had to go to Lambeth, and Camberwell, and the City road, all these places sometimes in one day, to visit members suffering under diseases of every degree of severity. I found that the half-a-crown a year would be soon expended in additional cab-hire, and that I was let in for an indefinite amount of gratuitous service. After keeping the club nine months I resigned, an immense loser by the contract, but when I wanted my small pittance, I was informed that the club had resigned too, in fact had dissolved; that somehow the money in the strong box had been divided among deserving objects, e.g. treasurers, secretaries, auditors, &c., and that there was nothing left for the doctor! I then sent in bills to the individual members, but they refuse to pay. What am I to do, Sir? Submit to be robbed, or take legal proceedings; and in that case against whom?

Yours, &c., P.S. (and a Subscriber).

[We advise our correspondent to give it up. He made a bad bargain, and in all probability he will have to suffer the loss. If he can produce a written contract, a county court would settle the business in a few minutes. But then would he get the money? We do not think that it is worth his while to try.]

**OMEGA.**—Memorialise the Poor-Law Board. They will doubtless lend a favourable ear to your statement.

**MR W. PHILIPS.**—The introduction of remedies by inoculation has been tried in some cases with success, all the usual effects of the drug having been produced. Dr Lefargue applied morphia veratrine, strychnia, croton oil, tartar emetic, hyoscyamus, conium, &c., in this way; the more powerful agents were quickly absorbed, but the extracts of hyoscyamus and conium were too weak, and these drugs could only be made to affect the system by being applied in a state of thick solution, and introduced through several punctures. Removing the cuticle by a blister and sprinkling the surface with a powder or painting it over with an extract, is the more usual endemic method.

**INVESTIGATOR.**—It is referred to in 'Hassall's Microscopic Anatomy.'

**O.P.Q.** writes to us in approbation of the spirit in which Mr Wakley's biography was written, and also communicates information. We thank him for his kind words, but he will see that the sketch is concluded, and that his information has come too late.

**M.R.C.S., AND THE OWNER OF A DIPLOMA OF THE LONDON COLLEGE OF MEDICINE,** says: "Your racy and true estimate of the character and services (save the mark!) of Wakley, I have read with great interest. The brilliancy of your pen has put him under an obligation. I well remember that 'abortion,' the London College of Medicine, and paid for one of its diplomas, but as it has been no use to me I should like to get back the money. Can you tell me, Sir, to whom I should apply?"

**L.A.C.**—The consent of the society must be obtained before a presentation can be undertaken. You should communicate with the clerk, Mr Upton.



**AN ACCOUCHEUR.**—The subject of degeneration of the placenta has undergone a sifting discussion in the Medico-Chirurgical Society. Your observations are not new; if you read our Report carefully you will see that important investigations on the matter have been recently made.

**A COUNTRY SURGEON (Durham).**—The title would be "Licentiate in Medicine."

**R.B.** complains of the difficulty of procuring vaccine lymph, and is surprised that some more effective measures of supply are not adopted. We are of opinion that it would be highly conducive to the public advantage if the Union vaccinators were required to supply lymph to their professional neighbours on a proper application. The cost and trouble would be *nil*, while the convenience would be very great.

**W. P. O.**—Write to the Board of Health.

**MR WELLS.**—The copies will be forwarded.

**ADOLESCENS.**—There can be no difficulty in selecting a good hospital: the secret of advancement is to be a good student.

**DR JAMES SCOTT.**—Our correspondent can acquire the necessary information by communicating with the inventor, Mr Broxholme. We have not the means at hand enabling us to give a more detailed account of the apparatus.

**DR R. STEWART.**—Communication received. We are obliged to you for your good opinion.

**AXUNGIA.**—A "Query" on the subject will doubtless elicit a satisfactory reply.

**PROBE.**—Your language is too severe. Lower the tone of your phraseology, and heighten the tone of your criticism, and we may be able to find room for a communication. You are in error also on a fundamental point:—"exclusion from the court," does not necessarily imply "refusal to receive evidence."

**R.V.**—The statement is incorrect.

**MR CHARLES VERRAL.**—Communication received.

**MR HENRY MUIRHEAD.**—Communication received, and the points referred to will be borne in mind.

**FIDES (Subscriber).**—We really do not know "the best mode of a young practitioner increasing his yearly income," or we should be glad to practise it ourselves. Whether taking a pupil or an invalid may be the better, we cannot say, as we never took either, and have no experience in the matter. "Fides" should trust rather to his own sagacity and industry than to our counsels. 2nd. We do intend to give sketches of country practitioners.

To the Editor of the 'Medical Circular.'

**SIR,**—In your biography of my friend, Mr Haynes Walton, you do not sufficiently enlarge on the indomitable resolution and perseverance he has displayed, not only in his professional pursuits, but in every other; not to mention that he designed himself, if he did not actually make, most of the instruments he uses for his operations on the eye, the designs of which he gives in his, as you justly designated it, admirable work. A year or two since, finding strong exercise absolutely necessary to the preservation of his health, I am credibly informed he kept several couple of beagles at the back of his house, which he might be seen early in the morning following on foot at Hendon, clearing ditches, fences, and everything in his way in first-rate style. I do not mention this as meaning him the slightest disrespect, but as a characteristic of the indomitable will I have before met with in men of the highest talents, indeed ever since I have had the honour of knowing him I have always set him down as one of the most rising men of the day.

I am, &c.,

FRANCIS CLARKE.

14 Henrietta street, Cavendish square.

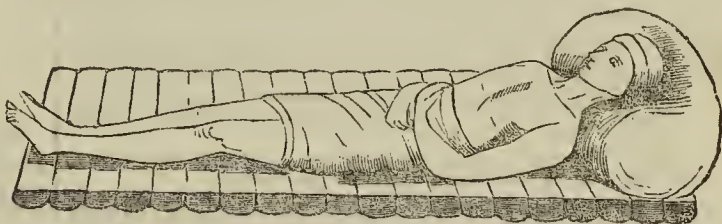
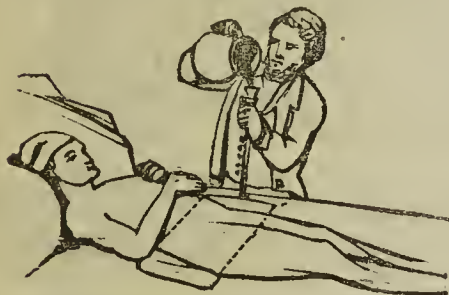
[The other inclosures in F.C.'s communication shall receive early attention.]

**MR ANDREW PAUL (Oxford).**—We thank you for your note, and shall be glad of the promised information.

**W C.M. (Longsight).**—Apply to the Board of Guardians.

**A.Z.**—Any instrument-maker will provide you with a suitable inhaler; but you had better not inhale medicated vapour, except under the superintendence of a medical practitioner.

MR HOOPER'S IMPROVED  
INVALID WATER, OR AIR CUSHIONS AND MATTRESSES, OR BEDS.  
Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided,  
(See 'THE LANCET,' Jan. 25, 1851.)



**CUSHIONS for BED-SORES.**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr Cæsar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

JOHN HARVEY, NEPHEW AND SUCCESSOR

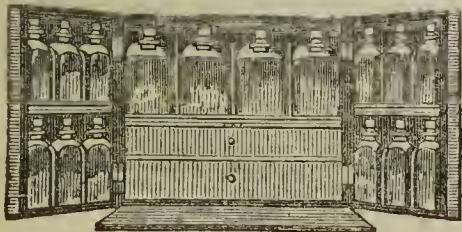
TO THE LATE

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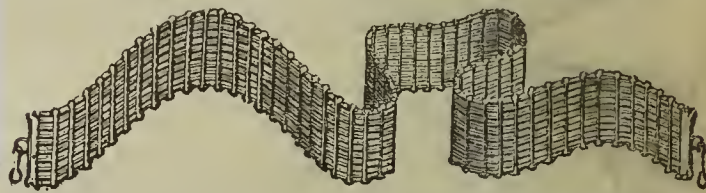
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No. 35. }

WEDNESDAY, MARCH 2, 1853.

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WEDNESDAY, MARCH 2, 1853.

### THE NAVAL ASSISTANT SURGEONS.

WE have reported elsewhere the debate in the House of Commons relative to the insufficient accommodation afforded to Naval Assistant Surgeons, and we now direct the attention of our readers to a few points elicited by that discussion. It appears that Colonel Boldero's "Resolution" has been but imperfectly carried out by the Board of Admiralty; for out of twelve Assistant Surgeons on the Mediterranean station "who had passed through all the ranks of their profession, only *five* had received cabins; and only *two* had those little advantages which were enjoyed by the other officers in the ward-room." The Board of Admiralty has set at nought the resolution of the House of Commons, and, clinging to the precedent of an obstinate and unenlightened routine, has continued the degradation of a most important class of public officers. Perhaps there is not one department of the Government that more pertinaciously resists improvement, and settles down more doggedly on the ancient forms and rules of administration than this Board. When it ventures by an effort to carry out the suggestions which an advanced political opinion has forced upon its attention, it is sure to fail in their realisation, because it either does not honestly adopt them, or does not adequately comprehend their intent. Insincerity or incompetence annuls all its efforts. Its system of administration is complicated, irresponsible, wasteful, and obsolete. Its ships are either unseaworthy, crank, or ill manned; its dockyards are expensively maintained and inefficient; its system of promotion and employment, a burden to the Exchequer and a bane to the service; its admirals are either gouty, or aged, or fatuous; its junior officers are dissatisfied, and its seamen desert its flag for other banners, under which they will be better paid and more considerately and humanely treated. What then can the Assistant Surgeons expect from such a Board?

Colonel Boldero properly stated that the "memorandum" of the Board, in which it was ordered that the Assistant-Surgeons should "be allowed cabins only when the space on board would admit of it" was "*an insult to the whole medical profession.*" The House of Commons resolves that the Assistant-Surgeons shall have cabins; the Board declines to order them, and escapes the responsibility of its refractory behaviour by throwing the odium of refusal or neglect upon its captains. Fortunately, in some instances the captains have proved more sensible and considerate than the Board, and cabins have been provided.

Admiral Berkeley stated the true but hitherto occult reason, why the "Resolution" of the House of Commons has not received the prompt and dutiful attention of the Board. That gallant admiral indignantly asked Colonel

Boldero "how he would like, as the colonel of a regiment, to have the discipline of his regiment and the internal arrangements of his regiment regulated by a naval officer? *That was really the question.*" Indeed! So it appears, upon the authority of Admiral Berkeley, that the Naval Assistant Surgeons are deprived of their claims on account of the professional susceptibilities of the service. It is enough that an army officer has proposed an important improvement in naval discipline that it should be rejected by our patriotic Board of Admiralty! This jealousy of foreign interference is highly ridiculous when we remember that neither the First Lord nor the Secretary of the Board is a naval officer.

It is obvious that the Board of Admiralty cannot find a satisfactory reason for its neglect of the "Resolution" of the House of Commons, and is acting under the influence of resentment and pique. Such feelings, however, cannot be long allowed to govern its determinations; and we trust that Sir J. Graham, who has a clear and strong intellect, will hold himself aloof from these petty influences, and order justice to be done to the Naval Assistant Surgeons. It is impossible that these gentlemen can retain their professional proficiency without suitable opportunities of study and reflection, and it is desirable for the good of the service, not less than for the comfort and dignity of the Assistant Surgeons themselves, that they should be provided with a separate cabin, and enjoy all the usual advantages of ward-room officers.

### THE INCOME TAX.

We understand that the Income Tax Committee of the Provincial Association intend to petition the Legislature to show the unjust manner in which this tax presses upon the members of our profession. This is a wise step: but it is not enough. The Provincial Association, it is true, will address the Government or the Legislature as the representatives of a large body, but their representations will afford no indication to the Government of the amount of feeling in the profession upon the subject. A petition signed by a chairman or a committee may, it may be answered, be the work of a clique; and if numerous signed by the members of a body, the result of solicitation; but no such answer could be given to the spontaneous movements of individuals or local bodies. Let, then, *individual practitioners* in rural districts, and *local societies* in towns, petition the Legislature for an amendment of the income tax; and let these documents enjoin, as a fundamental principle, the apportionment of the tax in relation to the capitalised value of the annual income.

The mode in which the value of an income, as property, should be determined, may not be easily fixed; but it appears to us that the simplest and the fairest manner would be to tax it according to its value in the market, or its selling price. We fear that unless this plan be adopted the boon which our profession will derive from an alteration of the tax will be but trifling, and cause much disappointment. However, no time must be lost; and we call upon our brethren to *petition* the House of Commons, and *memorialise* the Home Secretary without delay.



## Mirror OF [PERIODICAL LITERATURE.

(From the 'Medical Times and Gazette,' Feb. 19, 1853.)

### NOTES ON CHOLERA IN INDIA.

Mr Alexander Thom cites the following cases to prove the non-contagiousness of cholera:—

"In July, 1850, a detachment of 118 men of Her Majesty's 86th Regiment, coming from the Sanatorium at Aboo, were attacked with cholera on the second day's march, 10th July, at Varmar, and two men died in a few hours. On the 13th, when about to march into Deesa to join the regiment, it was considered necessary by some, as a precautionary measure, to keep the 'tainted body' at a distance from the camp, as there were several cases of cholera in it; or at least to quarter them in a barrack-room apart from the healthy men. This I objected to as conveying the idea of the disease being contagious or infectious to the men of the regiment, who were all labouring under great prostration, and very generally suffering gastric irritation and serous diarrhoea, and therefore especially predisposed to have this peculiar diathesis excited into the fatal form of cholera, by the panic likely to arise, from the fact of a part of their corps being beside them with a malady capable of being propagated by communication; for on this supposition alone would there be any reason for segregating the body. My opinion was yielded to, and the 118 men marched into camp, and were dispersed to their respective companies in ten different barracks. It so happened, that there were eight or ten men of each company, so that this number of the 'tainted' detachment were mixed indiscriminately with the others. Three cases of cholera were carried to the hospital, and placed under the same roof with 110 patients. At the time the heat was intense, 86° and 88° at sunrise, and 104° to 106° at 3 p.m. in the shade, and the wet bulb 80° to 83°. Cholera was prevalent in the country all round Deesa.

"Under these circumstances it would not have been surprising if a few cases had occurred in the regiment, even if a sickly detachment had not joined it. But the fact is, that not a single individual of the regiment occupying the barrack-rooms, and sleeping side by side with the men of the detachment, was attacked with cholera. Three men of the detachment, however, were attacked on the second day after being placed in barracks, and were removed as usual to hospital, thus showing that the men of the detachment actually carried the seeds of the disease into the quarters of their comrades without propagating it. The regiment otherwise escaped cholera."

In January, 1847, the 86th Regiment returned from Scinde to Bombay in several steamers. This was about six months after the great outbreak of cholera at Kurrachee, in June and July, 1846.

"While landing at Bombay, in the afternoon, one boat's-load of men, on their way from the steamer to the landing-place, were exposed to a shower which completely drenched them; and in this condition they had to remain till they landed, and marched up to join their comrades in the town-barracks. It was known that many of these men did not change their clothes till they went to bed, so reckless and thoughtless are soldiers on these points. About twelve o'clock that night a messenger from the hospital came to tell me that 'the men were coming in very fast from the town-barracks with cholera.' Between midnight and next morning five or six cases were admitted, and several more with diarrhoea, cramp, &c., but none of the worst symptoms, as collapse, &c. Having an opportunity of using iced-water, we were more than usually successful in quieting the stomach and soothing the general distress.

"On inquiry next day, I found that every case was in men who had been wetted in the act of disembarking. They were all seized about two or three hours after getting into bed.

The rest of the detachment, who had come from Kurrachee in the same steamer, who slept in the same room, had in no one instance a sign even of cholera. Another detachment had arrived a few days before by another vessel, and also occupied the town barrack, but they also had a complete immunity from cholera. In fact, all had been under like circumstances at Kurrachee and on the passage down, belonging to the same regiment, and living in the closest intercourse, except that about thirty men were drenched with rain, and among these the cases of cholera occurred.

"The whole of the cases appeared in this particular party within twenty four hours after their wetting. For three weeks more, while the regiment occupied the barracks in Bombay, no case even resembling cholera occurred; but on being moved across to Poonah, the same men, after the first day's march from Ponwell to go to Chouh, showed in several cases distinct signs of cholera; in seven diarrhoea, spasms, a blue ring round the eyelids, and sunken features, &c., and were admitted about the middle of the day, having marched into camp about 7 a.m. A curious symptom among some was the severity of the spasms of the lower extremities and abdominal muscles, which occurred without serous discharges from the intestinal canal, but were accompanied by the haggard, wild look and distress which is premonitory of cholera. No case died. The signs of a choleraic diathesis were unmistakable by any one who has seen the disease in the worst type. The season was fine, dry, clear, and cool.

"Again, we have another exciting cause developing cholera. Marching is not the remote cause of it, but a concurrent one. There must have been something latent in the constitution of the men, which, without wetting and marching, might never have become manifest, but died away under the quiet and sanitary influence of the season. It must be borne in memory that six months before the regiment had between 400 and 500 cases of cholera, and lost by deaths 240."

Mr Thom thinks that, in order to develop cholera, there must be "a peculiar diathesis, i.e. change of the state of the blood," engendered by atmospheric states, which predisposes men to cholera from accessories not otherwise capable of inducing it.

(From the 'Medical Times and Gazette,' Feb. 26th, 1853.)

### ON LARYNGEAL AND THROAT AFFECTIONS.

An interesting lecture by Dr Todd appears in this number of the 'Medical Times and Gazette.' The various forms which these affections assume are carefully pointed out. We quote the following practical remarks on the employment of the solution of the nitrate of silver:—

"I treated him with the local application of the solution of nitrate of silver (3ss. to the ℥j.) by means of a probang, which was thrust behind the epiglottis, down to the glottis, on the plan of Dr Horace Green, of New York. The patient can always tell whether the sponge enters the larynx or not, from the great irritation it excites when it passes into the glottis; and in the withdrawal of it the operator feels a certain resistance, caused by the sponge being grasped by the muscles of the larynx, which resistance is not felt when it simply passes into the oesophagus. To pass the sponge into the larynx requires a good deal of steadiness and expertness on the part of the operator. While I fully admit the feasibility of the operation, I nevertheless suspect that the sponge may often pass simply into the oesophagus when it is thought to enter the larynx.

"The application was continued every morning for three weeks, either to the glottis or to the neighbouring mucous membrane; and partly, no doubt, from this cause, and partly from his avoiding exposure to the cold air, he left the hospital very much relieved, at the expiration of that period.

"This case affords a good example of that particular form of affection of the mucous membrane of the throat and larynx which is not benefited by the administration of any drug whatever, but which almost always is relieved by the local application of nitrate of silver, sulphate of copper, or even of simply astringent substances.



"This plan of treating affections of this kind has long been familiar to practical men in this country, and was long ago practised very extensively by the late Mr Vance, of this city. Dr Green, of New York, had the boldness to pass the sponge into the larynx, and to show that such an operation was a much less formidable one than was previously supposed. It is, however, an operation not wholly free from danger, and which is not attended with proportionately good results. I do not hesitate to state this from considerable experience of it. In the vast majority of cases, quite as good effects may be obtained from applying the solution to the neighbouring mucous membrane. Pass the probang down to the glottis, and swab well about its neighbourhood, and you will do as much good as if you passed the sponge into the rima glottidis; and sometimes you will do more good and cause less irritation.

"For some years past I have been in the habit of applying the solid nitrate of silver to the mucous membrane of the fauces, the velum, uvula, the pillars of the palate; and it may be brought very near to the laryngeal membrane by sliding the caustic along the posterior pillars of the palate some way down. By this treatment you may obtain results quite as satisfactory as by pushing the probang into the glottis, and in many instances more so; and the plan is, I think, on the whole, safer and more manageable.

"I have been supplied by Mr Matthews, the surgical instrument maker of Portugal street, with a modification of the ordinary porte-caustique, which is very useful for applying nitrate of silver to the throat. The caustic is placed in a case made of platina; this moves on a ball-and-socket joint, and may by that means be fixed at any angle. Its handle is constructed in telescope fashion, and may be drawn out to any length that can be required; so that, by its aid, you may apply the caustic very low down.

"But in the application of nitrate of silver a great deal of caution is necessary. You must take great care not to apply it too freely, else you may cause too much inflammation and ulceration. In some cases, indeed, it is impossible to avoid these consequences; but, with due care, you need never find them so much as to be troublesome, and very often they are salutary. I always make the patient use the precaution of gargling his throat very frequently with the coldest water—iced water if it can be had—for some hours after the application of the caustic; and by these means inflammation is limited, and the parts strengthened.

"If time permitted, I could tell you of numerous instances of coughs of the most troublesome kind, and of long duration, which had resisted all the ordinary cough medicines, and yielded to three or four applications of the nitrate of silver in the manner and with the precautions which I have described."

#### CASES OF UTERINE HYDATIDS.

Dr F. H. Ramsbotham is the author of this paper. With respect to the debated point whether hydatids may occur in the virgin uterus, he makes these observations:—

"There are some instances on record which would seem to prove, beyond a doubt, that hydatids may be expelled from the virgin uterus, especially two, out of four, published by Dr Andrews, in the Seventeenth Number of the 'Glasgow Medical Journal.' These occurred in the persons of two girls of sixteen and seventeen years old, one of whom possessed a perfect hymen, and she had never menstruated. It is next to impossible that this young person could have been impregnated. How, then, are we to reconcile these conflicting opinions—on the one hand, that the disease may originate in the virgin, and on the other, that a common cluster of hydatids is nothing more than a bundle of the villousities of the chorion in a state of hypertrophy, which, indeed, if the microscope is to be trusted, and the sense of sight can be relied upon, is undoubtedly the case?

"I think we can clear up this seeming discrepancy by supposing that two diseases, perfectly dissimilar in their origin, character, and progress—agreeing, indeed, in no respect, except that they both consist of a transparent cyst, containing limpid fluid—have been confounded together.

Most of the viscera of the body are liable to be infested by the true hydatid; and why should we suppose the uterus exempt? If, as Dr Budd explains, the proximate cause of the formation of hydatids—in the liver, for instance, is 'the introduction of one or more germs of the parasites into the body under conditions favourable for their development;' if these germs are taken up by the absorbents, introduced into a blood-vessel, and carried by the force of the circulating current to a particular organ, are deposited there, become stationary and grow—why may not that organ be the uterus, as well as the liver or the kidney? That this does happen, a case related by Mr Wilton, of Brighton, in the 'Lancet' for February 1, 1840, clearly proves."

This case is then related. Further on Dr Ramsbotham says:—

"It appears to me that the disease, when it originates in a degenerated ovum, consists in nothing more than a drop-sical state of the choroid villi. Each of these villi is a framework for the transmission of blood-vessels from the ovum into the deciduous membrane, to maintain the necessary communication with the mother; and under the microscope they are seen to terminate in pear-shaped bags, which evidently contain a very minute quantity of limpid fluid. If this fluid increases in quantity, the cysts which secrete it enlarge in proportion as they become distended; and this morbid change taking place in an immense number at the same time, the grape-like cluster of vesicles is produced which we call 'uterine hydatids.'

"Of the two diseases, that depending upon the degeneration of the ovum is by far the most frequent; and it is this circumstance that has led to the belief, that 'uterine hydatids' are formed only as a consequence of pregnancy. All the cases that have come under my notice have been of this description; and I have never seen the disease except in married women.

"It is a matter of no small practical importance that this distinction which I have pointed out should be borne in mind, for questions of the greatest consequence may depend on our knowledge of the subject. If, for instance, we were impressed with a conviction that no kind of hydatid formation could take place in the uterus, except as a consequence of the degeneration of an ovum, we might unjustly cause aspersions to be thrown upon the character of a virtuous female. But if we believe that the uterus is subject to two distinct diseases of a different kind, though somewhat similar in appearance and symptoms, that one of these diseases depends upon pregnancy, while the other is perfectly unconnected with that state, such a belief would induce us to be cautious in expressing an opinion, and would lead us to endeavour to establish some diagnostic marks between the two. This is a desideratum, and must be left to be worked out by future inquirers; for no attempt has hitherto been made to accomplish it, though it would be most desirable that the question should be set at rest, not only on account of perplexities that may spring up in the prosecution of forensic medicine, but also in the more ordinary affairs of life.

"I shall say nothing of the disease mentioned by Sir Charles Clarke, of the single hydatid which the uterus has been known to contain, and which sometimes acquires a very considerable bulk, because I have never seen an instance of it, and am not, therefore, at all acquainted with it practically; but I shall proceed to the detail of the cases, for the purpose of bringing which forward I was originally induced to enter on this subject."

(From the 'Lancet,' Feb. 26th, 1853.)

#### ON OBSTRUCTION OF THE BOWELS.

We observe in the 'Lancet' a clinical lecture by Mr B. Phillips on this subject. It may be read *à propos* of an operation recently performed at the Charing-cross Hospital, a report of which appears in the present number of our journal. Mr Phillips says:

"Sooner or later, in many of these cases, a very important question has to be resolved—namely, has medicine, properly



speaking, been exhausted, and must surgery be appealed to? I confess, at the outset, that I know of no question in the art of cure which involves more difficulty and responsibility than this. What is to justify us in saying that medicine can be no further relied on? Is it the time during which obstinate constipation has persisted? Is it the occurrence of faecal vomiting? Is it general prostration?

"With respect to the first question, constipation has persisted for fifteen, twenty, twenty-five, thirty, forty-eight days, and even more, and the patient has recovered without operation. The time that has elapsed therefore cannot be regarded as a sufficient motive for operation.

"With respect to the second question, I have had, in my own charge, five cases in which faecal vomiting has continued for many hours, and yet, after that, natural relief has been obtained without operation, and the patient has recovered from the attack.

"The general prostration is an unsafe sign to justify operation, because it may be excessive within a few hours of the attack, and yet the patient may recover. Then, it may be said, what constitutes a justification for operation? and to this no very satisfactory answer can be returned.

"If, from the length of time during which the constipation has persisted, though treated by the most energetic agents—if from the occurrence of faecal vomiting, and the general prostration, we believe that medical means are powerless to relieve the obstruction, the question comes to be presented, as it will, in the following shape—Are we justified in having recourse to a surgical operation for the relief of the patient?

"It may, indeed, be asked, whether any state of things, in a case of obstruction of the bowels, justifies a serious surgical operation to remove the obstruction, or to give relief without its removal. I say, unhesitatingly, yes, in apparently even the last extremity, for it is certain that great relief has been obtained in a great many instances, and in a few it has been complete; but when I say yes, I feel all the difficulty which presents itself in attempting to lay down a rule for the guidance of the practitioner. The difficulty, in my mind, depends mainly on our inability to say that nothing else can afford relief. If we could say that, most of our difficulty would vanish, because we have now sufficient evidence to show that life can be extended by surgical interference when medical means have utterly failed. But even when we do come to the conclusion that medicine is powerless, it may be that there is nothing to indicate what operation should be performed."

Mr Phillips next inquires what amount of good is obtained if the operation be successful, and asks whether an operation be justifiable "to explore without a chart to guide us, when we are not satisfied that the obstruction is beyond the caecum?" He decides in the negative. An account is then given of the operations for artificial anus, as recommended by Littre and performed by Callisen and Amussat; and Mr Phillips thus sums up his observations:—

"After an extensive experience obtained since the publication of my paper in the *Transactions* of the Medical and Chirurgical Society, I find it necessary to make certain alterations in the suggestions there made; thus in the seventh suggestion I would say that I believe the suffering of the patient is much increased, and the fatal termination is much accelerated by the use of ordinary purgatives, whether introduced by the mouth or the rectum. But I am of opinion that calomel, given often enough, to provide most effectually for mercurial action, with opium enough to guard the calomel and to allay spasm, is the most appropriate medical treatment that can be employed. Emollient enemata may be advantageously associated with it, but I doubt whether they can be advantageously used oftener than once in six hours. Supposing there be no satisfactory indication of the seat of the obstruction, this plan of treatment should be continued until the mercurial action is set up in the system. In the eighth suggestion I also see cause for modification. I am now of opinion that surgical operation is not justified unless there be satisfactory evidence as to the point at which the obstruction is situated. If no such evidence is obtained, I am of opinion

that an exploratory operation—a voyage of discovery as it were—is not justifiable, and, therefore, the ninth suggestion must be modified by leaving out the latter portion of the sentence.

"The conclusions, then, which the present state of our knowledge seems to warrant are as follows:—

"That the occurrence of cases of complete obstruction is by no means unfrequent.

"That the causes of obstruction are various; and that in most cases the causes and the seat of obstruction cannot be discovered; but the presumption always favours the idea that it is beyond the caecum.

"That in a considerable majority of cases the termination of the disease is fatal.

"That in the treatment of cases of obstruction we should exhibit calomel in large and frequent doses, with or without opium, together with aperient enemata.

"That if the symptoms become urgent, the obstruction complete, the faecal vomiting exhausting, the tympanitic distension distressing, and the vital powers failing, we are justified in having recourse to surgical operation for its relief, provided we can determine upon the seat of obstruction.

"Thus, supposing all ordinary means to have failed, and the patient's condition has become desperate, if a surgical operation be decided on, regard must be had to certain rules.

"If there be a distinctly marked tumour at any point of the abdomen, whether without or within, provided that be the probable cause of the obstruction, we are justified in cutting down upon the point for the purpose of endeavouring to relieve the patient, either by removing the obstacle or by establishing an artificial anus.

"If no tumour can be discovered, nor other symptom can be made available for the discovery of the seat of obstruction, we are not justified in performing an exploratory operation, by opening the abdominal cavity, for the purpose of searching for the obstacle.

"If we have satisfactory proof that the caecum on one side, or the descending colon on the other, are distended, we are justified in opening on the left or right lumbar region, or in the iliac regions, the caecum, or the descending colon, for the purpose of establishing an artificial anus.

"A suggestion for still further availing ourselves of this operation—if not with the probability of cure, at least with the chance of temporary relief—has lately been made by Amussat, in a letter to me. He says—"I have at this moment before me a case of intestinal obliteration, which would have required the establishment of an artificial opening in the lumbar region, if the cancerous affection, which was seated in the rectum, was not so serious or so advanced. The tympanitic distension was so urgent that the patient was threatened with suffocation; I therefore proposed to puncture the distended lumbar colon, to allow of the escape of gas, and thus prolong life. The patient was greatly relieved. The presence of the caecula in the wound, however, caused a gaseous infiltration of the cellular tissue: this was caused by the blocking up of the caecula from within."

"He concludes by saying that the operation may be very useful in cases of intestinal obstruction produced by disease of too serious a character to permit of the establishment of an artificial anus with any prospect of success."

#### ON FLUID CATARACT, AND THAT FORM OF IT TERMED MORGAGNIAN.

This is a paper in continuation of a series by Mr Dixon. The author cites three cases, the interesting points of which he thus describes:—

"The three following cases, which have come under my care during the past year, exhibit most of the facts connected with fluid cataract:—1. That it is the result of a slow, secondary change in a lens previously opaque and solid. 2. That it may present considerable varieties of colour and general appearance. 3. That the admission of its milky fluid into the anterior chamber produces peculiarly distressing nausea and vomiting, attended with neuralgia,



4. That these sequelæ may be prevented by the prompt removal of the milky fluid from the anterior chamber.

"This vomiting, which often ensues when only a small portion of a lens beginning to undergo the fluid change passes into the anterior chamber, is the more remarkable as it is rarely caused by the dislocation of a *firm* lens into that cavity, although the latter accident may set up inflammation, and cause the most intense pain. Neither does vomiting occur in young children after the ordinary operation for congenital cataract, even when a considerable escape of milky fluid follows the puncture of the capsule.

"I do not find this obstinate vomiting described by German or French writers as a result of allowing the fluid part of a lens to mix with the aqueous humour. Their silence may arise from the fact that the anterior operation for solution of the lens is even now but little understood, or seldom practised in its true simplicity, by continental surgeons—who, when they use the needle, either attempt to cut the lens in pieces by 'discission,' as they term it—a thing, by the bye, much easier said than done—or thrust it out of the axis of vision by the hazardous and uncertain manœuvres of 'depression.' During the severe and long-continued inflammation which too frequently follows such over-active surgery, the occurrence of vomiting would not attract as much attention as in a case where nothing but simple puncture of the capsule had been performed. Tyrrell, Scott, and Dalrymple, all mention vomiting as a consequence of admitting the fluid of a milky cataract into the anterior chamber; and the last-named of these writers adds:—'If the suffering be considerable, we may even evacuate the fluid of the anterior chamber with a broad needle.' Mr Wilde, of Dublin, has also drawn attention to this subject in a recently-published paper 'On Morgagnian Cataract,' and has described a case in which the pain and sickness following an operation on a partially fluid cataract were relieved by evacuating the anterior chamber the day after keratonyxis had been performed. From the good results of *immediately* removing the fluid in Case 3, . . . I should recommend such a step to be taken as a preventive, instead of waiting until vomiting and pain had set in."

(From the 'Association Medical Journal,' Feb. 18, 1853.)

#### ABSCCESS OF THE CÆCUM, CONTAINING SOLID OPIUM, IN AN OPIUM-EATER.

This case is reported by Mr Bowling, of the Bengal Medical Establishment.

"Charles E. May, aged 25, a serjeant in H.M. 51st Regiment, was admitted into hospital under my care on the 29th of June, 1852. He complained of having been feverish and unwell for some days with occasional fits of shivering, followed by heat of skin and sweating. He had also a dull aching pain, and slight tenderness in the right iliac region, with thirst and foul tongue. The bowels were confined; the pulse was 90, and weak. He was ordered to have a dozen leeches applied, followed by warm fomentations to the seat of pain, and to take a mercurial purgative.

"June 30th. He stated that the leeches had considerably relieved the pain: but he still felt uneasiness on pressure. The purgative had acted well, and had brought away a large quantity of dark offensive fecal matter. The tongue was clean; the skin cool and moist; the thirst less: pulse 100, and weak; he had had no rigour since admission. He was now ordered bark with sedatives, with generous diet, and a small quantity of wine. Under this plan of treatment, he appeared for a few days to be improving.

"July 6th. He had been observed for the last day or two to present a dull heavy look. He appeared quite apathetic and indifferent to all around him, sleeping a great deal, and in fact exhibiting all the appearance of a man under the influence of opium. When questioned on the subject, he strenuously denied ever having taken a grain of that drug beyond what had been prescribed for him.

"He continued in the same state of drowsiness and oppression, which masked any symptoms which might other-

wise have presented themselves, and making no complaint beyond that of debility and want of appetite,—the pulse becoming weaker and more rapid, till the morning of the 13th, when he expired.

"On removing the body, nearly two ounces of opium were found beneath the bedding. His comrades admitted that he had been in the habit of taking large quantities for the last seven years.

"Post-mortem Appearances. — The body was well-formed, but attenuated. The contents of the thorax were healthy. In the abdomen, the cæcum was found distended, and formed the pouch of an abscess, which contained about four ounces of highly-offensive pus. Throughout this collection of matter were seen seven or eight pieces of a dark-looking substance, which, on being submitted to examination, proved to be opium. Their weights varied from one to three grains each. There were traces of recent peritonitis, but not of an active character. Owing to the absence of proper instruments, the head could not be examined."

(From the 'Association Medical Journal,' Feb. 25, 1853.)

#### SUGAR IN URINE NOT ALWAYS INDICATIVE OF DIABETES.

Dr Henry Johnson, Physician to the Salop Infirmary, communicates an article on this subject. He relates the following cases:

"Although a saccharine state of the urine be the pathognomonic sign of diabetes, we are not too hastily to conclude that this very serious disease exists whenever we find sugar in the urine.

"Case 1.—A clergyman, aged 60, had common catarrh, for which he took proper remedies, and, on his return from Aberystwith, came to consult me.

"In the course of conversation with him, I found that he was in the daily habit of taking at his breakfast large quantities of sweet-meats, or preserved fruits, for the purpose of keeping his bowels regular. He also complained of frequent calls to make water, and it was this circumstance alone that induced me to get an opportunity of testing the urine. It was pale, and of the specific gravity of 1040. Treated with liquor potassæ, according to Moore's test, it yielded a deep reddish brown colour, and it fermented freely with yeast.

"Here, therefore, there was the characteristic symptom of diabetes, 'saccharine urine,' but no rational sign of the disease, except frequent calls to pass water. It was temporary or occasional diabetes, and, I believe, easily removed by avoiding in future the abuse of sweets. The patient passed from under my own immediate observation, and I had not another opportunity of testing his urine. But I have reason to believe that it was so examined, and found to be no longer saccharine. He died about a year after, of disease unconnected with diabetes.

"Case 2.—Mr A. B., aged 58, a very tall, portly man, of bilious temperament, ample abdomen, and accustomed to very generous living, sent to me on account of a very severe pain in the hypochondriac and epigastric regions, to which he was very subject. There was no febrile excitement, but he had loss of appetite, a furred tongue, and constipated bowels. As he had formerly (as I was told) passed a gall-stone, it was suspected that he might be again suffering from this cause, but no such concretion made its appearance. I considered it a case of severe flatulent colic. He had certainly not a single symptom of diabetes; however, to my great surprise, on examining the urine, I found it pale, of high specific gravity (1048), and it contained sugar, as evinced by Moore's test, and that of fermentation with yeast.

"The colicky pains soon yielded to appropriate treatment, and the patient required no particular regimen on account of the state of the urine.

"It is now two years since the above case occurred. The gentleman alluded to is now performing the active duties of life, and is apparently well. But I have lately obtained an opportunity of again testing his urine, and found it still saccharine.



"I consider such cases as the foregoing very valuable, as teaching us caution in our diagnosis and prognosis; for without such proofs that a saccharine state of the urine may be temporary, or normal, we might form a more unfavourable opinion than the circumstances justified.

"From what I have observed in another case, I suspect that in feeble states of the digestive power of the stomach, cane sugar is converted into grape or diabetic sugar, and that this, if not further changed in the animal economy, passes into the blood, and is voided by the kidneys, even in apparent health."

Dr Johnson then alludes to M. Dechambre's paper "On the Habitual presence of Sugar in the Urine of Old People," as corroborative of his own views.

(From the 'Dublin Medical Press,' Feb. 16th, 1853.)

#### CASE OF DELIRIUM TREMENS TREATED BY THE INTERNAL ADMINISTRATION OF CHLOROFORM.

This case was treated by Dr Duncan, Physician of Sir Patrick Dun's Hospital. It was not severe, but the chloroform acted most beneficially. Dr Duncan says:

"Seeing that there were no symptoms present, such as I thought would contra-indicate the use of chloroform, I determined to give it a trial, and mixed up a small teaspoonful in about half a tumbler of spring water, which he drank off at once, and seemed to relish. I then desired him to turn himself on his side in bed, and try to sleep, and that we would take care that the police should not annoy him.

"I visited him again at nine o'clock p.m., and found that the medicine had acted like a charm. Almost immediately after my visit he fell asleep, and slept soundly for four or five hours. He was quite rational when he awoke; his recollection had perfectly returned, and the nervousness had entirely subsided. He no longer sobbed, and had lost all apprehension of danger from the police. His pulse was 88, fuller and steadier; he had no headache, and had taken a cup of tea.

"On asking him whether he thought he would be able to get through the night without any further medicine, he expressed an earnest desire for 'another dose of that capital bottle,' which I thought it best to comply with. The arrangement which had been previously made for a couple of men to remain with him in case of change, was not altered.

"The next morning I found him in a still more satisfactory state, he had slept well, without any wandering or uneasiness, except that he vomited three times, which he attributed to the tea he took before the second dose of chloroform, and his bowels were acted on once. He had no nervousness, his consciousness and recollection were perfect, and he gave me the account of his history . . . His pulse was 82, full and firm: his tongue tolerably clean; his skin cool; expression of eyes natural, and his head free from ache or pain. He has since resumed his work, and is now quite well."

(From the 'Dublin Medical Press,' Feb. 23, 1853.)

#### ON THE ADVANTAGES OF NOT OPENING THE SAC IN OPERATIONS FOR STRANGULATED HERNIA.

We observe that Dr Hargrave has brought this subject under the notice of the Surgical Society of Ireland. Mr Butcher impeached in some respects the value of the evidence on which Mr Luke has sought to establish the mode of operating; the other speakers, Dr Hargrave, Mr Tuffnell, and Mr Benson, seemed to be favourable to a trial of it.

**SMALL-POX.**—The packet-ship from Liverpool for New York had put into Hampton Roads with the small-pox on board. Sixty of her passengers had died of the disease. Havannah advices of the 31st Jan. state that the health of the place had greatly improved, and that the small-pox had disappeared.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. IX. Vol. I. February 26, 1853.)—Mr B. Phillips's Clinical Lectures (II), on Obstruction of the Bowels; delivered at Westminster Hospital. Victor de Merie on Prophylactic and Curative Syphilisation. Mr J. Dixon's Practical Remarks on Diseases of the Eye (V), on Fluid Cataract, and that form of it termed "Morgagnian." Mr Turner on Clinical Midwifery; Turning; Transfusion.—**HOSPITAL REPORTS.**—St Bartholomew's Hospital: Anaemia; Bellows-sound in most of the Arterial Trunks of the Body; and Bruit de diable in the Veins of the Neck. Addition to the Case of Unusually Large Calculus extracted by Mr Lawrence; an Account of a Calculus from the Human Bladder of uncommon Magnitude. Royal Free Hospital: Stone in the Bladder. Charing-cross Hospital: Intestinal Obstruction of Seventeen Days' Duration; Gastrostomy; Death.—**FOREIGN DEPARTMENT.**—M. Lebert on Cancer.—**REVIEWS.**—The British Medical Directory for 1853; England, Scotland, Wales.—**LEADING ARTICLES.**—The Second Annual Meeting and Report of the New Equitable Life Assurance Company. The Income-Tax: Absurdity and Iniquity of the Present Mode of Assessment. The Necessity for Stringent Laws to Enforce Vaccination. The Naval Assistant Surgeons: Neglect of their Just Claims. The New Equitable Life Assurance Company: Annual General Meeting.—**THE ANALYTICAL SANITARY COMMISSION.**—Records of the Results of Microscopical and Chemical Analyses of the Solids and Fluids consumed by all Classes of the Public: Lard and its Adulterations.

**Medical Times and Gazette.**—(No. CXXXIX. Feb. 26, 1853.)—**ORIGINAL LECTURES.**—Dr R. B. Todd's Clinical Lecture on Laryngeal and Throat Affections; delivered at King's College Hospital.—**ORIGINAL COMMUNICATIONS.**—Dr F. H. Ramsbotham on Cases of Uterine Hydatids; with Remarks.—**HOSPITAL REPORTS.**—St Bartholomew's Hospital: Large Anomalous Tumour in the Neck, with Great Distension and Varicose Enlargement of Closely Adjacent Veins; Operation; Death; Autopsy; Dislocation of the Femur in Front of the Ramus of the Pubes; Reduction; Dislocation of the Hip consequent on Acute Rheumatism; Dislocation of the Hip in a Child. St Thomas's Hospital: Dislocation of the Hip in a Child. Guy's Hospital: Dislocation of the Hip in a Boy; Reduction a Month after the Accident: Mr Bransby Cooper's Case of Obturator Hernia. Central London Ophthalmic Hospital: Osseous Cataract; Abscess within the Orbit, producing Chemosis, by which the Vitality of the Cornea was Destroyed, and the Eye Lost; Secondary Deposit of Pus in the Brain, causing Death. New Inventions: Mr Hutchinson's Air-Compressor of the Testicle. List of Scientific Meetings.—**EDITORIAL ARTICLES.**—Condition of the Assistant-Surgeons in the Navy. Queen's College for Ladies. Sanitary Improvement. Memorial to the late Dr Pereira. Public Baths and Washhouses. Memorial from Wakefield and its Vicinity to the Royal College of Surgeons. Memoir of the late Mr Cleobury, of Oxford. Parliamentary Intelligence.—**PROVINCIAL CORRESPONDENCE.**—Scotland: Medical Gossip in the North.—**REPORTS OF SOCIETIES.**—Medical Society of London: Malignant Tumour of the Right Ovary; Large Biliary Concretion; Peritonitis from Perforation. Epidemiological Society: On the Influence of Noxious Effluvia on the Origin and Propagation of Epidemic Diseases. Royal Society: On the Muscles which open the Eustachian Tube.

**Association Medical Journal.**—(No. VIII. Feb. 25, 1853.)—**LEADING ARTICLES.**—The University of London and the Parliamentary Representation of the Medical Profession. The History of Medicine and the Progress of Medical Discovery. The Sydenham Society. The Income Tax. Naval Assistant-Surgeons.—**ORIGINAL COMMUNICATIONS.**—Mr R. D. Grainger on the Influence of Noxious Effluvia on the Origin and Propagation of Epidemic Diseases. Mr R. Alford on Mortification extending from the Head of the Fibula to the Crest of the Ilium; Recovery. Dr H. Johnson on Sugar in Urine not always indicative of Diabetes.—**BIBLIOGRAPHICAL NOTICES.**—Fuller on Gout, Rheumatism, and Sciatica. Billing on Diseases of the Lungs and Heart. Egan, Christophers, and Maisonneuve, on Syphilis and Syphilitic Inoculation. Parker on the Nature and Treatment of Painful Affections of Bone.—**PERISCOPEIC REVIEW.**—Practice of Medicine and Pathology: Connexion of Chorea and Rheumatism; on Vitiligoidea; Examination of the Fæces in Disease. Microscopical Discovery: Structure of the Sensitive Papillæ of the Skin; Minute Structure of the Spleen; Interstitial Growth of Bone; Pathology of Leucorrhœa. Anatomy and Physiology: Muscles which open the Eustachian Tube; Muscularity of the Valve which closes the Foramen Ovale.—**ASSOCIATION INTELLIGENCE.**—The Income Tax: Notice by the Central Council.

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## HOSPITAL REPORTS.

## ST GEORGE'S HOSPITAL.

*Removal of a Fibrous Tumour of the Breast; Sixth Recurrence.*

(Under the care of Mr Caesar Hawkins.)

The following case is interesting with reference to the possibility of benign tumours degenerating into malignant growths:

Mr Hawkins operated upon a woman, about forty-five years of age, on the 3rd of February, 1853, who had been no less than five times before under his care for tumour of the breast.

It appears that five years before the present operation, the woman came first under Mr Hawkins's notice with mucocystic tumour of the right breast. The gland was then removed, and recurrence has regularly taken place after each subsequent operation which was undertaken. In the present, the sixth instance, the tumour had grown very rapidly by the side of the elliptic cicatrix, which was seen to course around the growth. Mr Hawkins removed the latter by dissecting down to the pectoral muscle, some fibres of which were likewise excised. When the tumour was removed, and the vessels

were being tied, the wound was clearly seen to have laid bare three intercostal spaces, where the muscles were noticed to act at each respiration; and it was in some degree difficult to understand, seeing the large surface of apparently healthy structures which had been brought to view, how a recurrence of the disease could again take place.

The margins of the wound were brought together with adhesive plaster: and when the patient had been removed, Mr Hawkins stated that this was the sixth time he had operated upon this woman. He believed that at each recurrence the morbid growth took its rise in the cellular tissue and the muscles, lymph was then rapidly exuded, and the cells, by coalescing, soon constituted the tumour. On a section being made, none of the usual appearances of malignancy, as visible to the naked eye, were observed; but it was remarked that the growth had also partially sprung from the skin. Portions of this tumour were examined under the microscope, by Professor Quekett, and were found to present the usual characters of fibrous interlacement. It will be interesting to watch this case, and ascertain whether the reproductive force of the affected part is exhausted or not. The first tumour removed was the size of a man's head, and two of the subsequent ones were as large.

## CHARING CROSS HOSPITAL.

*Intestinal Obstruction of Seventeen Days' Duration; Gastro-tomy; Death.*

(Under the care of Mr Hancock).

It occurs unhappily but too often that cases of unconquerable obstruction of the bowels are met with in our hospitals; and in casting a retrospective glance at our series of nosocomial reports, we find that we have had to record in the 'Mirror' several cases of this kind, treated at St Bartholomew's, King's College, and Royal Free Hospitals, respectively, under the care of Dr Hue, Dr Roupell, Mr Fergusson, and Mr Gay. (The 'Lancet,' vol. i., 1850, p. 128; vol. i. 1851, p. 623; vol. ii. 1851, p. 128.) Another instance of intestinal obstruction has just taken place at this hospital, and we hasten to lay before our readers the particulars of the case:—

Ann H—, aged 52, single, following the occupation of cook, and residing at Ham Common, was admitted on the 11th February, 1853, under the care of Mr Hancock. The patient had enjoyed very good health until ten months before admission, when she was suddenly seized with a severe pain in the bowels, which latter became much distended, and remained constipated for five days. She was attended by Dr Hassall, and took various purgative medicines, without effect, up to the fifth day, when an enema was administered through a long tube (which the patient stated was passed some distance into the bowel), and the same evening a motion was passed. After this she appears to have improved, but has ever since been obliged to take aperients frequently to keep the bowels open, and has observed that the motions have been getting smaller—that is, long and thin, being at last about the size of her little finger.

About a month before admission, the patient began to suffer much from distension of the bowels and considerable flatulence, which at times was so inconvenient that she was obliged to lie upon her bed until the flatus passed off. This state of things lasted for about a week, the bowels being at the same time rather constipated.

Three weeks before the woman came to the hospital she became so unwell that she was obliged to give up work and go to bed; and during the whole of that day and night she had violent vomiting and retching. An injection was administered during the day, and a motion passed. Enemata were given several times during the following week, with the same effect, the motions consisting of small scybala, the last one having been passed fifteen days before admission. At that time the motions, according to the patient's statement, had assumed the form of pills. Frequent vomiting took place up to the time of admission, when it ceased, and from this time it did not occur after food, but generally after taking any aperient medicine. The matter brought up was yellow



brown, or greenish, and had a bitter, sourish taste, the smell not being particularly disagreeable.

The bowels had been much distended, and they were greatly so on admission. At times there was difficulty in passing urine, the latter coming away in small quantities. The patient did not suffer much pain, except from borborrygmi, which were relieved as soon as the flatus escaped, which at this period always occurred upwards, excepting after an injection, when a little passed downwards.

No pain in any particular spot was complained of, excepting from a little distension about the umbilicus. The patient stated that the enemata did not appear to go beyond a certain point—a little above the crest of the left ilium; and she thought that nearly a quart of injection has been retained at one time. She was bled the night before admission, and had calomel and opium. Mr Hancock ordered two grains of calomel and a quarter of a grain of opium to be taken every second hour.

Second day.—Pulse 108, rather small, but not particularly feeble; tongue furred, brown in the centre, and red at the top and sides; surface warm; no perspiration; countenance not at all anxious. The spirits are pretty good, and the woman is tolerably cheerful. She does not sleep well; appetite very bad; abdomen tympanitic, supple, and painless. There is rather a fecal smell about the patient.

Third day.—Ten a.m.: Pulse weak, 112; does not feel so well as yesterday, and is very low; is in great pain with flatus. She vomited a small quantity of yellow bitter matter this morning. Tongue more furred; skin cool and dry; urine passed freely.

A consultation was held at two o'clock, and it was decided to give an enema, and meet again at four o'clock. The enema was administered through the tube of a stomach-pump, which was introduced its whole length into the bowel, and about a quart of injection employed, as no greater quantity could be employed. It returned, however, almost directly, untinged by fecal matter, but accompanied by a small quantity of flatus. The temperature of the ward was raised as much as possible, and warmed sheets and towels provided, to cover the patient, should the operation be performed.

Fourth day.—Four p.m.: Nothing having passed from the bowels, and it being now the seventeenth day since anything had done so, the operation was decided upon, and chloroform administered. As there were not sufficient indications as to the situation of the obstruction, Mr Hancock determined to commence by an incision in the median line from the umbilicus to the pubis; the intestines, distended by flatus, escaped through this opening, and were immediately covered by warmed towels, to preserve their temperature. The transverse colon being distended, the cause of obstruction was sought beyond, and found without any difficulty at the sigmoid flexure, in a portion of the bowel about an inch in length, constricted by a band about half an inch wide, but of so long standing as to have thickened the intestine and obliterated its canal. This band was divided, but the gut was so changed in structure, and compressed, that it was evident the only chance of recovery consisted in opening the colon, and forming an artificial anus above the obstructed point. A transverse incision was therefore carried through the abdominal parietes, from below the umbilicus to the crest of the ilium on the left side, and an opening being made in the colon about an inch in length, the cut edges of the gut were attached by sutures to the margins of the tegumentary wound; after which the intestines were returned into the cavity of the abdomen, the wound brought together by sutures, and the patient sent to her bed.

The patient bore the operation very well, her pulse remaining pretty good throughout, and being 126 at its termination. Stimulants were administered two or three times during the operation, which lasted forty minutes from first to last; and a little brandy, with fifteen minims of laudanum, immediately after.—Twelve p.m.: Pulse stronger, 126; surface of body cold; a large quantity of fecal matter has passed through the opening; the patient complains greatly of pain in the part incised. Mr Hancock saw her at nine o'clock,

and as she then appeared extremely low, ordered her laudanum and ammonia, in camphor mixture, every four hours. The pain, which was most severe, now became less intense.

First day after the operation.—Eight a.m.: Mr Hancock found the patient better; her pulse was fuller; skin warm, and covered with warm perspiration; bowels have acted very copiously during the night, through the artificial opening, and the vomiting has ceased; pain has diminished, and the woman has had some sleep.—Ten a.m.: Not quite so well; pulse more feeble; in other respects much the same.—Three p.m.: Much worse; is in great pain; countenance anxious; very restless; upper and lower extremities cold; pupils contracted; tongue dry and parched; pulse cannot be counted; can bear pressure without much increase of suffering. The patient died at a quarter-past three o'clock.

No regular post-mortem examination took place, but it was easily ascertained that the obstruction lay principally in the locality which has been mentioned above.

A case having much analogy with the preceding has just occurred at Guy's Hospital, under the care of Dr Babington. The patient was a man, forty-six years of age, who died after ten days' intestinal obstruction, situated in the sigmoid flexure.

## ON THE NATURE AND TREATMENT OF DEFORMITIES.

(No. VIII.)

BY CHARLES VERRAL, Esq., M.R.C.S.,

*Surgeon to the Free Hospital for Deformities of the Spine, Feet, Chest, and Limbs.*

### DEFORMITIES OF THE KNEE-JOINT

In accordance with the plan proposed in my last communication, I now proceed to speak of the remaining deformities of the knee-joint—or at least, such of them as are of more immediate importance to the practical surgeon.

In the first instance, then, let me briefly allude to that mal-position of the bones concerned in the articulation of the knee-joint, which is very commonly, although sometimes erroneously, denominated "*contraction* of the knee-joint in the flexed position." I say sometimes erroneously, because by the term *contraction* we are led to believe that the deformity is in every case dependent upon actual shortening or contraction of the flexor muscles of the leg, whilst it can be very clearly proved that many instances of this deformity are met with, where the mischief exists quite independently of the muscular structure, and where, in fact, the flexors are only secondarily, if at all, involved in the disease. It is very true, however, that the position of the limb afflicted with this distortion is that of partial or complete flexion, from whatever source the disease may originate; and for this reason I purpose to call it "*Deformity of the Knee-Joint in the Flexed Position*," rather than "*Contraction*" of the knee-joint in the flexed position.

Deformity of the knee-joint in the flexed position is occasionally met with as a congenital affection; far more frequently, however, its origin is to be dated from some period subsequent to birth. As, however, the two affections, though physically resembling each other, differ widely in their causes and treatment, I shall first say a few words on the subject of the deformity as found affecting the infant at the period of birth.

In the child afflicted with this malady, the tibia and fibula, instead of being placed in the same line with the femur, are situated at an angle with it, in some instances this angle being so acute as to bring the posterior part of the os calcis almost into apposition with the tuber ischii. The patella—or patellæ if both limbs are affected, which, however, is rarely the case—instead of being placed loosely and readily moveable upon the anterior aspect of the condyles of the femur, is, as it were, tightly bound down, its ligament being in a state of violent extension.



When an attempt is made to move the knee, it is found that the corresponding articular facets of the bones readily glide upon each other, but that the motions of the joint are much narrowed and restricted—a condition that is occasioned by an actually contracted state of the ham-string muscles. There will be but little difficulty in discovering that this is the main—or more properly, the only—source giving rise to the congenital deformity. Attempt to straighten the leg, and the cord-like feeling of the semi-membranosus, the semitendinosus, and biceps flexor crucis muscles will be readily felt; overcome the tightness of these structures, and the patient is at once relieved.

It has never happened to me to have the opportunity of examining after death a knee-joint afflicted with congenital flexion; but from the great freedom of motion, and, if I may so speak, the oleaginous nature of the movement in these articulations, I am induced to believe that the malady is entirely unattended with any structural change whatever.

As regards the cause of these congenital cases, it appears to me that we must ascribe it simply to position in utero; indeed it is not difficult to conceive that such a position of the foetus should occasionally occur, as would quite suffice to account for the invasion of this deformity.

The treatment of congenital flexion of the knee-joint is very successfully conducted in the following manner, which, besides being satisfactory in its ultimate results, has the additional advantage of being unattended with any great degree of pain or trouble, either to the patient or superintendent. Let the limb of the little patient be carefully bandaged, from the foot to the top of the thigh, either in a flannel or cotton roller; then apply beneath the articulation the common jointed tin splint, the joint of which is actuated by the male and female screw. Let this instrument be carefully secured to the leg in its deformed position, taking care that a uniform pressure is maintained upon surrounding parts, so as to ward off the untoward contingency of sloughing or excoriation, which will certainly follow treatment if undue compression is exerted upon any one particular spot. When the tin splint has been effectually applied, the screw may be carefully turned every day, until by gentle degrees the limb has been brought into its normal position. Let it be remembered that all force or violence should be avoided. The speediest, as well as the most certain method to adopt, is just to keep up such an amount of extension as shall slowly reduce the deformity, without interfering with the health of the child.

In these young cases I think it may be safely asserted that recourse to tenotomy, or any other surgical operation, will be quite unnecessary. I need scarcely observe that the use of the instrument should be persevered with by night as well as by day. When the limb has been restored to position, it should be prevented from undergoing anything in the shape of a relapse, by the constant use of a simple wooden or metallic splint, carefully bandaged on behind the knee-joint, and there maintained until all tendency in the muscles to re-contract has been overcome.

I now come to speak of the non-congenital form, or rather forms, of the disease, which, notwithstanding a certain amount of similarity as regards their external appearance, are nevertheless widely different from the foregoing, not only as regards the causes upon which they are dependent, but also upon the sources from which they spring, and the means required for bringing about their alleviation or removal.

Non-congenital flexion of the knee-joint is a complaint no longer simple and easy of removal, but one of a far more serious and, as it were, compound character—a malposition or deformity, in fact, which has, in the majority of instances, resulted from extensive inflammation in or about the neighbourhood of the joint, and, as a consequence, it will be found that in many instances the actual integrity of the articulation has been sacrificed.

As regards the symptoms of this non-congenital form of the affection, the most striking and characteristic is the partial or complete flexion of the joint—a flexion so rigid and fixed, that the most violent effort is unable to overcome it; in addition to this symptom, however, there is frequently met with an enlarged appearance of the corre-

spounding articular extremities of the tibia and femur; more especially is this the case in those instances which have resulted from serofulous disease of the shaft of either bone. Occasionally too there is inward inclination of the knee, besides which the tibia appears to have rotated upon the condyles of the femur, so that a considerable degree of eversion of the tarsus is a frequent accompanying symptom.

The causes which give rise to this morbid condition of the knee joint are many, and very various in their character. Thus we find that mechanical injuries to the joint, of whatsoever kind they may be—exposure to excessive cold, inducing an attack of acute synovitis, chronic inflammation of the synovial membrane of the joint, and, above all, that disease which is known under the name of serofulous disease of the articulation, or white swelling, are very pregnant causes from which the deformity in question is found to arise; it should be observed, however, that none of these agents can be said to be specific causes originating the disease, however much they may tend to produce that state of things which predisposes to the malady; for it must be very evident that the only true source of the mischief is position—a malposition, in fact, maintained for a lengthened period, in order to relieve the joint from pressure during the painful progress of one or other of the morbid conditions above enumerated. There is still another source from which this malposition is found to originate, namely, from hip-joint disease; and here again it may be mentioned that the invasion of the deformity does not result from any specific action within the knee-joint itself, but it arises from the simple fact of the limb being constantly maintained in a flexed position for a very lengthened period—in fact, during the active progression of the morbus coxae.

Besides the causes above mentioned, there are others which appear to predispose to this noncongenital malposition; thus we find that irritation of the brain or spinal chord, or its membranes, whether arising from injury or caries of the bodies of the vertebrae—producing complete or partial paralysis of either one or both lower extremities—is occasionally found upon the subsidence of the paralytic seizure to have resulted in the production of the deformity in question.

(To be continued.)

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES,

### THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. IX.

PARR'S LIFE PILLS.

(Continued from page 147.)

Among the "names" published by the proprietors of "Parr's Life Pills," we recognise those of some old acquaintances, who have been manufacturing "Gratifying Intelligence," "Wonderful Cures," and "Grateful Testimonials" for half the quacks this side the Tweed. Among others we perceive the notable Mr Gamis (it should be Gammon), of Yeovil, who (kind man), to prevent mistakes, begs us to remember that he keeps "a medicine shop exactly opposite Stuckey's bank." Only last week we noticed his industry on behalf of "Loeock's Wafers;" this week we observe that he has furnished letters and cases wholesale in favour of "Parr's Pills." In one of these he states, "*In this neighbourhood they repudiate all other medicine.*" No wonder the Morisons are angry! So much for the notable Ince Gamis; but who is "John Dale, an eminent analytical chemist," who, "after a strict chemical examination," pledges his scientific reputation to the fact, that Parr's pills "are purely of vegetable origin," and "remarkable for their great efficacy and simplicity;" but who appends neither date nor address to his testimonial? Can any one enlighten us hereon?

And now we must say a few words respecting the composition and qualities of the so-called "Parr's Life Pills." The reader will doubtless have already formed an opinion from some of the preceding remarks. We may here add our assurance to that of the proprietors, that "they are quite harmless" in the doses recommended, although cer-



tainly rather more aperient than "pills of bread crumbs," or of "powder of post." The most nervous invalid may safely swallow one of these pills on going to bed, without the fear of an attack of cholera therefrom before breakfast the next morning; whilst the anxious spinster who has just crossed the bridge of five and forty, may comfort her stomach with two pills a day, with the full assurance that if they do not remove her wrinkles and prolong her life a century, the fact is undeniable that she will die subsequently to the last dose she swallows. Their virtues, like those of "holy water" or "saintly relics," reside only in—FAITH.\*

We might say much more on the "Old Parr" humbug were it necessary. The materials are ample, but the imposture is so thoroughly transparent, that we are lost in surprise to find that there are men so foolish as to become its victims. The whole scheme is a tissue of absurdities and falsehoods from beginning to end. Why, poor old Jenkins, who flourished at the same time as Parr, not only survived the latter, but reached the amazing age of 169 years, whilst Parr died at 152. There is no evidence to show that these men ever saw each other, although the proprietors of the pills assert that they met when each was above a century old. It is quite clear that the man who lived the longest (and, in fact, both of them) owed his longevity to his naturally strong constitution and surrounding circumstances, and not to "Parr's Life Pills." Jenkins was a fisherman; Parr was engaged in rustic and agricultural pursuits. They both were compelled by circumstances to live on the plainest fare, and they both passed through life without thought or rule. Indeed, of Old Parr it is recorded that he was a glutton and a drunkard whenever the opportunity occurred, eating frequently both by night and day. As soon as the Earl of Arundel took him to London, to present him as a "curiosity" to Charles I, he indulged in every excess and debauchery within his reach. Where were his "rules of health" then?—where his "elixir vitæ?" He sunk under the effects of beastly indulgence, from which even the court physicians and the celebrated Dr Harvey were unable to save him. His was a long life—a thoughtless and a merry one.

Poor old Parr! cheerful and happy in thy ignorance, untroubled by physie or hygiene, guiltless of will-making or even rustic penmanship, careless and luxurious in thy age, how wouldst thou stare if thou couldst now start into existence for but one brief moment, and find thyself elevated into a philosophic compounder of simples, dignified with the assumed discovery of the "true elixir vitæ," and announced as the author of "rules of health" and "deep-learned writings long hidden from the world!" Alas! for truth, honesty, and honour in this lucre-loving age! Alas! for the weakness and gullibility of those who fall the victims of that most *heartless, reckless, barefaced imposture*—the OLD PARR HUMBUG!

\* R. Aloes, 7 lbs.; rhubarb and jalap, of each, 5 lbs.; extract of gentian, 3½ lbs.; soft soap, 6 lbs.; liquorice powder, tiaeale, and moist sugar, of each, 4½ lbs.; oil of cloves, 1 oz.; oil of carraway, 3½ oz.; make a pill mass, with syrup bottoms, adding gradually the oils, previously dissolved in S. V. R. q. s., and divide into 3½-grain pills. There are about four dozen in every 1s. 1½d. box, weighing (dry) barely three grains each. \*\*\* On applying at the head-quarters of Parr's Pills, 8 Crane court, Fleet street, we were referred to Mr G. S. Pedler, chemist and M.P.G.S., of 199 Fleet street, as their very active and "respected" agent. We found Mr Pedler abounding with the "suaviter in modo" on the subject of Parr's Pills. The establishment in Crane court more resembles a deserted barracks or union workhouse than anything we have seen for some time.

"Surely the pleasure is as great  
In being cheated as to cheat."—BUTLER.

\*\*\* IMPORTANT!!!—We stop the press to announce that while we were enjoying a little leisure in our easy chair, we were suddenly aroused by an unholy "rat-tat," that sounded more like the knock of some supernatural visitant than of an earthly postman. A letter was brought us, but, strange circumstance! a chilliness came over us as we touched it. We hastily broke it open. Heavens! could it be? A letter from poor Old Parr! We started to our feet; we rushed to our hall-door; we snifted in the letter-box for brimstone; we started every body in every direction to make inquiries; but we could not discover that a skeleton on a white horse had been observed in the neighbourhood; and though our ante-room contained a cold and murky atmosphere, we could not trace the character of the mysterious messenger. We are now in a panic, and are agitating the propriety of calling in the police. We hasten to give the reader the document in question at length, which we conscientiously believe to be as full of truth as any of the publications of the proprietors of "Parr's Life Pills."—

"Old Parr presents his compliments to the author of the ANATOMY OF QUACKERY, and begs to inform him that the statement of his death some 200 years ago was truly an idle rumour, which he himself created for the purpose of enabling him the more easily to retire from the world, to pursue his philosophic studies with those 'undying Chaldeans' (acquaintances of Bulwer's) that have triumphed over human ailments and mortality. Renewed in youth and capable of anything, and having a natural preference to his own countrymen, he returned to mundane pursuits and duties some thirteen or fourteen years ago, since which time he has regularly prepared his pills from sublimated herbs gathered by moonlight from the surface of the great desert Zahara.

"Old Parr further begs to forward for insertion a valuable testimonial he has just received from a highly-distinguished German baron, no other than Baron Munchausen, Ph. D., Professor of the *Long-bow* in the University of *Tauge-nichts*. The Messrs Allsopp boast of a baron, so does Old Parr.

"TRANSLATION,

"To the high and well-born Old Parr:

"I hereby certify and swear to it, that at the age of fifteen years I had the misfortune to fall into the crater of Vesuvius, and was burned to a cinder; but on taking two of Parr's Life Pills, I completely recovered. At Waterloo I was blown to atoms by a Congreve rocket; but after taking one box and a half of the Pills I speedily got well, and with the exception of occasional shooting pains, which a single pill invariably relieves, I have since been a better man than ever. In 1828 I was cut in two by an engine and forty-five ballast waggons; but on taking one box of those life-renovating pills, I became one again. Last year I fell from the Monument, and my head was driven in; but on taking three of thy pills, O Parr! a new head was observed springing up, and the old one sloughed off.

"Mit Hochachtung,

"Verbleibe ich U. S. W.,

"MUNCHAUSEN, PH. D.,

"Langerbogenschussprofessor."

"Old Parr begs to add what the learned baron's modesty has induced him to omit, that in addition to the original composition of his invaluable pills, he has availed himself of several hints from the baron, having himself spent some time before his recent advent in England at the University of Tauge-nichts for the purpose.

"Crane Court, February 19, 1853."

#### TO THE SUBSCRIBERS TO THE 'MEDICAL DIRECTORY.'

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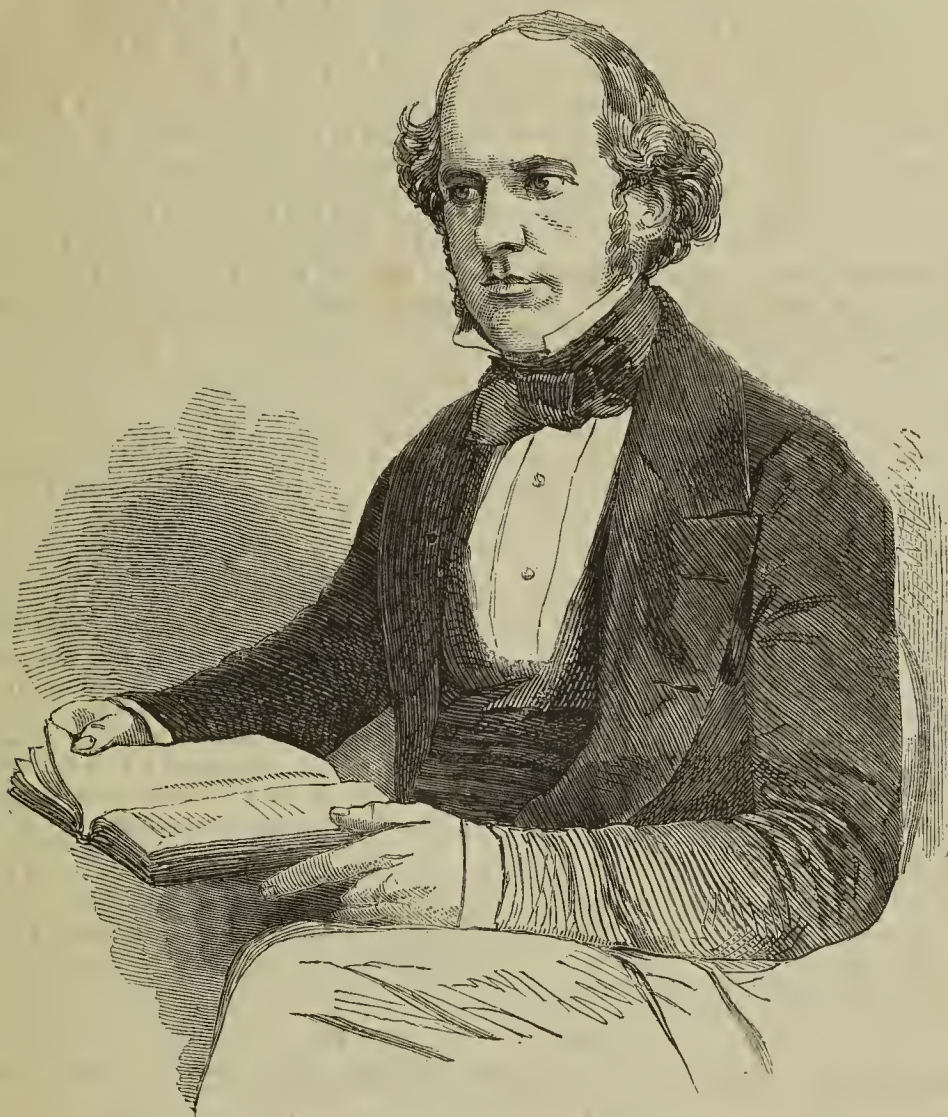
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PORTRAIT OF DR W. B. CARPENTER.

(From a Daguerreotype by Beard.)

## BIOGRAPHICAL NOTICES.

### WILLIAM B. CARPENTER, M.D.

Another of the chiefs of literature figures upon our page, and claims a record of his labours. Politics and ethics have had their turn; now let science and criticism take the seat of honour. The prompt and versatile genius of the weekly publicist must yield place to the serene and circumspective intellect of the 'Quarterly' reviewer. The lively sally and the dubious hint, the searching taunt and the flashing anathema, the variety, scope, and ardour of a vigorous weekly press perish for lack of sustenance in the rare and calm atmosphere of a philosophical review. Yet it does not follow that a devotee of science may not burn with the same fires that consume the energies of a citizen of the world. Arago and Condorcet were the champions of revolutions, and Humboldt was master of the ceremonies in a royal palace; Diogenes was a cynic, and snarled at the world from his tub; while Epicurus, unless he be maligned, cast himself on the lap of pleasure, wreathed his brows with myrtle, and swooned in the ecstasy of physical delights. Science is no equaliser of human attributes; but it may yoke the most various to its service, and make captive the haughtiest energies of man. Science herself

must march through the earth as a conqueror, with a sceptred hand and a sandalled foot, her white robe unsoiled by the defilement of worldly lusts, and her divine countenance reflecting none of the perturbations of human passion. Her empire is undivided. She absorbs everything into herself, and purifies her acquisitions. In science there is no blinding suspicions, no deforming hatreds, no prejudices, no evil-mindedness, no vice.

The subject of the present sketch has not dipped unworthily into the spring "pure and undefiled." Throughout his life he seems to have been earnestly engaged in drawing up and distributing the sacred waters. He has exhibited a rare abstinence from the more exciting controversies that have during his time waged in the profession. The weekly press is unfamiliar with his name; no political agitation owns him for a leader; no creed has published him for a champion; heterodoxy has not execrated his lash; orthodoxy has not chanted its pæans in his praise. The thunders and the lightnings of the middle region he may have heard, but he has neither feared nor wielded them; aloft in his own place he has sat among the "savans" in the clear cold atmosphere of philosophical research.



It is also honourable to him that he has, whenever the opportunity offered, employed his scientific attainments to purify and elevate the morals of his fellow-man. He has made science testify to humanity. Philanthropy owes a debt to his advocacy. The drunkard, besotted and depraved, has been convinced of his crime through his expositions; and the dumb animal has found in him a denouncer of his wrongs. Dr Carpenter's principal claim upon our notice consists, however, in his scientific and literary labours. As an indefatigable servant of science, he has not been surpassed by any of his contemporaries; and in the rare attributes that qualify for the special vocation he has undertaken he stands perhaps in the first place. For original investigation he is not conspicuous; but for wide research and an admirable arrangement of his materials, accuracy of knowledge, and justness of criticism, he has deservedly acquired considerable celebrity. He has also an eloquent vein, and although richness of phraseology is unbecoming the gravity of science, yet his works sufficiently manifest that he has not been an unsuccessful cultivator of the beauties of style. Their popularity depends, to some extent, on the transparent and agreeable language in which they are composed.

There is hardly another man in the profession who has willingly abandoned the profits of practice that he might be the better able to indulge in his love of science; yet Dr Carpenter has done this, and the sacrifice was neither unwise nor unproductive of honour. We do not counsel others to follow his example, for our readers may rely upon it, that in most cases disappointment will be the award to such chivalrous devotion. The ordinary ways of life may be rugged, but their perils are known; their course has been laid down in the chart, and their desert places, swamps, and bye-roads indicated by previous travellers. Perseverance alone is required to surmount the difficulties they present. We must now descend to the more special detail of the events in the Doctor's career.

Dr Carpenter was apprenticed in the year 1828 to Mr J. B. Estlin, a general practitioner of high standing in Bristol (and brother-in-law of Dr Prichard), who founded a Dispensary for Diseases of the Eye, an institution which has been extremely valuable, not only to the town and neighbourhood, but to South Wales, from the remotest part of which patients were continually received. He attended lectures at the Bristol Medical School, during the last year of his apprenticeship, and also during the following year, which he spent in attendance at the Bristol Infirmary, where he saw a great deal of practice, both medical and surgical, and was "pupil of the week," or acting House-Surgeon, for about a third of the period. He then studied for a session at University College, and attended the Middlesex Hospital, where he was Clinical Clerk to Dr Watson, at the time that physician published his 'Lectures on Pericarditis,' which first attracted general attention to the "friction-sound." Dr Carpenter passed his examinations at Apothecaries' Hall and the College of Surgeons in the autumn of 1835, and then went to Edinburgh, where he studied two sessions. In the second of these he was one of the four Presidents of the Royal Medical Society; and, as senior President (i.e. having been elected by the greatest number of votes), it fell to his lot to deliver the Oration at the Centenary Commemoration of the Society, Feb. 17, 1837. This composition was characterised by a high strain of eloquence, and won at the time general admiration. He was also President of the Royal Physical Society.

Having been offered the Lectureship on Medical Jurisprudence in the Bristol Medical School, and having determined to start in general practice in Bristol, he did not remain at Edinburgh during the third winter, which would have been then required for graduation; but delivered his first course of lectures in the summer session of 1837, and at the same time commenced practice. About the same period he became a contributor to 'Dr Forbes's Review,' having previously published a paper in the 'Edinburgh Medical and Surgical Journal,' "On the Voluntary and Instinctive Actions of Living Beings," which contains the germ of what

he has subsequently developed in his various physiological writings on the Nervous System. He is understood to have written for the 'Medico-Chirurgical Review' thenceforward during the whole time of Dr Forbes's editorship; and at the termination of this gentleman's connexion with it, Dr Carpenter became its editor, a post he filled until the recent changes in the staff and plan of the journal. This 'Review' held the first rank in medical literature; and, however unsuccessful as a commercial speculation, little fault could be found with the depth and variety of learning and the sound and impartial criticism manifested in its articles. Solely as a 'Review,' it bore the palm among its rivals. The principle of reviewing adopted in this periodical required from the critic as much or greater acquaintance with the subject than was possessed by the author reviewed; and the reader had consequently the advantage of a thoroughly-searching analysis of the subject, combined with much original thought and observation. The reviews were essays; and if an exception might be taken, it was that the reviewer was tempted to forget his author in himself, and to exhibit rather what he knew than the author taught. Thus, the author was often judged rather by the critic's standard than by that of the actual state of science—a bias we can willingly forgive for the sake of the earnest and copious treatment of the subject implied by such a system, and demanded as a condition of publication by the editor of the work. In the same year that Dr Carpenter published his paper in the Edinburgh journal, he competed for, and gained, the "Students' Prize" of 30*l.*, subscribed for by the students, and adjudged by certain of the Professors of the University of Edinburgh, the subject being one proposed by Professor Alison, "On the difference of the laws regulating Vital and Physical Phenomena." The principal part of this Essay was published in 'The Edinburgh New Philosophical Journal' (Professor Jameson's), for April, 1838. In December, 1838, Dr Carpenter brought out the first edition of his elaborate work, the 'Principles of General and Comparative Physiology;' his age at the date of its publication being twenty-five years.

Some alterations in the regulations of the University of Edinburgh having enabled him to graduate there by three months' additional residence, he proceeded thither in the early part of 1839, and graduated in that year, receiving for his Thesis, 'On the Nervous System of Invertebrated Animals,' one of the four Gold Medals then annually adjudged by the Senatus to the best Theses. In this essay he applied the doctrines of reflex action to the nervous system in articulated and molluscous Animals; and his views, which were in complete opposition to those at that time taught in regard to the articulated classes by Dr Grant and Mr Newport, are now universally accepted. They were fully adopted and confirmed by Mr Newport, in a paper published by him in the 'Philosophical Transactions' *four years subsequently*; but they had previously received the sanction of Professor Owen, and had been enunciated as the views of Dr Carpenter in his Hunterian Lectures.

In the year 1840, Dr Carpenter determined, as we have already intimated, to devote himself to the scientific rather than the practical part of the profession; and to earn his livelihood by the use of his pen, by lecturing, and by education, &c., so as to be able to carry on his physiological pursuits without the responsibilities and distractions of practice. He exchanged his lectureship on Medical Jurisprudence for that on Physiology, in the Bristol Medical School; and in 1841 brought out a second edition of his first book, and in 1842 the first edition of his 'Human Physiology.' He also commenced a series of popular Scientific Treatises, under the title of the 'Popular Cyclopædia of Natural Science.' Of these, five volumes have appeared; and some of them have had an extensive sale.

In 1844, having obtained the Fullerian Professorship of Physiology at the Royal Institution (an appointment for three years only), he determined to remove to London, and in the same year lectured on Comparative Anatomy at St Thomas's Hospital. The latter appointment he relinquished, however, after the next session, having been appointed, in



1845, joint lecturer with Mr Adams, on Anatomy and Surgery, at the London Hospital; which appointment he still holds.

So general has been the recognition of Dr Carpenter's abilities and acquirements, that offices seem to have been kept waiting till he could find the opportunity to fill them. Thus, in 1847, Dr Carpenter was appointed Examiner in Physiology and Comparative Anatomy in the University of London; and in the same year he was appointed, by the Trustees of the British Museum, Lecturer on Geology, on the foundation of Dr Swiney. This post he filled for five years (the term to which it is limited), and has been since succeeded by Dr Grant.

In 1849, he was appointed Professor of Medical Jurisprudence at University College, as the successor of Dr A. T. Thomson.

In the summer of last year, he was requested to undertake the office of Principal of University Hall, a Collegiate institution for the residence of students, in connexion with University College.

In the spring of 1851, he published the third edition of his 'Principles of Physiology, General and Comparative;' which is already out of print. And at the end of last year, the fourth edition, which brings the work up to the last whispers of science, was published. Of his last work, five large editions have been disposed of in the United States, where it is almost universally employed as a text-book.

Dr Carpenter has been an F.G.S. since 1844, and an F.R.S. since 1847. He contributed an elaborate Report on the Microscopic Structure of Shells, to the Transactions of the British Association, for 1844 and 1847, with forty plates from original drawings. In the Philosophical Transactions, for 1850, he published a paper on the 'Mutual Relations of the Vital and Physical Forces.' And in the 'Quarterly Journal of the Geological Society, for 1850,' is a paper on the 'Microscopic Structure of Nummulites, &c.,' which is now referred to by all writers on the subject, as of the greatest value and authority.

Dr Carpenter is above the middle height, with an agile and well-proportioned figure, otherwise undistinguished by any peculiarities. He has a lofty but not a broad forehead, the effect of which is heightened by premature baldness. We do not know whether he considers himself well-looking or not, but his countenance exhibits what is better, the beauty of intellect. It is hardly fair, however, to criticise a man as if he were a statue; and we will save Dr Carpenter further blushes by wishing him all the success which his heroic venture in the cause of science so largely deserves.

#### EDWIN CANTON, ESQ.

Mr Canton is a gentleman of rising repute in this busy metropolis; and has the happiness of enjoying the friendship and good opinion of a large circle with whom his professional engagements bring him into connexion. He is a lecturer on general anatomy and physiology at the Charing Cross Hospital Medical School; consulting surgeon to the Kent Ophthalmic Hospital; assistant surgeon to the Royal Westminster Ophthalmic Hospital; and surgeon to the Royal Infirmary for Children. He is also a fellow of the Pathological Society, and a vice-president of the Medical Society of London. He passed the College of Surgeons in the year 1839, and became a fellow of the College by Examination, in the year 1845.

Mr Canton has contributed some interesting papers on pathological subjects to the periodicals;—one on the Arcus Senilis to the 'Lancet,' another entitled, "Notes on Chronic Rheumatic Arthritis of the Shoulder Joint," to the 'Medical Gazette;' and another to the 'Lancet,' on "A Case of Congenital Absence of the Gall Bladder." Mr Canton resides at 31A Savile row.

DR LAWSON CAPE,

GEO. AUGUSTUS HARRISON CAPES, ESQ.,

RALPH T. CAPPUR, ESQ.,

J. BURFORD CARLILL, ESQ.,

WM. GUEST CARPENTER, ESQ.,

WM. CARR, ESQ.,

CHAS. CARRUTHERS, ESQ.,

RD. CARTER, ESQ.,

WM. CARTER, ESQ.,

WM. GROVER CARTER, ESQ.

(Vide 'London and Provincial Medical Directory,' 1853.)

## CORRESPONDENCE.

### P U E R P E R A L C O N V U L S I O N S .

*To the Editor of the 'Medical Circular.'*

SIR,—I was called, about a month since, to a woman aged twenty-seven years, who had been delivered eighteen hours before I saw her of her seventh child. She had suffered during the day, *after delivery*, severely from violent convulsion, and was quite out of her senses. The blood ran freely out of her mouth, as, in grinding her teeth during the convulsions, she bit her tongue in a shocking manner.

I bled her *freely*, applied cold vinegar to the head, jars of hot water to the extremities, and mustard poultices over the bowels, thighs, and legs, to stimulate those parts and to divert the irritation from the brain.

I gave her about *fourteen* or *sixteen* drops of croton oil, which operated freely, and produced sufficient irritation in the mucous membrane of the intestinal canal; after which, congestion and irritation in the brain ceased, she recovered her speech, and was speedily restored. The family did not request me again to visit the patient, as she required no further attendance. She lived in the parish of Wendron, a distance of some miles from Redruth.

I have seen many cases of puerperal convulsions in this neighbourhood during the last twenty years, and it has been ably remarked, that some localities have never been visited with such dreadful complaints, whilst other districts have frequently been the scenes of such afflictions. I have read in Dr Denman's able work on midwifery, that some aged practitioners had never seen a case of puerperal convulsions during a long and extensive practice.

It is my opinion that females in large mining districts, such as St Austle, Gwennap, Redruth, Illogan, Camborne, &c., are more subject to these complaints than they are in purely agricultural and other localities.

Dr Denman very wisely states that he has known cases of puerperal convulsions brought on by an opiate, given during labour, and this should be avoided as much as possible. I have never known a large dose of croton oil fail. Before this case I had frequently given the drops. I am never afraid of a large dose of croton oil, the irritation that it produces in the bowels is speedily removed by its operation; the quicker the better, as the chances of recovery are greater, and its quick operation removes the very pain and irritation it had produced.

I am, Sir, your obedient servant,

HENRY HARRIS.

Redruth, Cornwall, 19th February, 1853.

## FICTITIOUS TITLES.

*To the Editors of the 'London and Provincial Medical Directory.'*

Gentlemen,—On this day—twelve months ago—I publicly declined to act along with Dr Samuel Wright, of this town, in consequence of his having unwarrantably assumed to himself those titles of LL.D. and D.C.L., M.A., Interim Professor of Pathology in the University of Edinburgh, F.B.S., &c. &c. &c., some of which he had appended to his name in



your 'Directory,' and others in the Calendar of the Queen's College and elsewhere.

I had hoped that this question, as well as that concerning the 'Treatises' and their 'Translations,' had been quietly but finally settled long ago, and that the profession should have heard no more of these vain boastings of a superiority over his brethren, which had no foundation in truth. They seem, however, to be again put forth by him in this year's 'Directory;' so that several friends have addressed me on the subject, and pointed it out as a most cool and audacious impeachment of my own and of their veracity. Under these circumstances I am bound, in self-defence, to demand an inquiry at your hands; while I reiterate, on the highest documentary evidences that he has no legal claim to these titles whatever. It is very far from me to play the part of a *magister morum* in these matters, that office being exercised by yourselves as editors of the 'Directory;' but the individual in question well knows that he himself has forced on this crisis by his own conduct towards me.

I am, Gentlemen, your very obedient servant,  
D. NELSON, M.D., Edin.

Birmingham, 12th February, 1853.

## DRUGS, AND THEIR ADULTERATIONS. LARD.

A communication has been received by the Pharmaceutical Society, on the subject of lard and its adulterations, from Mr Whipple, in which he states, that for some time past he has had reason to suspect the purity of commercial lard, and had recently made a few experiments, which led to the detection of large quantities of some farinaceous substance in it. In a quantity weighing 105½lb. he found as much as 22½lb. of this foreign matter; and in another lot, weighing 43½lb. he found 12½lb. of a similar substance. Mr Whipple points out the pernicious effects which this adulteration would be likely to produce in the employment of such lards for some pharmaceutical purposes, and the danger which might ensue from its application to machinery. In another communication from Mr Calvert, of Manchester, that gentleman confirms Mr Whipple's statement, and informs us, in addition, that the American lard analysed by him contained from ten to twelve per cent. of water, two to three per cent of alum, and about one per cent. of quicklime. The quantity of alum, it is supposed, is added by the manufacturer, for the purpose of communicating to the lard the property of facilitating the raising, and increasing the whiteness, of the confectioner's paste, in which it is largely employed.

With reference to those adulterations the 'Lancet' says:—

"The first thing to be done in order to ascertain whether a lard be genuine or adulterated, is to melt it at about a temperature of 212° Fahr. If it dissolve without ebullition or without the occurrence of a deposit, we may safely conclude that the sample is genuine; but if ebullition take place, or a sediment is thrown down, the lard is unquestionably adulterated.

"The adulteration with water, and the quantity present, may be thus determined:—A known weight of lard is to be exposed to heat until bubbles of vapour cease to escape; the loss indicates the per centage of water.

"The presence of starch may be discovered by thoroughly incorporating a solution of iodine with a few grains of the lard, placed upon a slip of glass; the lard will change colour, and become deep blue, or almost black. If now a little of this be viewed under the microscope, the starch-corpuscles will themselves be seen coloured by the iodine.

"To determine the kind of starch contained in any sample, we must use the microscope. A minute piece of the lard should be placed on a glass slide, previously thoroughly warmed; the moment the lard is melted it must be viewed by the object-glass, when the starch-corpuscles will be dis-

tinguished standing out as clearly as though they were in water.

"Another way in which the starch-corpuscles may be well seen by the microscope, is to spread out by gentle pressure, between two pieces of glass, a very thin stratum of the lard.

"Although it is easy enough to detect starch in lard, it is by no means so to estimate the amount present.

"Ether does not readily dissolve lard, particularly in cold weather, owing to the stearine of the lard being then in a more firmly crystalline condition, so that by this reagent it is very difficult to separate all the lard from the other ingredients with which it may be admixed. If, however, ether be used for the purpose, the lard should be melted, a little warm distilled water added, and lastly, while still warm, the ether should be poured upon it; we may then weigh, when properly dried, either the oil obtained, or the sediment left. Still, with every precaution, this method of separation is very troublesome, and often fails.

"Another method is as follows:—Put one hundred grains of the lard in a wide-mouthed test-tube of known weight; heat below the boiling point of water until all escape of vapour ceases, and weigh again when cold. Fill nearly up with water; heat as before; allow the oil which has risen to the surface to become cold; collect; heat again with a little more water, when a second portion of oil will be obtained; add the two portions together, dry, and weigh.

"Although this method is simple, it is very troublesome, and gives only approximate results, since it is almost impossible to separate all the oil by heat alone.

"For the determination of the saline matters sometimes present, it is in most cases sufficient to melt the lard, collect the precipitates, free them from oil with ether, weigh, and afterwards taste them. Salt, soda, alum, and lime, may all be distinguished, provided quantities of lard sufficiently large be operated upon, by the taste alone.

"There is no doubt but that the refuse of fat sheep and calves is sometimes mixed with lard, especially mutton fat; the last being a hard fat would give solidity and firmness to a soft lard. The detection of these adulterations would be most difficult, if not impossible."

Again:—

"The adulteration of lard prevails not only in certain localities, but also chiefly at certain times—that is, whenever a sufficient supply of inferior lard, suitable for mixing, can be procured—for it is said not to answer to adulterate a lard of good quality, which commands a good price, and which is spoiled by tampering.

"It will be readily believed that the qualities of a lard thus adulterated would be seriously impaired for almost every purpose for which it is employed; thus, of course, it would not be nearly so economical for culinary purposes. In the presence of large quantities of potato-flour the cook will find a sufficient explanation for the extraordinary tenacity with which the fish sometimes adheres to the frying-pan. Again, the use of such lard in machinery might, in some cases, prove even of serious consequences by impeding its action. Lastly, the activity of all the ointments of the Pharmacopœia, made with such a lard, would be much injured, especially the simple and compound iodine ointments, which, if starch were present, would, to the astonishment of the dispenser, turn blue, or almost black, in the act of incorporation."

**BROWN'S CANTHARIDINE BLISTERING TISSUE.**—Amongst various other preparations our attention has recently been called to this vesicatory; and in addition to many testimonials submitted to us by the proprietors from various distinguished members of the profession, we find that it is highly approved and extensively prescribed by many of our professional friends: they consider it a decided improvement on the ordinary form of blister, as it never produces strangury or unpleasant after-sores. It is a neat and exceedingly cleanly preparation, and as it also has the merit of being economical, it is highly probable that many of our readers will find its use advantageous.



## MEDICAL SOCIETIES.

## ETHNOLOGICAL SOCIETY.

SIR B. C. BRODIE, BART., PRESIDENT, IN THE CHAIR.—  
FEB. 9.

*On the varying Forms of the Human Cranium, considered in Relation to the Outward Circumstances, Social State and Intellectual Condition of Man. By Robert Dunn Esq., F.R.C.S.*

The author observed, that the valuable paper "On the Human Mouth," by the late Mr Nasmyth, read before this Society 1845, and published in the first volume of its 'Transactions,' had an important bearing on the present inquiry. From the structure of the human mouth, Mr Nasmyth deduces the unity of the species, maintaining that the original configuration of the jaws was of the vertical or Caucasian type, and that all variations from that are deviations from a perfect form. To the author's mind, the evidence furnished by anatomy, physiology, and psychology, for the unity of the human species is irresistible; but whether there may have been more creations than one of the same species is another question, foreign to the present inquiry, and requiring for its solution other and a different kind of evidence. Ethnologists agree with Dr Prichard that there are three typical forms of the human cranium from which the existing varieties may be traced—the prognathous, or Ethiopian; the pyramidal, or Mongolian; and the oval, or Caucasian; prevailing respectively and concomitantly in the savage, nomadic, and civilised states of man. It is seen from the structure of the mouth, that the *prolongation* of the jaws and expansion of the cheek-bone and zygomatic arches are entirely due to the usages of the teeth and the action of the mouth in seizing, tearing, and grinding the food; in a word, to the exercise of a purely animal function, with which the encephalon has little or no concern. The jaws of the negro infant are upright, and there can exist no reasonable doubt that the lengthened period of suckling—from two to three years—which prevails amongst them, must give a direct tendency to the eversion of the jaws. And we can easily conceive that, if that period be abridged, and the exactions of savage life abandoned, the elongated jaw would cease to be perpetuated, from the mere adoption of the usages of civilised life in reference to food alone. But the distinction between the protuberant and upright jaw is characteristic and so important that Professor Retzius, of Stockholm, has founded upon it his great subdivision. Thus, in the class *Dolichocephalæ* (long-heads), he has the orders:

1. Orthognathæ, comprising the Gauls, Celts, Britons, Scots, Germans, and Scandinavians.
2. Prognathæ—the Greenlanders, various North and South American Indian races, such as the Caribs, Botocudi, &c. Negroes, and New Hollanders.

And again, in the class *Brachycephalæ* (short-heads), the orders:

1. Orthognathæ, comprehending the Slavonians, Finns, and the Tschudish races, the Affghans, Persians, Turks, Loppes, &c.
2. Prognathæ—the Tartars, Kalmucks, Mongols, various North and South American races, such as the Incas, Carruas, Papoes, &c.

The division of mankind by Retzius into *Dolichocephalæ* and *Brachycephalæ* has an important *psychical* bearing, indicating, as it does, the degree of development of the posterior lobes of the cerebrum, and the extent to which they overlap the cerebellum. A point of great interest, for the chief distinction between man and those mammalia whose cerebral organisation approaches the nearest to his, is that in these the posterior lobes are so little developed, that the cerebellum is often nearly or quite uncovered. But the comparative development of the cerebrum in the typical varieties of man, remains still to be investigated; and beyond the annuncia-

tion of the general facts, of the greater development backwards of the posterior lobes, and of additional convolutions to the superior, anterior, and lateral parts of the hemispheres, in the intellectual and cultivated races, nothing has been effected in this most important and interesting inquiry.

The protuberant jaw is associated with a narrow and receding forehead; the head may be long, but it is remarkably narrow in proportion to its length, as in the Negro, Carib, or New Hollander, suggesting the idea of lateral pressure; or it may be short, as in the Tartars, Kalmucks, Medes, &c. In the pyramidal type, with the flat and broad face, there is a like narrowness of the forehead, and deficiency of anterior development; but the most striking peculiarity in the skull is the shortness of the long diameter in relation to the lateral, being, in the case of the Loppes, only as 1.20 to 1.00. In the prognathous and pyramidal skull, the greater relative development of the jaws and zygomatic arches, and of the bones of the face altogether, in comparison with the size of the brain, indicates, as Dr Prichard has observed, a more ample extension of organs subservient to sensation and the animal functions. But every Negro has not the projecting jaw; nor has every Turk the lozenge-shaped face. Under ameliorating circumstances and conditions favourable to the development of the moral feelings and intellectual faculties, these characteristic peculiarities have been softened down, and in some instances have entirely disappeared. An Ethiopian and Mongolian skull has acquired the elliptical or Caucasian type.

Mr Dunn adduced the testimony of Sir Charles Lyell, as to the gradual approximation which is taking place in America in the configuration of the head and body of the negro to the European model, even where there has been no intermixture of European blood; and the case of the Turks in Europe and Western Asia, and of the Magyars of Hungary, in illustration of the conversion of the pyramidal into the Caucasian type.

Dr Brown briefly described certain craniæ which he had laid upon the table, from De Ville's museum, in illustration of Mr Dunn's paper. An interesting discussion followed; afterwards, Dr Hlubertz, of Copenhagen, made an interesting oral communication on mental disorders amongst the German and Scandinavian races, in relation to soil, locality, climate, &c., which elicited some curious and valuable remarks from Drs Hodgkin, Webster, Couolly, and Tuke.

The Rev. W. Arthur, M.A., and James Wm. Glasse, Esq., were at this meeting admitted fellows of the Ethnological Society.

JACKSON v. ROE.—The plaintiff in this case, which attracted so much attention among the Profession when it was tried, and in which a verdict was given for the defendant, lately applied to the Insolvent Court for relief from his debts, when it appeared that, although he had paid his other creditors in full, not only Dr Roe's expenses in the action were not paid, but even a great part of his own (the insolvent's) solicitor's charges were unsatisfied. The insolvent was remanded for two months from the vesting order for undue preference. Thus Dr Roe, although the decision was in his favour, is saddled with the payment of his own law costs. It is a very hard case; an unjust charge was made against him by the plaintiff, and that being defeated, the defendant in the case is absolutely amerced in what is really a heavy fine, the payment of the law costs. Defendants in such cases may say with Pyrrhus, "Another such a victory and I shall be undone."

BETHLEM HOSPITAL.—A Bill is now before the House of Lords, by which it is proposed that this hospital shall in future be opened to the inspection of the Commissioners of Lunacy, under the Act 8 and 9 Vict. c. 100.

PORTSMOUTH, Feb. 20.—Scarlatina continues on board the Agamemnon, 91, Captain Sir Thomas Maitland, C.B., at Spithead, where she is ordered to remain at present. Nine cases were sent from her to the hospital this morning, making eleven fresh cases since ten a.m. yesterday.



THE MEDICAL MEN OF THE THREE KINGDOMS.  
By SAMUEL THOMSON, M.D., Glasgow.  
PART I.

Wherever the eye surveys a number of different objects there is suggested the idea of disposing them in a method of arrangement. If this has sometimes been done only to amuse curiosity, it is an innocent pastime; and if it has ever tended to promote knowledge, it will at no time deserve to be discouraged. By this, indeed, some whole sciences have been founded; so that were it applied to the variety of objects presented in the 'Medical Directory,' it might be as harmless as anywhere, and might open a new walk of philosophical research in the science of IATROLOGY. Here the scan of the "ologist" is confined to as definite a range of subjects as any visible department of nature, since they all agree in the remarkable particular of being *medical men*. Yet within this category what diversities might be discovered! Into many of these it is not our design to inquire. We shall not search where wealth is, and where poverty; where youthful ambition hath reaped its harvest of honour, and where its panting blossoms have perished in untimely adversity. Such things are human. It is only some strictly medical matters that are aimed at in this present task—as to show what qualifications prevail in the profession in respect of the title by which medical men engage in practice—what general learning and abilities are to be found among them—what diligence in the observation and remedy of disease—what additions they make to the recorded stock of medical science and experience; and some such other particulars as may properly be set forth in a systematic view of the profession, conceived from the panorama of the Directory.

Their numbers are ample, and well spread out over the land, where man and disease flourish together. This might be expected at a time above a hundred years after the arch Spectator (I think it is) who admired the multitude of them in his day, some of whom slew in chariots, whilst the Infantry strove to rival their execution. The elegant Celsus too, at a much remoter date, declares that there is no place without physic—*hæc quidem nusquam non est*; though he rather alludes to the knowledge of some principles and practice in the art, than to a profession set apart for it. But in the British isles, where he of a surety placed some of his *im-peritissimæ gentes*, there is now the most profound understanding of this science,\* and as many as about 13,000 persons who make the pursuit of it the business of their lives. Of these there are 2,478 in the vast metropolis of London, and 7,670 in the provinces of England; that is 10,148 in all for the southern kingdom; the rest occupy Scotland and Ireland. To consider the medical men of these different regions in order, we shall first give our attention to those of the capital.

The greatest number of the London practitioners have the certificate or diploma of more than one authoritative body, as if to have proved their abilities for practice before as many boards of examiners. The most prevalent credentials are those of the Society of Apothecaries, and the British College of Surgeons, most practitioners having both sorts of diplomas, and few possessing only one. To these are to be added qualifications derived from the College of Physicians, and from numerous Universities, not only of our own land, but of foreign countries. The whole body of the profession in London may therefore be divided into four or five orders, without our pretending to give preference to any, unless some grounds for it shall appear in our future investigations. The persons of the three latter orders, in the following table, have, for the most part, one or more of the diplomas mentioned in the second order. The third order does not comprehend all who are connected with the College of Physicians, but only those physicians who, appear-

ing without an academical degree in physic, are not counted in orders fourth and fifth. It seems the whole number having relation to this college in London amounts to above 230. With these explanations, then, the profession of the metropolis may be classified as follows:—

I. Exempt from diploma, as in practice before 1815	52
II. Having diplomas of the Apothecaries' Society, or of a College of Surgeons	1698
III. Licentiates, &c., of the College of Physicians	53
IV. Bachelors in Medicine, with one L.M.	56
V. Doctors in Medicine	619
Total	2,478

Thus the graduates appear to number 674. The Bachelors are of Oxford, Cambridge, Dublin, and London. The doctors "differ" to a much greater width in the localities of their graduation. However, 510 of them have been created at home, and 109 abroad. Thus:

GRADUATED M.D. AT BRITISH UNIVERSITIES.

At Edinburgh	195
At St Andrews	92
At Aberdeen	62
At London	59
At Cambridge	36
At Glasgow	35
At Oxford	22
At Dublin	9

GRADUATED M.D. AT FOREIGN UNIVERSITIES.

At Erlangen	22
At Giessen	22
At Paris	13
At Heidelberg	9
At Berlin	5
At New York	4
At Leyden	3
At Jena	3
At Göttingen	2
At Tübingen	2
At Pavia	2
At Pisa	2
At Vienna	2
At Bonn	2
At Würrburg	2
At Padua	1
At Naples	1
At Catania	1
At Bologna	1
At Kiel	1
At Munich	1
At Wilna	1
At Bavaria	1
At Halle	1
At Grenoble	1
At Rostock	1
At Hartford	1
At Albany	1
At Dermont	1

A glance at this heterogeneous table must involve any beholder in bewilderment as to the proper substance for an M.D. For my part, when I survey such a host of dissociate schools, which doubtless are not less dissimilar in *genus loci* than in climate—each of which independently prescribes its own ordeal of trial, or bestows its honours by arbitrary acclamation; when I consider some—of which I know too much, and others—of which I know too little, I am quite at a loss what precedence the doctorate merits, or how to define the class to which it promises introduction. But to this matter we may anon return, if peradventure some further progress in these profound researches shall more embolden us to hazard judgment. But lest we never should make up courage, let us meanwhile hope that at least among our own universities, some outward influence, or, still better, some inward motive and consent, will produce a smoother order of things, whereof that may hereafter be rehearsed which was anciently sung by Ovidius Naso:

"Dissociata locis concordi pace ligavit;"

Radcliffe, Lancashire.

\* If we in one sentence call medicine an art, and in the next, a science, it is not a greater latitude than a very learned author has remarked in Celsus—*qui nunc artem, nunc scientiam nunc professionem, nunc disciplinam, vocat eloquentiæ causâ orator enim fuit*. Jansonii ab Almeloveen Inventa Nov-Antiqua. But I hesitate much in quoting him from memory.



## OUR NOTE BOOK.

*On Morbid Alterations in the Malphigian Bodies of the Human Spleen.*

Dr Sanders exhibited and described prepared specimens of the transparent condition of the Malphigian bodies in the human spleen; and remarked on the connexion of this state with tubercular and Bright's disease, in the cases observed. The spleens were sometimes softened, but most frequently presented the hard waxy appearance mentioned by Rokitsky, of which a specimen has been described by Dr Handfield Jones in the Reports of the Pathological Society of London for 1852. In a well-marked example of the waxy spleen with transparent Malphigian bodies, a great number of these were found filled with blood recently extravasated, giving the fresh section a peculiar dark-spotted appearance; the effusion was limited to the Malphigian bodies, and preserved their shape; no extravasation occurred elsewhere in the spleen or other organs. The case was one of advanced tubercular phthisis; the liver both waxy and fatty; ulcerations in the ileum; kidneys fatty, with tubercle mostly on their outer surface, and a yellow tubercular deposit the size of a pea in the spleen.—'Monthly Journal of Medical Science,' Jan. 1853.

*Presence of Phosphorus in the Cod-Liver Oil. By M. J. Personne.*

M. J. Personne has arrived at the following conclusions respecting the presence of phosphorus in cod-liver oil:—None of the oils of the liver of the cod contain phosphorus. This metalloid is found in certain preparations as an alkalino-earthly phosphate. The presence of this phosphate is due to the bad mode of preparation of the oils, and indicates their bad quality.—Commission Précédemment Nommée; Académie de Médecine.

*On Mental Alienation in Childhood. By Dr Röscher.*

This occurs, according to the author's, and contrary to the general opinion, with tolerable frequency. The rarest form is that of monomania, because in children the power of thought and contemplation is not as yet fixed and constant; the will is not as yet sufficiently concentrated in one direction to rise above all other governing ideas, and to become permanently settled. Melancholy is less rare; mania (Tobsucht) is still more frequent; next in frequency is dementia (Verrücktheit); lastly, idiocy (Blodsinn) is the most common form. It is remarkable that frequently in complete idiocy, only one or other function of the mind is impaired, while another may be healthy or even acute. In the latter case we may give a more favourable prognosis, as in mania and melancholy, which are often secondary affections, depending on causes operating on the brain.—*Vierteljahrsschrift für die Praktische Heilkunde*, 1852. Band 3. Analekten, p. 115.

*Upon the Destruction of the Puerperal Miasma in Lying-in Hospitals. By Dr Busch.*

The means employed by the author consists in heating the room to a high degree with dry air. This is effected by round iron stoves placed in the centre of the room, and connected with the chimney by metal tubes. The heat can be raised to 50-60 degs. R. (about 155 degs. F.) This must be kept up for two days, during which time all furniture and utensils are to remain in the room.

In March, 1851, puerperal fever invaded the Berlin Lying-in Hospital with remarkable severity; nearly all the patients suffered, and the Institution was closed for six weeks, during which time there was the most careful ventilation and purification. These means proved insufficient. Upon the re-opening of the hospital, all the new patients became attacked by the disease a few days after delivery. Then the author tried the plan here detailed in every room of three house. The effect was surprising; no fresh attack occurred during the whole summer. The same measures were adopted some time afterwards, and with the same success.—*N. Ztschr. für Geburtsh.* XIII. 3.

## PARLIAMENTARY INTELLIGENCE.

## HOUSE OF COMMONS.—MONDAY, FEB. 21.

## THE NAVAL ASSISTANT-SURGEONS,

In Committee of Supply, on the question, that the sum of 137,245*l.* be granted for the Admiralty Office,

Colonel BOLDERO reminded the Committee, that in 1850 he carried a resolution, which declared that the accommodation provided for the assistant-surgeons, was insufficient for securing the full benefit of their professional services. He was anxious to know what were the views of the present board of Admiralty? The Lords of the Admiralty issued a memorandum on the 17th July, 1850, which was not calculated to give effect to the resolution of the House. The memorandum was, indeed, extremely offensive to that class of officers, and was considered an insult to the whole Medical profession. According to that memorandum they were to be allowed cabins only when the space on board would admit of it. This last exception would leave the whole matter to the board of Admiralty, and defeat the resolution which the House had passed in 1850. He had received returns from the Mediterranean station, and out of twelve assistant-surgeons who had passed through all the ranks of their Profession only five had received cabins; and only two had those little advantages which were enjoyed by the other officers in the ward-room. This was the manner in which the Admiralty carried out the resolution of the House passed in 1850. The result of this was, that the élite of the candidates at the London, Edinburgh, Glasgow, and other colleges shunned the Navy. In the event of a sudden war were would the Government obtain assistant-surgeons when such was their treatment? How could Government expect candidates for medical situations in the Navy when for three years they must remain in the cockpit, where study was next to impossible? Mr Guthrie, in his lectures said that medical officers could not be found qualified for the Navy, and that the system adopted by the Admiralty, instead of raising the value of the service, deteriorated it by employing persons of an inferior description. Was it desirable that they should continue a system which disgusted young men, and deterred them from entering into the naval service? It was even more necessary that there should be well qualified surgeons in the Navy than in the Army. The sailors depended entirely upon the assistance of medical men, and if those men were such surgeons as were employed in 1809, what confidence could the service have in them?

Admiral BERKELEY would just ask the hon. and gallant officer how he would like, as the colonel of a regiment, to have the discipline of his regiment and the internal arrangements of his regiment regulated by a naval officer. (Hear, hear.) That was really the question. In direct contradiction to what the hon. and gallant officer had said, he (Admiral Berkeley) affirmed that very great improvements had taken place on board ship, and that great additional accommodation had been afforded to the medical officers attached to the naval service. The hon. and gallant officer had spoken as if these men were stuck in the cockpit. It was no such thing. He maintained that the Board of Admiralty had done all that was possible to carry into effect the resolution of April, 1850, and expressed his regret to find the hon. and gallant officer doing so much to create dissatisfaction in the Navy by his efforts to place the assistant-surgeons above their superior officers—the mates. The fact was, that the assistant-surgeons were, on the whole, very well off; and, so far from there being any want of candidates, no fewer than fifty-four had entered within the last few months.

Mr HUME said, that the question was, whether the Navy ought not to obtain as able and efficient medical assistance as the Army. For his own part, he could see no reason why both officers and men in the Navy should not receive the best medical talent that was to be had, which, however, was impossible, so long as the assistant-surgeons were treated as at present.

Mr OSBORNE said, that the resolution of April, 1850, to which the hon. and gallant officer had referred, was carried



by surprise in a thin house of 88 Members. He was sorry to say that the hon. Member for Montrose had taken a different line of argument on the present from what he had used on the previous occasion. On the former occasion the hon. Member admitted that the matter was one of detail, which should be left to be settled by the Board of Admiralty (Mr Hume: "It has been too long left to the Board"). The truth was, it was a question of space, with which naval men alone were competent to deal. He contended, that for many years past there had been no class of men whose comforts had been more attended to than those of the assistant-surgeons. In 1840, a commission, composed of the Duke of Wellington, the Duke of Richmond, Sir George Cockburn, etc., reported that there were practical difficulties in the way of allowing the assistant-surgeons in all cases to mess in the ward-room; but that this was less essential, as they had ascertained that the accommodation afforded them of late years was so improved as to render it unnecessary for them to make any recommendation in that respect. The hon. and gallant officer had characterised the memorandum of July, 1850, as an insult to the Medical Profession. The recommendation of that memorandum was, that the assistant-surgeons should be allowed cabins where space would admit of them. He (Mr Osborne) confessed he could not see where there was any insult in that. (Hear.) He found, from a return furnished in May, 1851, that the recommendation of the Board had been carried out in all cases, except where it had been found utterly impossible; and what more would the hon. and gallant officer have? (Hear.)

Colonel **BOLDERO** assured the hon. and gallant admiral (Berkeley) that nothing was further from his intention than to create dissatisfaction in the Navy, and that he had taken up the question solely as a matter of public duty. (Hear, hear.)

Captain **SCOBELL** said he was astonished how the Admiralty had found it practicable to find cabins for so many. Cabins were impediments to clearing for action, and the more there were the greater would be the difficulty. There were other classes—such as the mates, who would be our future admirals—struggling upwards, who had claims for cabins as well as the assistant-surgeons, who were, no doubt, a very respectable class of men; but it must be considered that a ship was like that House—if all were to have seats, there would be no room for them.

A vote of 26,000*l.* for medicines and medical stores was agreed to.

#### BENEVOLENCE.

An urgent appeal is respectfully made to the liberality of the members of the medical profession, in behalf of four orphan children of the late Mr James Ferguson, Lic. of the Fac. of Phys. and Surg., Glasgow, recently deceased. Mr Ferguson commenced practice in the year 1839, at Dalry, Kirkcudbrightshire, N. B., which he was pursuing with every prospect of success, but in the year 1845, being seized with paraplegia, he was compelled to abandon his professional duty. To aggravate his affliction, his wife became the subject of consumption, and after a lingering illness of above three years, death removed her from her family in December last. This was a blow too severe for him to sustain, and seven weeks after her decease, he followed her to the grave, thereby leaving four young children almost destitute. A local effort is making in their behalf, but owing to the poverty of the district, any sum which may be raised must be trifling.

It is therefore confidently hoped that the more prosperous members of a profession (proverbially charitable) will not allow this appeal to their benevolence to be urged in vain.

Contributions will be received at the office of this Journal, or by Mr Millman, Surgeon, New Galloway, N. B., who will place any funds he may receive in the hands of some clergymen who have consented to act as trustees for the benefit of the children.

#### Obituary.

Lately—**SIMON DAVIE ROBINSON**, M.D. Aberdeen 1824, at Oxford street, Cheltenham (late of Bridport, Dorset), aged 76.

**W. SIBBALD**, M.D., and L.R.C.S. Edin. 1809; at Maidstone, Kent, aged 67. The deceased held the office of senior physician to the West Kent Infirmary, and consulting physician to the Kent Lunatic Asylum and the Kent Ophthalmic Institution. He was formerly in the army, from which he retired with the rank of physician to the forces. We hope to furnish fuller information respecting the above distinguished members of the profession in a future number.

#### MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 18th inst:—Henry Atkins, Southampton; Alfred Joseph Humbley Banks, Australia; John Wickham Barnes, Bath; Richard Joseph Burke, Dublin; Thomas Fernandez Clarke, Gerrard street, Soho; William Hewitt, Liverpool; Samuel Jacob, Australia; Charles Moore Jessop, Bilton, Yorkshire; George Von Liebig, Hon. East India Company's Service; W. Ponsonby Johns Llewellyn, Newquay, Cornwall; Thomas Maltby, Shelton, Notts; David Jones Roberts, Glantowy, Carmarthenshire; Thomas Sheehy, Limerick.

**LICENTIATES IN MIDWIFERY.**—The following members of the Royal College of Surgeons have been admitted to this distinction, in addition to those already published:—Agustine Batt, Witney, Oxfordshire; diploma of membership dated July 9, 1852. Robert Thorley Bolton, Australia; April 16, 1852. W. Job Collins, Gloucester road, Regent's park; April 24, 1846. John Evelyn Crook, Northfleet, Kent; July 16, 1849. R. Coker Nash Davies, Winchelsea, Sussex; June 22, 1849. Edward Ralls, Tunbridge, Kent; May 16, 1851. George Terry, Northampton, July 10, 1852. T. Thomson, Brunswick place, Regent's park; July 12, 1852. John W. Tripe, King's place, Commercial road; Feb. 11, 1848. Edward White, Birmingham; December 10, 1852. William Webb, Stafford County Infirmary; April 30, 1852.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 17th February, 1853:—William Graham, R.N. London; Constantine Holman, Hurstpierpoint, Sussex; George Page Harriott Milsom, Collumpton, Devon; John Joseph Timmon, London.

Mr Caesar Hawkins, President of the Royal College of Surgeons, and Mr James Luke, had an interview with Viscount Palmerston on Tuesday, at the Home-office.

**PRELIMINARY EXAMINATION AT APOTHECARIES' HALL.**—There are sixty-seven candidates for the next preliminary examination in classics and mathematics at Apothecaries' Hall in March.

**A PRESCRIBING CHEMIST.**—An inquest was held lately at Camden town on the body of a female child, seven years old. The evidence showed that the child being ailing, the mother took it to a chemist, fancying he was a medical man, and he prescribed for it, but it got worse and died. Mr Weathers made the *post-mortem* examination. He said that all the organs were healthy, and that if a slight eruption under the skin had been brought out, life would have been saved. The deceased died from congestion of the brain. If a medical man had been called in, the child might now have been alive. The coroner and jury strongly censured the chemist for practising an art and science with which he was unacquainted,—conduct which, the former said, almost always involved lamentable and very often fatal consequences.



**TESTIMONIAL TO JOHN MERRIMAN, ESQ.**—It is always gratifying to us when we hear of our Medical brethren receiving testimonials, but still more so when those testimonials are presented to them by members of their own profession. Such has been the happy lot of Mr Merriman, of Kensington. Upon his retirement from the office of Chairman of the Medical Board of the Kensington Dispensary, which office he retained from the first establishment of that admirable Charity, his medical colleagues presented him with a handsome Inkstand, surmounted by an elegant figure of Æsculapius with other equally applicable designs, and a most appropriate inscription expressive of their kind feelings towards him.

**UNIVERSITY COLLEGE, LONDON.**—The twenty-eighth annual general meeting of the proprietors of the above Institution was recently held in the Theatre of the College, Henry Crabbe Robinson, Esq., in the chair. From the report of the committee of management it appeared that, after balancing the receipts and expenditure, there remained in the hands of the bankers the sum of 105*l.* 13*s.* 3*d.* There had been 719 pupils in the College, the fees from whom amounted to 11,491*l.* 5*s.* 8*d.* Several very important legacies were announced, both to the College and the Hospital which is connected with it, among which was a bequest of 28,000*l.* from the late Edward Lambe Esq. of Melton Hall, Wymondham, Norfolk, subject to the life interest of Mrs Lambe. This munificent sum goes to the hospital, and will be invested in the three-and-a-quarter consols. The next legacy was from the late Peter Bacon, Esq. merchant, of London, amounting to 10,000*l.* in East India Stock, with a reversionary interest in 24,150*l.* more. A warm tribute was paid to the memory of the late Mr Prevost, a member of the council, lately deceased. Thanks were also voted to the Rev. Thomas Dale, the vicar of St Pancras, whose sermon, preached in behalf of the hospital, produced 100*l.* Several smaller sums were also announced. A resolution that the report be adopted, printed,

and the proceedings terminated. Extracts and Editorial Note from the 'New York Journal of Medicine.' March 1st, 1850.

meeting to Sir James Graham, Bart. M.P., Mr Joseph Hume, M.P., for their exertions in the interests of the institution. A vote of thanks was passed to the chairman, the usual officers for the ensuing year having been re-elected, and the proceedings terminated.

**POST-MORTEM AND ANALYTICAL EXAMINATIONS.**—Last week, Mr Carter, coroner for Kent, resumed an adjourned inquest at the Railway Tavern, Dartford, on Elizabeth Reed. A suspicion of foul play existed, and Dr Culhane performed a post-mortem examination, as Mr King, his assistant, could not arrive at a satisfactory conclusion respecting the cause of death. Dr Culhane informed the coroner that an analysis of the stomach was indispensable, which should be made by a most competent chemist. The coroner demurred to the proposition for engaging Professor Taylor, as the analysis would cost 6*l.* 6*s.* and he could only give the surgeon who performed the necropsy 2*l.* 2*s.* At the adjourned inquest, the coroner informed Dr Culhane that he could fine him 5*l.* for not complying with his warrant and therefore he called upon him to give evidence of the result of his analysis of deceased's stomach. Dr Culhane refused compliance for the following three reasons:—1st, want of ability; 2ndly, want of a proper apparatus and analytical experience; 3rdly, want of remuneration. For these reasons, and more especially as important interests were involved in the case, he declined analysing the stomach. Dr Culhane called upon the coroner to read a letter which he had received from Professor Taylor upon the subject. The coroner accordingly read the letter, which stated that the want of a proper apparatus and the absence of experience rendered it impossible for a medical man to perform a satisfactory analysis of the stomach: that was the result of twenty-five years' experience. There were not twelve men in London competent to make a full and satisfactory analysis. Professor Taylor, in conclusion, said that it was only in Essex and Kent that the magistrates refused allowing the expenses of an analysis. The coroner observed that Baron Parke and Mr Justice Coleridge recommended an application to the Home Secretary, who would, he had no doubt, order

such expenses to be paid. He then informed the jury, that if a majority of them signed an order to that effect, he would direct another surgeon to analyse the stomach. Dr Culhane cautioned him against such a perilous experiment. The coroner asked Mr Callow, the assistant overseer, to sign an order for the analysis, which Mr Callow declined doing without the auditors' permission. But Mr Gurnet, one of the churchwardens, undertook the responsibility, and the order was handed to Dr Culhane for transmission to Professor Taylor, Guy's Hospital, where the stomach has been lying nearly three weeks. The inquiry was accordingly again adjourned to await the result of the analysis.

**THE SEAMEN'S HOSPITAL.**—The anniversary dinner of the Seamen's Hospital Society, for sick and diseased seamen of all nations in the port of London, was recently held at the London Tavern, Bishopsgate street, under the presidency of the First Lord of the Admiralty, Sir James Graham, Bart., supported by a company very influential in the mercantile world, most of whom have for many years given their cordial patronage to an institution into which sick seamen of every nation on presenting themselves are immediately received, without the necessity of any recommendatory letters, their own apparent condition being sufficient to obtain their admission. There were about 150 gentlemen present, amongst whom were the members for Greenwich, the deputy master of the Trinity House, Sir James Lushington, John Labouchere, Esq., Richard Green, Esq., &c. The evening passed off with much cordiality of feeling, and the right hon. baronet in the chair promised that, if invited next year, whether at the Admiralty or not, he would attend the festival.

**MEDICAL INQUIRY AT THE GUILDFORD UNION.**—An inquiry into a case of alleged neglect on the part of Mr Brook Fishley, medical officer to the Guildford Union, has been just concluded by the Poor-law Board. The following is a copy of the letter sent to this gentleman by the Board, stating their decision:—"Poor-law Board, Whitehall, 15th February, 1853. Sir,—I am directed by the Poor-law Board to inform you that they have received the report of their inspector, Mr Pigott, upon the inquiry recently held by him, into the complaint made against you, of having failed to pay due attention to the case of the late Job Raggett. A careful consideration of the evidence produced on the occasion of the inquiry has satisfied the Board that you paid as long and frequent attention to the case, in the first instance, as could have been reasonably expected, and as your duty as medical officer required. The Board regret, however, to be obliged to add, that your care at the close of the case was less than at its commencement, and that your omission to visit the poor boy on the Wednesday night preceding his death precludes the Board from having the satisfaction of affording you that full acquittal in respect of the present complaint which they would otherwise have felt themselves justified in conferring upon you.—I am, Sir, your obedient servant (signed) W. G. LUMLEY, Assistant-Secretary.—To Brook Fishley, Esq., Medical Officer, Guildford."

**ANOTHER CASE OF POISONING BY AN AGENT OF DR COFFIN.**—On the 16th ult. an inquest was held on the body of Mrs Charlotte Cardwell, aged 55, a lady of property, residing at No. 1 Shrubland street, whose death was caused by the administration of lobelia, prescribed for her by an unqualified practitioner, an agent of Dr Coffin. The following evidence was received:—Dr Lethcby said he had examined the physic found in the deceased's room, which she was in the habit of taking. In one bottle he found cayenne pepper; in another bottle he discovered a decoction of marsh-mallows and linseed, or something of that description, together with mustard or cayenne pepper; in a third bottle, which contained a thick, brownish fluid, he found it consisted entirely of lobelia seeds, with a little of the powder and a quantity of cayenne pepper; the fourth bottle contained the contents of the stomach, which consisted of about two table-spoonsful of a thick brown fluid. Upon an analysis of the fluid, it produced 110 grains of lobelia powder, with cayenne pepper (a phial, with the grains in it, as stated, was here produced). On a solution of the powder found in the stomach, he recognised a solution or tincture of lobelia. He examined



the powder, but he detected no lobelia, and he believed it to be what is called by the agents of Dr Coffin, a "composition powder." In the duodenum was also a quantity of lobelia; and he was of an opinion that there was quite sufficient lobelia in the stomach to kill the deceased. He had no doubt but that, from its irritant character, it would produce the effects deposed to by Mr Clarke. He had had two cases under his notice where similar symptoms were exhibited in the body from the action of lobelia. And there were nine other cases reported, in four of which a verdict of manslaughter was returned. Lobelia was a powerful poison. Verdict—"Manslaughter against Wm. Hobson Palmer."

### NOTICES TO CORRESPONDENTS.

- H. H.**—The List is complete. Every species of information of a professional character is to be found in the 'London and Provincial Medical Directory.' To give an idea of the value of the list of Assurance offices, a correspondent has written to us saying, that through its means, he had received in the course of six months "twenty pounds" in fees.
- MR JOHN THOMAS MURIEL.**—Your communication has been received, but you have not succeeded in enlightening us upon our errors. You say that there is no statement in the 'Directory' of the medical officers of the dispensary to which you are house-surgeon; but you do not acquaint us with the name of the dispensary, or its officers; nor is there the name of any town affixed to your letter. If you can commit so many absurd oversights in one short communication, how can you with any modesty complain of others? It is highly probable that your "Return" was defective in some important particulars, and could not be satisfactorily employed.
- MR T. M. ASHTON (Ormskirk).**—It is unnecessary to publish your last communication. The fellow has left your town, and will scarcely have the impudence to return. If you should be again troubled with him let us know, and we will deal with him according to his deserts. We are very glad that our exposure has been effectual.
- IATROS.**—Large doses of camphor, say one scruple, have been given in menorrhagia with good effect. Chloroform has also been lauded, recently, for its efficacy in the same disease; Gallic acid in doses of from one to five grains will sometimes arrest the discharge, and compression of the aorta was recommended by M. Chailly, to check uterine hæmorrhage. 2nd. We do not know.
- A POOR-LAW MEDICAL OFFICER.**—The lamented Mr Charles Buller was at that time President of the Board. Lord Ebrington's resignation took place at a later period, during Mr Baines's presidency, and in consequence of a reduction of his salary. Since that time Lord Ebrington has not figured much as a public man. We believe that he is on the Metropolitan Commission of Sewers.
- VENA PORTA.**—Majendic. You will find the information in 'Carpenter's Physiology.' A new edition has been just published.
- DELTA.**—Communication received. We cannot find room to publish the enclosures; but we have no doubt that the fellow is an impostor.
- J. B.**—The next examination at St Andrew's is in May.
- MR JAMES.**—Yes. Baudens was, we believe, the first to employ the inhalation of ether to detect the simulation of disease.
- A GENERAL PRACTITIONER AND SUBSCRIBER.**—The fee for the diploma of a Master in Surgery, Glasgow, is 10*l.* 10*s.*, but it is not worth having as a professional qualification.
- MEDICUS.**—Such a proposal has not received any attention from medical reformers in England; but in Mr Carmichael's bill there were clauses for the formation of an Institution of Pharmacy. This measure was, however, opposed equally by the College of Surgeons, and the Apothecaries' Hall of Dublin, and fell to the ground.
- MR BENSON.**—You cannot recover.
- A. B. (St Thomas's Hospital).**—Downing College, Cambridge, is the usual resort of medical students. You will waste your time if you think of going to Cambridge for instruction: but, of course, the degree will be useful to you, if you desire to enter the higher walks of the profession. Addenbroke Hospital contains about eighty beds.
- M.R.C.S., & L.A.C.**—The privilege has fallen into disuse.
- A SUFFERER.**—Our correspondent complains of the illegal practice of an unqualified person in his neighbourhood, and wishes us to remind the Apothecaries' Hall of their powers to check the inroads of such impostors. We fear that the Company will not much heed our remonstrances; because, if they are to be credited, they have no money, and they rest easy under the consolatory reflection that they cannot do impossibilities. We suspect that it was an unfortunate day for the Society when they discovered the new powers they possessed under their act, for there could no longer be any shuffling, and they were obliged to declare at once their penury, and suffer the ignominy of the confession. The Society has sunk lower in professional estimation since the extent of their power has been increased, Strange paradox. So contemptible is the possession of power without the means of exercising it.
- MR C. D.**—We advise you to take no further notice of the matter. It is an unfortunate misunderstanding which is not likely to be rectified by constant agitation. We do not think that you are altogether exempt from error, for had you been a little more forbearing, the rudeness might not have been perpetrated. We con-

sult your interest best in not going further into a subject so unpleasant.

**MR WEEKES.**—Your communication is not suited to our columns. \* (Westminster).—Our readers would not be satisfied with your loose composition. You must try again and do better; or if you despair, send a copy of your MSS. to either of our contemporaries; they will doubtless award you the honours of type.

**MR HALL.**—The Medical Directories for England, Ireland, and Scotland are published in one volume, and can be had together by sending 7*s.* 6*d.* by Post-office Order to the Office in Adam street, Adelphi.

**MEDICUS.**—Yes. We shall be always happy to give a report of a paper read before the society in question, if it should prove to be interesting, and be duly forwarded to us either by the author or secretary.

**MR T. MORRIS.**—We are obliged to you for your kind words. A subscriber to the 'Medical Circular' has at least three times as much more useful information than he can obtain from any other medical journal, and at just one half the price. Our journal is therefore six-fold better than any other. The reason of our extraordinary success is sufficiently obvious.

**A UNION SURGEON.**—We do intend to address our readers on the subject of Poor-law practice. The evils are not so pressing, as not to suffer a little delay in favour of other subjects of more immediate interest.

**DOLICHOS PRURIENS** sends us a smart critique on the absurdity of the College of Physicians passing a vote of censure on Dr M. Hall, for his recent alleged breach of discipline. "Fancy," he says, "fifty years hence, a resolution being cited by another Mr Farr, from the College records, expressive of the indignation of the humdrums at the indecorous behaviour of the great physiologist!"

**F.R.C.S. (Sarsaparilla).**—We are obliged by your favour. Pray forward us your address, that we may have some further (confidential) communications with you on a subject of such vast importance.

### To the Editor of the 'Medical Circular.'

SIR,—I am sorry to find that a mistake has been made with respect to this institution. A "Dr Allen" is described as "Assistant-Physician;" we have no such office or officer. Mr John Charles Savery is the assistant medical officer.

I am, &c.,

W. W. WILLIAMS, M.D.

County Lunatic Asylum, Gloucester, Feb. 18, 1853.

**MR ALFRED MACMILLMAN.**—We shall have much pleasure in seconding your efforts in the good cause.

**DR GRINFELD.**—Communication received.

**M.D. (anff).**—If packed in sealed canisters it will keep very well.

distinction, in addition to those already published:—Agustine

Of the diploma of membership dated

### To the Editor of the 'Medical Circular.'

SIR,—Will you be kind enough to answer in your next number the following query? A young patient had been attended by a surgeon. His efforts at recovery proved quite unsuccessful; his patient grew worse and worse, till the parents became much alarmed, and feared much the case was misunderstood as well as mistreated. Another surgeon was sent for "in whom more confidence was placed," who, after hearing the history of the case, honourably declined interfering with the patient of his brother practitioner, but suggested to meet him in consultation. A note to that purpose was immediately dispatched, and an answer returned, stating "that such proceedings were contrary to professional etiquette; as he, considering himself the senior, on which grounds he declined to meet, "though the junior, be it remarked, is much his superior in point of qualifications." Is such professional ceremony "the order of the day."—Yours, &c., W.H.A.

[The objection to consult grounded on the claim of seniority is in our opinion an idle one; but it is not improbable that the surgeon first in attendance felt himself aggrieved by the conduct of the parents of the child, who must be very incompetent judges of medical practice. A practitioner may fairly decline to continue his attendance; but if he do not withdraw from the case, we do not see how he can with propriety decline to meet a brother practitioner, young or old, at the request of the patient or his friends.]

\*\* We extract the following from a letter addressed to us:

### To the Editor of the 'Medical Circular.'

SIR,—There is now another medical bill before the profession, but as we have great reason to doubt that its promoters will have more success with it than has attended previous efforts in the same direction, may I ask what chance is there that we shall ever succeed in getting redress for our manifold grievances? Dr Beddingfield, in the last number of the 'Association Medical Journal,' recommends an organisation for the purpose of sending medical men into Parliament; and I must confess that this seems to me to be our last chance of carrying out an effective reform of the corporations. What, Sir, is your opinion? Is it possible to carry out such an organisation? Is there spirit enough in the profession to do it? Your experience in these matters would be received with consideration, and \* \* \*.—Yours, &c., AN OLD MEDICAL REFORMER.

[Dr Beddingfield's proposal we believe to be feasible, and we have indeed, for many years past, declared our opinion that an important change in the organisation of the profession is hopeless without representatives in Parliament, to urge the principles and the manner of it upon Government and the Legislature. We have talked and written upon this subject until we have been tired; but we hope that the next time we take it up we shall advocate it with better effect.]



## Advertisements.

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Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

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"Army Medical Department, January 16, 1847.

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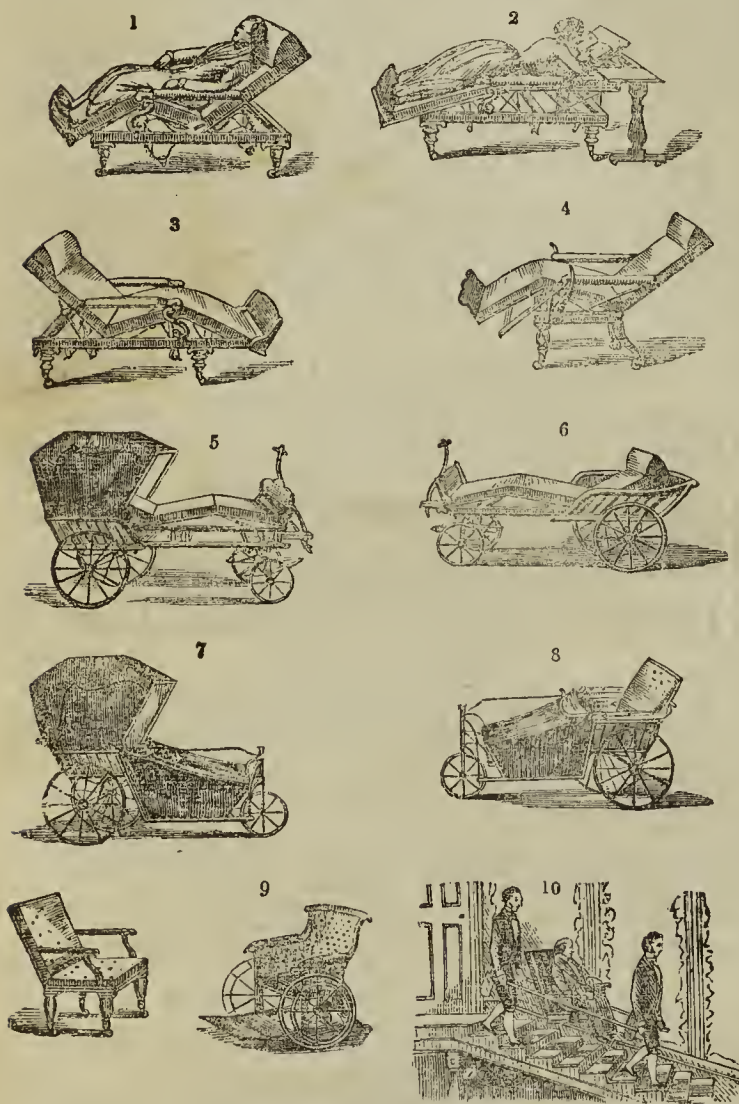
It having been reported that the business has been removed, J. H. begs to inform the Medical Profession that he, as Executor and Successor to the late A. SPRINGWEILER, solicits a continuance of their patronage.



## Comforts for Invalids.—Messrs

CHAPMAN and ALDERMAN, of No. 8 Denmark street, Soho, London, beg most respectfully to inform their medical friends that they have now completed their mechanical arrangements for their Graduating Spinal, Fracture, and General Invalid Couches, Chairs, Carriages, &c. &c. The Illustrations will show that they can be made to wind into any position whatever, according to the requirements of the patient. No. 1 is the same as was supplied, by the recommendation of Sir B. Brodie, Bart., to the late Sir R. Peel, Bart., when he met with his fatal accident. Price twenty-eight guineas.—No. 2, in a Prone Position.—No. 3, as an Easy Chair, the arms being made to throw back, to enable the patient to get on and off easy.—No. 4, a Self-adjusting Spinal Chair. Price fifteen guineas.—No. 5, a Spinal Carriage, with a Shifting Couch. Price thirty guineas.—No. 6, without a Hood. Price twenty guineas.—No. 7, a Bath Chair. Price twenty-five guineas.—No. 8, without a Hood. Price fifteen guineas.—No. 9, a Self-propelling French Merlin Chair. Price fifteen guineas.—No. 10, their newly-invented Equilibrium Carrying-Chair, which answers as an Easy Chair in the room, as well as for carrying the invalid up and down stairs, the Poles being made to hook on and off. Price eight guineas.

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Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission).

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## The Medical Circular.

WEDNESDAY, MARCH 9, 1853.

### THE CORONER'S COURT AND POST-MORTEM EXAMINATIONS.

WE need not seek for illustrations of the defects of the law of coroner: they confront us at every step. The Coroner's Court is a ubiquitous scandal. Scarcely a week passes but some preposterous exemplification of its inherent badness meets our eye in the daily press. Judging by what we know of what must be the extent of its various and complicated imperfections, we are surprised that public attention has not been more strongly directed to the subject. The strength of the institution resides in its popular character; and the fact that the judge of this court is by law the choice of the people, and is independent of the Government, is sufficient to shelter it from deserved indignation. The public are prone to cling with partial fondness to every institution embracing the elective principle, and to regard with tenderness its most obvious and injurious defects, for the sake of the municipal rights with which it is associated. In times past, the popular character of this court enabled it to stand as a breast-work between the Crown and the people; and while it arrested the arbitrary arm of the former, the jealousies of the latter were assuaged, and public justice was fulfilled. It was known that in some courts "offence's gilded hand might shove by justice;" and, as history proves, the occurrence was not infrequent; but the people had an assurance, whether wisely grounded or not, that in their own court the wealthy ruffian would profit by no subornation, and that the man of low degree would not, if innocent, be wrongfully convicted of a crime, either to appease the rich man's wrath or to gratify the unrelenting severity of a jealous and cruel despotism. These times are happily gone; and many men, lovers of uniformity and system, have questioned the propriety of permitting a court to exist that is an anomaly in our jurisprudence. Upon this point we shall say nothing, our present object being to point out some of those defects of the institution which most urgently call for redress.

Our readers may have remarked in our last Number an account of an inquisition before Mr Carter, coroner for Kent, during which some curious revelations transpired which deserve a more important notice than they can receive in our column of "Medical News." It appears that Dr Culhane, who performed a post-mortem examination, suspecting that poison had been administered, informed the coroner that an analysis of the contents of the stomach was indispensable, and that it should be done by a competent chemist. Dr Taylor's charge, it seems, is 6*l.* 6*s.*; and the coroner, demurring at the expense, informed Dr Culhane that he was empowered to give 2*l.* 2*s.* only, and therefore adjourned the

inquest, leaving the responsibility of compliance on Dr Culhane. At the adjourned inquest this gentleman was unable to give the required analysis, and declared his inability. He was also fortified with a letter from Dr Taylor in which that gentleman stated that he believed "there were not twelve men in London competent to make a full and satisfactory analysis;" and "that it was only in Essex and Kent that the magistrates refused allowing the expenses of an analysis."

Hereupon the court was thrown into a quandary: the coroner was inclined to act upon the advice of Baron Parke and Mr Justice Coleridge, and apply to the Home Secretary; anon he changed his mind, and asked the jury to sign an order authorising him to direct another surgeon to make the analysis; but a timely caution from Dr Culhane alarmed his fears concerning his pecuniary responsibility, and after a little reflection he threw himself upon the charitable indulgence of the "assistant overseer," and requested him to sign an order,—a responsibility which that perverse and punctilious official declined to undertake without the auditors' permission; and as these gentlemen were not in the way, the court was brought to a dead lock. The position was likely to assume what the Americans call an "everlasting fix." Here was evidence required to discover the fact of murder; evidence that could be got, and ought to be got, and must be got; but there was no money to pay for it. The Doctor had none, the Coroner had none, the jury had none, the overseer had none, and Dr Taylor was obstinate and would not come, even upon the credit of all the funds in the county, parochial, coronatorial, and national—a reluctance certainly betokening a very unconfiding disposition in that learned professor. What was to be done? Were the Coroner and jury to sit there for ever, cutting quills, and making faces with their fingers on the mahogany? or were they to resort to a game of pitch and toss, to fix upon the man whose misfortune it should be to suffer a pecuniary martyrdom in the service of truth and his country?

The Dartford jury were in a puzzle, and doubtless they would have given ungrudgingly the best load of hay in their stackyards to any 'Wizard of the North' who could have eased their minds by solving the difficulty. Luckily, in the climax of their perplexity, a gallant volunteer, Mr Gurnet—a name by no means auspicious of heroism—advanced to the table and cut the Gordian knot. This gentleman is churchwarden of the parish, and he valorously undertook a responsibility at which the whole court stood aghast. By virtue of his patriotism, Professor Taylor, who has had the stomach for three weeks in his possession, is now, we believe, busily engaged in making the analysis. May Mr Gurnet be righteously indemnified by the county! may his crops produce seven-fold! and may he always find a rising market! and if the good people of Dartford have no higher honour to present, may they instal him senior churchwarden for the whole length of his natural life! and at his death, which the Fates forefend! may they carve his figure in effigy with his



heart in his hand, and gratefully inter him in the best berth in the chancel!

Serious comment is hardly necessary upon a case so obviously absurd; yet we cannot pass it over without pronouncing a merited condemnation upon a system so fertile of folly and mischief. The boasted Medical Witnesses' Act is wretchedly imperfect. The highest amount awarded by it to a medical witness is TWO GUINEAS, while we find that in Ireland the sum of FIVE GUINEAS is given under similar circumstances. On the assumption that Dr Taylor's opinion is correct, and that there are not twelve men in London capable of making a satisfactory analysis of the contents of the stomach, is not the inference clear that it is the duty of the Government to appoint a certain number of analytical chemists, at a suitable salary, whose duty it should be to conduct such investigations by order of a coroner? It is evident that, for the sake of justice, this is a measure that cannot be long deferred; and it is the duty of the public, and of our profession more especially, to press the subject upon the notice of the Government and the Legislature. We had intended to refer to other scandals, but we are constrained to defer our remarks to a future opportunity.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Lancet,' Feb. 26, 1853.)

### ON SYPHILISATION.

Dr De Meric has published some interesting observations on Syphilisation. After various historical remarks on the subject, he proceeds to describe the different experiments that have been made in more recent times. He says:—

"The first system, that of M. Diday, of Lyons, is very far from calling for the complete repudiation which syphilisation, properly so termed, fully deserves. M. Diday was a pupil of M. Ricord, and has upheld his master's doctrines with great talent at the Venereal Hospital of Lyons, of which he has been surgeon. Like all those practitioners who frequently came in contact with syphilitic patients, he was struck and grieved at the rapid manner in which the disease spreads, and bethought himself, since the most highly recommended prophylactics are of little avail, whether syphilis might not have its cow-pox as well as variola. It was not, however, among the inferior animals that he sought for his preservative, but he fancied that the syphilitic virus, very much weakened, as it is supposed to exist in the blood of patients affected with tertiary syphilis, might, by being inoculated upon individuals labouring under chancre, preserve them from secondary symptoms.

"It will be at once perceived that this is not a complete imitation of vaccination; for the tertiary blood is intended to preserve from secondary syphilis those persons who are already affected with primary symptoms. M. Diday, however, cherishes the idea of finding a vaccine virus, which may as effectually preserve healthy individuals from syphilis, though exposed to infection, as cow-pock matter preserves from variolous attacks.

"This curative vaccination, as it is called, has been the subject of experiments at the Venereal Hospital of Lyons, Sixteen patients, having recent chancres, were subjected to this vaccination, and inoculated, by means of a lancet, with blood taken from a patient suffering from tertiary syphilis. The puncture healed very rapidly, and there was, contrary to what takes place in real vaccination, no local manifestation. No mercury was given, and these patients were watched, after the healing of the chancres, for six months or more. One of the patients had had an indurated chancre, and was of course attacked with secondary symptoms; a second proved untrue in his statements; and because the fourteen others did not suffer from secondary syphilis after from six months to a year had elapsed, M. Diday jumps at the conclusion that the tertiary blood has acted as a pre-

servative, regardless of the very first tenets of his master, M. Ricord, who says, that simple unindurated chancres require no mercury, because they are never followed by secondary symptoms. So enthusiastic, however, was M. Diday, that he was proposing to take the utmost care of a few patients labouring under tertiary syphilis, and preserve them as storehouses of syphilitic vaccine matter, if the latter could not be kept like the real cow-pock virus."

"After M. Diday, we find M. Laval, not exactly in a chronological order, but being second as far as regards prudence and caution in the experiments. This young surgeon took curative syphilisation as the subject of his thesis, after having, like a true enthusiast, made experiments upon himself. His view is to substitute inoculations of virulent pus for the use of mercury in the cure of secondary syphilis. His ideas were made public after the prophylactic and curative syphilisation of M. Auzias Turenne had been proposed and carried into practice, but I mention M. Laval now, because he confines himself to the treatment of secondary syphilis.

"Experiments were carried on at the military hospital of Val de Grâce, under the patronage of one of the surgeons of the institution, M. Marchal (de Calvi), who took up the subject very warmly. The number of patients was sixteen; seven had syphilitic psoriasis and roseola; four were affected with specific ecchyma and psoriasis; and five had mucous tubercles: almost every one of them had marked induration left in the part where the chancre had first appeared, and all presented tumefied posterior cervical glands. Only two inoculations of virulent syphilitic matter were made, and, in a short time the above symptoms disappeared; the induration of the chancres vanished in twenty days, and the secondary symptoms in about ten. The inoculated chancres took, however, fifty days to cicatrise.

"Now, these experiments (which were stopped by the military medical authorities) prove literally nothing; for it is well known that cutaneous manifestations and the induration left after chancres will gradually go off under the most simple treatment; but this result has very little to do with the eradication of the syphilitic diathesis, which is in general sought to be effected by the use of mercury. M. Ricord showed me repeatedly in his wards, last summer, that dry lint and simple diet drinks were sufficient to remove secondary symptoms of a mild variety, and he used to point out the patients to me with a view of proving the complete insufficiency of the above-mentioned experiments.

"One case, however, has been held up as capable of supporting M. Laval's doctrine—viz., that of an infantry officer, who had a spreading secondary ulcer of the tongue. After one inoculation of matter taken from a chancre, the ulcer, which had before been very obstinate, began to improve. Several inoculations were afterwards made; the ulcer went on healing, but the patient was obliged some months afterwards to apply to M. Ricord for well marked tertiary symptoms; so that the case upon which the greatest reliance was placed crumbles into nothing. M. Laval considered himself completely syphilised, and proof against any inoculation, and this circumstance was very much cried up; but it happened that the purulent matter, which was used to try his powers of resistance, also failed upon other patients. When, however, purulent matter taken from a chancre at the period of development was employed, he was found to be but a weak inoculable mortal after all.

"So much for M. Laval and his inoculations proposed for the cure of secondary symptoms! I now come to M. Auzias Turenne, the syphiliser *par excellence*. It appears that as long back as 1844 M. Auzias had made numerous and persevering experiments on animals, in order to find out whether Hunter, Ricord, Cullérier, and others, were not mistaken when they affirmed that the lower animals were insusceptible of taking syphilis. M. Auzias was afforded great facilities by the managers of the Zoological Gardens in Paris; he carried on his experiments with much care, and did really at last succeed in inoculating chancres upon some monkeys. I cannot enter here into the details of these experiments; suffice it to say that the ulcerations induced upon the monkeys (behind the ears a locality inaccessible to



the animal's tongue) was so *bonâ fide* of a specific kind, that the pus secreted by them being inoculated upon a German physician, M. Robert de Welz, produced both primary and slightly marked secondary manifestations. Now, it is plain that M. Auzias has really and truly succeeded in giving chancres to monkeys, but I am much inclined to side with M. Ricord in considering this as a mere transplantation; for it should be noticed that the syphilitic disease is more comprehensive than the mere production of a chancre; it is a constitutional affection, and it still remains doubtful whether the lower animals are obnoxious to the malady, as no *secondary symptoms* have ever been observed among them.

"Now, during the inoculations upon animals, which proved that it is extremely difficult to communicate the disease to the poor creatures, M. Auzias *thought* that the more numerous the ulcerations were becoming the feebler the later ones developed themselves; and this descending scale seemed to him so marked, that he at last fancied that the animals had become proof against any further infection, and he then looked upon them as being *syphilised*. The fact being thus construed into a kind of saturation. M. Auzias bethought himself that perhaps the same saturation might be effected in men; and in the experiments which he now begun upon human beings, he relied both upon the kind of immunity observed upon animals, and another fact which had been observed and made public by M. de Castelnau, the editor of the *Gazette des Hôpitaux*. This was no less a species of saturation, or immunity, which the latter surgeon had observed among the prostitutes under treatment at the establishment of St Lazare, where all diseased women of that description are obliged to repair. M. de Castelnau had noticed that such of these unfortunate women who had frequently suffered from syphilis, had at last become refractory to infection, and were even sought after on that account.

"Now, upon these facts, which are, to say the least of them, anything but established, and vaguely and unsatisfactorily described, M. Auzias boldly begun to inoculate purulent matter from chancres upon healthy and diseased subjects, with results which I shall presently describe."

"Now it would appear that in this instance, as in all circumstances when anything of a strange, new, mysterious and startling kind is proposed, the human race has been true, to tradition, and numerous victims are being voluntarily made to the shrine of syphilisation. So extensively multiplied have inoculations become, both on healthy and diseased subjects, that M. Auzias has tried his method upon more than 300 patients, seventeen of whom are, according to his statement, completely syphilised, and unsusceptible of taking either gonorrhœa or chancre. These, are, however, mere assertions, and no cases or facts have been brought before the profession, except such as are of so melancholy and mischievous a description as to attach the greatest blame on the operators.

"M. Auzias was nevertheless so emboldened by his pseudo-success, that he applied to the Chief Commissioner of Police for permission to carry on his experiments at the hospital for prostitutes. The head of the police asked the Academy of Medicine to appoint a committee to report upon the doctrine of syphilisation, and to advise him how to act; this report has not as yet been published. The Academy has, however, largely discussed the matter, in consequence of a report of M. Bégin, which was rendered necessary by M. Ricord presenting before the Academy a patient *supposed* to be syphilised."

(From the 'Monthly Journal of Medical Science,'  
March, 1853.)

#### ON THE PATHOLOGY OF BRONCHIO-PULMONARY MUCOUS MEMBRANE.

Dr C. Black continues his papers on this subject. After detailing an account of minute microscopical examinations of the exudation in bronchial inflammations, Dr Black gives the following analysis:—

"The mean of sixteen analyses of the sputa of acute sthenic bronchitis gave, of—

	In 100 parts.
Water . . . . .	96.75
Organic Matter . . . . .	2.15
Alkaline sulphates	} 1.10
„ phosphates	
Chlorides of sodium and potatassium	
Sulphate and phosphate of lime	

100.00

"On comparing the above analysis with that of the healthy secretion of the bronchial membrane, it will be found that there is a considerable increase of solids in the sputa of sthenic bronchitis. In the asthenic type of the disease the difference is not so great, the average increase of solid constituents being, according to the mean of six analyses, from 1 to  $1\frac{1}{2}$  grains in 100.

To determine how far the organic matter agreed with fibrine and albumen under the action of acetic acid and liquor potassæ, as before detailed, a quantity of mucus was evaporated to dryness over a sand-bath, after which the solid residue was triturated in a mortar, and then digested in warm distilled water for some time. The whole was afterwards poured on a filter, and the fluid portion, holding in solution the soluble salts, passed through. The residue left on the filter was collected, dried, and divided into three portions. One portion was digested in cold acetic acid, a second in liquor potassæ, whilst a third was boiled with the acid. The first portion increased somewhat in bulk, became slightly more transparent, but was not in the least degree dissolved at the end of seventy-two hours; the second dissolved at first rather rapidly, afterwards more slowly, and imparted to the liquor potassæ the well-marked tinge of a weak solution of burnt sugar; whilst the third portion, in by far its greater part, underwent solution in forty minutes.

"The result of these experiments seems to leave no doubt as to the chemical composition of the organic matter, which in acute sthenic bronchitis bears the proportion of upwards of 3 to 1 as compared with the organic matter of healthy mucus; whilst the salts of the latter are as 1 to 10 of the former. If, again, we compare the relative proportion of salts to organic matter in both healthy mucus and the sputa of acute sthenic bronchitis, we find that in the former the salts are to the organic matter as 1 to 5.66; in the latter as 1.10 to 2.15. It is, therefore, evident that inflammation of the bronchial membrane produces a greater relative increase of salts than of organic matter in the sputa, the reason of which appears to be the following:—

"After the coagulable portion of the exuded plasma has solidified on the denuded surfaces of the basement membrane, a continual supply of alkaline fluid from the blood is required to effect its resolution, before it can be assimilated in the growth and development of cells.

"This supply of alkaline fluid regularly taking place for some time after all inflammatory exudation has ceased, must necessarily lead to a relative increase of salts, as compared with the organic matter of the sputa, which, according to the analyses before given, is actually the case.

"If we take into consideration the absolute increase of organic matter and salts, as well as the greatly increased quantity of sputa, in acute sthenic bronchitis, we can appreciate the drain which is continually being made upon the blood by this cause alone; and if we further regard the waste produced by all the other secretions, and occasionally by the effects of medicines, as well as the negative result of almost total abstinence from food, we can readily understand how and why the bulk and weight of the body rapidly decrease in disease.

"Looking at the pathological condition of the bronchial membrane in the second stage of bronchitis involving the submucous tissue, it may now be asked,—What are the indications of treatment which this condition affords? The vital tonicity of the capillaries is exhausted; exudation has occurred into the submucous tissue, as well as into and upon the surface of the basement membrane; and the free surface of the latter structure is in part denuded of its epithelium."



Alkalies are recommended :—

"For the removal of the exudation from the epithelial surface of the basement membrane, for the liquefaction of inspissated mucus, and for mucus generally, and also for the disintegration of bronchial casts, the alkalies are by far the most efficient. But in the case of inspissated mucus and of bronchial casts, so great may be the extent of bronchial obstruction and of pulmonary collapse produced by them, that the consequent insufficient aëration of the blood may require that the breathing power of the lungs shall be immediately improved. Sufficient time, therefore, cannot be given to the alkalies to effect the gradual disintegration of the causes of obstruction through the route of the circulation, in which case the use of emetics is indicated, for the purpose of effecting a mechanical dislodgement."

Among emetics, Dr C. Black recommends in such cases those that are least distressing—zinc, common salt, mustard, &c. He goes on to say :—

"Sometimes, however, expectoration fails in consequence of sheer debility; and it is in these asthenic cases that expectorants, strictly so called, are indicated. All real expectorants (amongst which I do not include antimony, mercury, ipecacuanha, and the alkalies) exert more or less of a stimulating effect on the bronchial fibre and capillary circulation, which degree of stimulation is unnecessary and even injurious in sthenic bronchitis, or in cases in which sufficient power remains to dislodge the mucus by an ordinary degree of cough. If, by such an effort, the sputa are not dislodged, it is certain that the cause is owing to the tenacity of the sputa themselves, for which the appropriate remedy is not an expectorant, but a liquefacient, as potash, soda, or a mercurial preparation. But when manifest debility is present, and when expectoration fails as a consequence of such debility, expectorants are clearly indicated, and of these senega, squill, ammoniacum, and the different balsams and oleo-resins are in vogue. The pathological condition of the membrane, however, indicates, in addition, the necessity for the exhibition of a generous diet, in order that the vital force of the system may be increased, the power of expectoration maintained, and a reparative process instituted and sustained by the affected membrane."

#### ON SCARLATINA.

An elaborate article by Dr J. D. Gillespie on cases of this disease, occurring in the autumn of 1852, in James Donaldson's Hospital, is contained in the same journal. The author thus describes the prominent symptoms :—

"During the late epidemic at Donaldson's Hospital I was therefore led to expect that among so many children differing in constitution, a corresponding difference would be apparent in the character of the disease; but I was surprised to find a wonderful persistence in the same type throughout the epidemic.

"The most prominent features of the disease which I noticed were the following :—

"I. The almost invariable sickness and vomiting at the commencement, most frequently of greenish biliary matter.

"II. The invariably injected appearance of the fauces prior to, or ushering in, the febrile symptoms.

"III. The sthenic rather than asthenic type of the fever.

"IV. The little tendency to severe head symptoms.

"V. The total absence of the malignant form of the disease.

"VI. The mildness of the sequelæ, which for the most part affected the glands and cellular tissue of the neck.

"VII. The non-existence of dropsy or of albuminous urine, whether as a concomitant or sequela."

An analysis of the cases is then given, and the author thus sums up his observations :—

"I. Epidemic scarlatina, considered on an extensive scale, has a characteristic type, which changes at different periods, though all the varieties may possibly have illustrations during the same time, and in the same locality.

"II. In some epidemics the morbid poison, instead of being thrown off by the ordinary outlet (transpiration

through the skin), is apt to fall on the internal organs, and more especially the kidneys, causing congestion in these excreting bodies, and impairment of function, which, in some instances, may give rise to temporary albuminuria, either with or without dropsy.

"III. Although it be admitted that a peculiarity of type may dispose to albuminuria and dropsy, the frequency of their occurrence may often be materially modified, or in those epidemics where no great liability to such affections exists, be even prevented, by careful endeavours to eliminate the poison in the first instance, and latterly by protection from exposures to cold or moisture.

"IV. The primary and most important indication for treatment must therefore be, resorting to such measures as will most efficiently favour the natural efforts of the system to throw off the morbid poison by transpiration from the skin."

(From the 'Lancet,' March 5th, 1853.)

#### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

Mr Guthrie offers the following opinions respecting bleeding in Pneumonia :—

"In the treatment of pleuritis and pneumonia, the first and most essential remedy is bleeding, which should be resorted to in every case, whenever the febrile excitement is really inflammatory. All old people, under such circumstances, unless in a cachectic state, bear at least one bleeding well; they often bear more; and no fact is more important, in opposition to the opinions commonly entertained on this subject. In young people, the bleeding should be repeated until the desired object is effected; and the quantity required to be drawn in inflammations, particularly after injuries, is often very great. It may almost become a question, in some cases, whether the patient shall be allowed to die of the disease, or from loss of blood; for convalescence is rapid in proportion as the inflammation is of small extent, and has been early subdued. As the first stage of pneumonia only lasts from twelve hours to three days before it passes into the second; and the second from one day to three before matter begins to be deposited, no time should be lost to prevent these evils taking place, if the patient is to be saved, without incurring a risk, from which few escape with health, even if life be ultimately preserved. Bleeding in inflammation of the pleura, in young and healthy persons, should, therefore, be effected with an unsparing hand, until an impression is made on the system—until the pain and difficulty of breathing are removed—until the patient can draw a full breath, or faints; and the operation should be repeated, from time to time, every three or four hours, according to the intensity of the recurrence, or the persistence of the essential symptoms. The pulse does not often indicate the extent or severity of the inflammation, although it often expresses the amount of constitutional irritability of the person. It is sometimes exceedingly illusory as a guide, and is never to be depended upon in the earlier stages of disease, when accompanied by pain and great oppression of breathing. Whenever the pulsations of the heart are proportionally much stronger than those of the arteries, we may bleed without fear, and with the certainty of finding the pulse rise; but if the heart and pulse are both weak, the abstraction of blood will almost always occasion complete prostration of strength."

Further on Mr Guthrie thus speaks of tartar emetic, mercury, and opium :—

"The remedy first to be administered, and most to be depended upon in the first stage, is tartar emetic, which usually gives rise to vomiting, purging, and possibly sweating, and should not be omitted, because such effects are produced in the first instance. After a few, perhaps three or four doses, the vomiting usually ceases, the stomach tolerates its introduction, and its gradual increase from six to nine, twelve, twenty, or more grains, in twenty-four hours, is often borne not only with impunity, but with great advantage. Vomiting and purging are not desirable, as the effects of tartar



emetic are more rapid and beneficial when they give rise to no particular evacuations beyond that of general perspiration. The most valuable remark of Laennec on its use is, 'that by bleeding we almost always obtain a diminution of the fever, of the oppression, and of the bloody expectoration, so as to lead the patients and attendants to believe that recovery is about to take place; after a few hours, however, the unfavourable symptoms return with fresh vigour; and the same scene is renewed often five or six times after as many venesections. On the other hand, I can state that I have never witnessed these renewed attacks under the use of tartar emetic.' He further says, that the same favourable results do not occur from its use in pleurisy, or in inflammation of serous membranes, as in pneumonia.

"Mercury is a remedy of the greatest importance in serous inflammations, such as pleuritis, although of less value than tartar emetic in the first stage of pneumonia, than which it would appear to be more efficient in the later period of the stages of hepatisation and infiltration, though some physicians place entire confidence on its efficacy in all. It is of most value when combined with opium. Some suppose that the opium merely prevents the irregular action of the mercury; others, as far back as 1801, believed that the opium has a distinct curative effect, being capable, when given in large doses, of subduing inflammation, and more particularly of allaying pain, relieving the cough and irritation, and of procuring sleep, in which opinion I fully concur. Opium is highly advantageous in irritable and nervous persons, and will frequently relieve the nervous pain—the pleurodynia which remains after pleuritis, when nothing else succeeds. Calomel in large doses is usually preferred to all other forms, but a difference of opinion has occurred as to what is a large dose, whether two, three, four, six, ten, or twelve grains are large doses, and whether they shall be given every one, two, three, six, or twelve hours. It has been attempted to solve this question by supposing that in highly inflammatory cases in healthy persons, from three to six and even to twelve grains may be given twice or three times a day, with better effect than smaller ones more frequently repeated.

"In cases less inflammatory or more complicated with gastric derangement, the disease assuming more of a general than of a local character, the excretions being vitiated, the skin dry and hot, and the tongue loaded, from gr. iss. to grs. iij. of calomel, combined with three grains of Dover's powder, may be advantageously given every second or third hour, the great object being to affect the gums as quickly as possible. This is not effected in some cases by any of the quantities given until after a considerable lapse of time, whilst in others it is accomplished by less than half-a-dozen grains of the remedy."

#### TRACHEOTOMY, WITH A NEW METHOD OF PERFORMING THE OPERATION.

Mr Thompson, the author of this paper, recites the various operations for opening into the larynx and trachea, and having pointed out their respective difficulties and advantages, thus describes his own mode of operating, and the instrument that he employs for that purpose:—

"Now in examining the anatomical relations of the trachea, we find that part of it which is most easily reached from the surface, to be also the one at which the smallest danger is incurred from a puncture or incision. It is the part of all others where we find the fewest or least considerable sources of hæmorrhage.

"On theoretical grounds, then, a happy conjunction of circumstances distinctly points out the top of the trachea as the most eligible place for the operation.

"Practically speaking, after attempting in several ways to effect an opening in this spot on the principle of dilatation, I may now venture to suggest a method which I have repeatedly executed on the dead body, and also performed on the living with great ease, and complete success.

"It is an operation which may be considered 'safe,' because almost bloodless, and at the same time efficient to give relief,—'easy,' because consisting of little more than a simple

puncture, and one which *need not occupy more than a minute*, if minutes are precious; but which, when they are not so, may perhaps be advantageously extended to a little beyond that time.

"The instrument which I have designed, with the assistance of the Messrs Weiss, who have admirably carried out the intention, and employed in the instances referred to, consists of a broad pair of forceps, (something like ordinary dissecting forceps,) but of which a portion of each extremity, about one inch and a-half in length, forms an angle with the handle. The points of them are furnished with a fine cutting edge, and the two blades meet accurately, so as to form, as it were, one blade together. By their means a puncture, or short incision, is made *transversely* through the skin and cellular tissue, and between the first and second rings of the trachea, so that their cartilages are not *cut or injured in any manner*. The blades being left free in the cavity of the trachea, and held there by the left hand, a screw placed in the handle is turned gradually, by which means the blades separate, and dilate without lacerating the structures around, until the opening is sufficiently large to permit a tube to be introduced. The screw being then turned back, the forceps may be removed, and the operation is completed.

"The method of determining the required spot is simple. Let the patient be placed upon his back, his head lying on the same plane with the rest of the body; so that the neck is neither shortened, nor unduly stretched. The operator should sit or stand behind the patient's head, and with the forefinger of the left hand first find the larynx, then passing the finger downwards over the cricoid cartilage, the projection of which may be distinctly felt beneath in the fattest subject, he should with it *define clearly* its lower border, so as to be perfectly assured of its situation, and which it is impossible with ordinary care to mistake.

"Then holding the instrument in his right hand, so that the long axis of the blades (which are now closely applied to each other) has a vertical direction, they are to be introduced without force, strictly in the middle line, as near as may be, a quarter-of-an-inch below the inferior margin of the cricoid cartilage, so that they may enter *transversely* between the first and second cartilages of the trachea, or thereabouts. Were the instrument to be applied *immediately* below the cricoid cartilage, it would, in most instances, encounter and perforate the first cartilage of the trachea, because, judging from the examination of the parts in several bodies, I find that the cricoid usually overlaps the latter somewhat, although this is not invariably the case. By introducing the point not more than a quarter of an inch lower down, it will readily slip in between the adjacent rings; the screw is then to be gradually turned as directed above. When the patient is restless and unmanageable, the larynx may be steadied by the unemployed fingers and thumb of the left hand, while the head and shoulders are commanded by an assistant.

"As regards the tube to be introduced, a full-sized curved tracheal tube, of moderate length, is, I believe, decidedly preferable to the wire tube; at all events at the time of the operation. It is more easily introduced, is less liable to be clogged with mucus, and there is no fear of its collapsing from the pressure of the recently-dilated tissues upon it, which cannot be said of the latter. An additional opening about the centre of the tube itself, in its upper wall, is perhaps, useful as affording facility for the exit of air by the glottis, and so tending to prevent its function from falling into desuetude."

(From the 'Medical Times and Gazette,' March 5, 1853.)

#### LECTURES ON THE ACUTE SPECIFIC DISEASES.

This is the first of the Gulstonian Lectures delivered by Dr Jenner at the Royal College of Physicians. After some preliminary observations Dr Jenner proceeds to give the characteristics of the several diseases (the zymotic) included in the category. He suggests that these might be



appropriately called acute specific blood diseases, and thus continues :

"Leaving, however, this point as beyond the purpose I have in view, I propose now to consider the peculiarities manifested by each of the species which I have enumerated as belonging to the group of proper stationary fevers, with reference to the several points which constitute, considered generally, the grounds for their combination into one class or genus, taking typical cases of each for the terms of comparison, and

"1st. Of the general symptoms which precede the local lesions of structure, and, during the whole course of the disease, are out of proportion to them in severity—Rigors; abnormally high temperature; pain in the back and limbs; headache; mental disturbance; increased frequency of pulse; loss of muscular power, and general sense of illness; these, it may be said, are common to all, but still they present marked differences and peculiarities in regard of each of the species in question.

"A severe *rigor* often ushers in an attack of small-pox, of erysipelas, and of relapsing fever. Rigors are very common, but rarely severe at the outset of typhus fever; they are of infrequent occurrence in measles and scarlet fever.

"In typhoid fever rigors are replaced by a frequently repeated sense of chilliness. A rigor occurring so long after the outset of the disease as that which ushers in the relapse in relapsing fever, would, in typhoid fever, as has been proved by Louis, indicate the establishment of some serious local complication.

"The *temperature* of the skin, which from the very first is much higher than in health in scarlet and relapsing fevers, is in typhus fever peculiar in kind—pungent, biting, but not particularly high. In small-pox it often, and in typhoid fever occasionally, falls considerably after the appearance of the eruption.

"The severity of the *pain in the back* in small-pox is, as is well known, singularly great; in erysipelas it is often complained of a good deal. In typhus fever the pain is usually more severe in the limbs than in the back, while in relapsing fever it is commonly present and often severe in both situations. In typhoid fever, scarlet fever, and measles, the pains in these parts are generally from first to last trifling.

"Present in all these diseases, *headache* varies in severity and duration in each. Thus in small-pox it is severe at the moment of invasion, but quickly disappears; in relapsing fever it continues through the whole of the primary attack and of the relapse; in typhus and typhoid fevers it is one of the more constant symptoms at the outset, and in both disappears spontaneously, but some days earlier in typhus fever than in typhoid fever. Headache is by no means a prominent symptom in typical cases of scarlet fever or measles.

"The *mind* in scarlet fever, measles, and relapsing fever is unaffected, or active delirium, mild in character, occurs at night.

"In typhoid and typhus fevers the power of collecting, directing, and fixing thought first fails, then the power to appreciate the duration of time,—periods of time that elapse between given events are to the patient's imagination lengthened, minutes seem hours, hours days, and days weeks, and rarely, *if ever*, the reverse. In typhus fever this mental incapacity gradually merges into the lower form of delirium. The same happens in some cases of typhoid fever. Occasionally, however, as in small-pox, active delirium is one of the earliest symptoms in typhoid fever, and then, as in small-pox, it ceases when the eruption appears. This probably never occurs in typhus fever.

"In small-pox and scarlet fever, measles, and relapsing fever, the *general sense of illness* may be extreme; at the same time the patient loses the power of exerting to any considerable extent his muscular powers; he feels and is really weak. In typhoid fever, the loss of muscular power is yet greater; but it is in typhus fever that this is from the first the most marked. In small-pox, measles, scarlet fever, erysipelas, and relapsing fever, the patient ordinarily assigns as the cause for keeping his bed a sense of general

illness. In typhoid fever, this is often the case; but, in typhus fever, the all but constant reply to the question, why did you take to bed? is, 'Because I was too weak to keep about.'

An interesting table is given of the pulse in these several diseases, and many important observations are made with reference to its variability.

(From the 'Association Medical Journal,' March 4, 1853.)

#### ON PYÆMIA.

A very lengthened article on this important subject by Mr Joseph Sampson Gamgee, appears in this number of the 'Association Medical Journal.' The author gives the symptoms of this obscure disease, and analyses the opinions of the different authorities who have written on the subject.

### CONTENTS OF THE MEDICAL JOURNALS.

**Monthly Journal of Medical Science.**—(No. CXLVII, March, 1853.)—ORIGINAL COMMUNICATIONS.—Dr C. Black on the Pathology of the Bronchio-Pulmonary Mucous Membrane. (With Woodcuts.) Dr A. Smith's Report of an Attack of Colic, which occurred as an Epidemic among the Troops at Newera-Ellia, Ceylon, in the commencement of 1852. Dr J. D. Gillespie's Analysis of the Cases of Scarlatina that occurred in James Donaldson's Hospital during the Autumn of 1852; with some Remarks on the present state of our Knowledge of that Disease. Mr J. Braid on Entire Absence of Vagina, with Rudimentary State of Uterus, and Remarkable Displacement of Rudimentary Ovaries and their Appendages, in a Married Female, Seventy-Four Years of Age. Mr J. Law's Account of Two Cases of Poisoning with Carbonic Acid in Remarkable Circumstances.—REVIEWS.—Robin and Verdel on Anatomical and Physiological Chemistry. Headland on Therapeutics.—PERISCOPE.—Physiology: Dr E. Brown-Sequard on Experimental Researches applied to Physiology and Pathology.—MEDICAL NEWS.—Proceedings of Edinburgh Medico-Chirurgical Society. Proceedings of Edinburgh Physiological Society. Parisian Medical Society.

**Lancet.**—(No. X. Vol. I. March 5, 1853.)—Mr G. J. Guthrie's Lectures (X) on Some of the More Important Points in Surgery. Mr H. Thompson on Tracheotomy, with a New Method of Performing the Operation. M. Victor de Méric on Prophylactic and Curative Syphilisation.—HOSPITAL REPORTS.—St Mary's Hospital: Performance of Tracheotomy in a Case of Uterine Epilepsy. King's College Hospital: Two Cases of Enormous Cystic Sarcoma of the Breast; Removal of the Diseased Mass in both instances. University College Hospital: Cheiloplastic Operation for a Recurrence of Cancer of the Lip.—REVIEWS.—The British Medical Directory for 1853: England, Scotland, and Wales.—LEADING ARTICLES.—Proposed Alterations in the Laws relating to Lunacy. The Manchester Medico-Ethical Association: its Purposes and Success. Intramural Internments, as practised in London.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: A Further Account of Fatty Degeneration of the Placenta, and the Influence of this Disease in producing Death of the Fœtus, Hæmorrhage, and Abortion. On some Points of the Pathology and Treatment of Yellow Fever. New Galvanic Battery. Anniversary Meeting. House of Commons: The Army Estimates.

**Medical Times and Gazette.**—(No. CXL. March 5, 1853.)—ORIGINAL LECTURES.—Dr W. Jenner's Lectures on the Acute Specific Diseases; being the Guelstonian Lectures: delivered at the Royal College of Physicians. Dr A. W. Hofmann's Course of Lectures (III) on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain; (With Engravings.)—ORIGINAL COMMUNICATIONS.—Dr J. O. McWilliam's Observations on a Recently-published Work, entitled 'The Fever at Boa Vista, unconnected with the Visit of the Eclair to that Island,' by Gilbert King, M.D. Mr H. Smith on the Use of Tracheotomy in Croup.—HOSPITAL REPORTS.—St Bartholomew's Hospital: Extraction of an Immense Calculus by the Lateral Operation; Death; Autopsy; Analysis of the Calculus.—EDITORIAL ARTICLES.—The Necessity of Suppressing Illegal Practice. Proposed Chair of Military Surgery. The Clinical Study of Disease. Parliamentary Intelligence.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Anniversary Meeting. Pathological Society of London: Scrofulous Tumours of the Brain; Malformation of the Pulmonary Valves; Case of Fracture of the Last Dorsal Vertebra, with Destruction of the Spinal Marrow; Specimen of Extravasation of Blood into the Substance and upon the Surface of the Brain; Malignant Disease of the Chest; On the Mode of Dissecting the Ear for the purpose of Pathological Investigation.

**Association Medical Journal.**—(No. IX. March 4 1853.)—LEADING ARTICLES.—The Laws and Ethics of the Royal, Medical and Chirurgical Society. The Medical Directories for 1853.—ASSOCIATION INTELLIGENCE.—Metropolitan Counties Branch: Notice of General Meeting to Petition against the Income-Tax.—ORIGINAL COMMUNICATIONS.—Mr R. D. Grainger on the Influence of Noxious Effluvia on the Origin and Propagation of Epidemic Diseases. (Concluded from Last Number.) Mr Joseph



Samson Gamgee on Pyæmia. Mr M. Broke Gallwey's Illustrations of the Caprices of the Nervous System.—BIBLIOGRAPHICAL NOTICES.—Statham's Practical Sketch of Low Inflammations. Cox's Homœopathy: its Globules (Bubbles?) Analysed.—PERISCOPIQUE REVIEW.—Psychology: Guislain's Mental Pathology; Morel on Mental Diseases.—REPORT OF SOCIETIES.—Anniversary Meeting of the Royal Medical and Chirurgical Society.

**Dublin Medical Press.**—(No. DCCXXXIX. Vol. XXIX. March 2, 1853.)—ORIGINAL COMMUNICATIONS.—Mr H. Freke on the Pathology of Inflammation and Fever. The Mechanism of the Human Circulatory Apparatus. Dr S. Coates' Case of Lithotomy.—PROCEEDINGS OF SOCIETIES.—Medical Society of London: Extraordinary Bodies passed with the Urine. Pharmaceutical Society: On Gentian Root and the produce of Gentian Spirit in South Bavaria. On a New Test for distinguishing the Russian, Indian, and English Rhubarbs. Estimation of the Strength of French Essences. On the Preparation of Extract of Colocynthis. Chinese Pharmacy.—LEADING ARTICLES.—Coroners' Inquests. Medical Reform.

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Inquiries concerning the Intellectual Powers and the Investigation of Truth. By the late John Abercrombie. 14th edit. 12mo, pp. 356, cloth, 6s. 6d.

Remarks on the Uses of the Indian Bael or Bela in Dysentery, Chronic Diarrhoea, and Dyspeptic Disorders. By Joseph Adolphus. 8vo, sewed, 1s.

Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird. Post 8vo, pp. 480, cloth, 10s. 6d.

Observations on Syphilis, and on Inoculation as the Means of Diagnosis in Ulcers and Discharges invading the Genital Organs. By John C. Christopher. 8vo, pp. 78, cloth, 3s.

An Essay on Spermatorrhœa and Mixed Deposits. By Richard Dawson. 7th edit. post 8vo, pp. 96, cloth, 2s.

The Sexuality of Nature; an Essay. By Leopold Hartley Grindon. 8vo, pp. 90, sewed, 2s.

Moral Sanatory Reform. By Henry M'Cormac. 12mo, pp. 150, sewed, 1s.

The Naturalist; a Popular Monthly Magazine illustrative of the Animal, Vegetable, and Mineral Kingdoms. Conducted by Beverley R. Morris. Vol. 2, royal 8vo, with engravings, pp. 270, cloth, 7s. 6d.

The Farmer's Manual of Agricultural Chemistry; with Instructions respecting the Diseases of Cereals. By A. Normandy. Post 8vo, illustrated by engravings, pp. 222, cloth, 4s. 6d.

Fruits and Farinacea the Proper Food of Man: being an Attempt to prove from History, Anatomy, Physiology, and Chemistry, that the Original, Natural, and Best Diet of Man is derived from the Vegetable Kingdom. By John Smith. 2nd edition, 12mo, pp. 370, cloth, 4s. 6d.

The Construction of Artificial Teeth with Gutta Percha. By Edwin Truman. 2nd edition, 12mo, pp. 56, cloth, 2s. 6d.

## BOOKS RECEIVED FOR REVIEW.

The Practical and Descriptive Anatomy of the Human Body. By Thomas H. Ledwich, F.R.C.S.I., and Edward Ledwich, F.R.C.S.I. Dublin, Fannin and Co.

Lectures on the Nature and Treatment of Fever. By D. J. Corrigan, M.D. Dublin, Fannin and Co.

ROYAL DISPENSARY FOR CONSUMPTION AND DISEASES OF THE CHEST. Last Tuesday, the thirty-ninth anniversary was held at the London Tavern, Mr Seymour Teulon in the chair. Since the opening of the Dispensary in 1814, 40,000 sufferers participated in its benefits, and 800 during the last year.

## HOSPITAL REPORTS.

### ST. MARY'S HOSPITAL.

*Performance of Tracheotomy in a case of Uterine Epilepsy.*

(Under the care of Dr TYLER SMITH.)

The following interesting case of epilepsy, dependent on uterine derangement has occurred in St. Mary's Hospital.

Sarah B—, the wife of a gamekeeper, at Debden, in Essex, was admitted into this hospital, on the 13th of Jan., 1853. The patient has had four children, and has been the subject of epilepsy of the most severe character, from the appearance of puberty. At this time she acted as nurse to a child who suffered severely from fits, and it was supposed that this circumstance had some influence in causing the first fits which occurred to the present patient. For some years the fits occurred with great regularity at each catamenial period, as many as twenty seizures frequently occurring before and during the menstrual flow. Of late she has menstruated scantily and at irregular intervals, but the fits have pretty generally attended the periodical discharge. The attacks of convulsion were preceded by screaming, after which she would be violently thrown down, and the respiration so arrested by laryngismus, as to produce frightful lividity of the head and face. This poor woman had been reduced, by the long continuance of her malady, to such a state of fatuity as to be quite unable to attend to her domestic affairs, and in several instances, violent mania had followed and preceded the seizures. On two occasions she has been confined as a lunatic. Her head and face bear the marks of many wounds produced by falls at the onset of fits. In 1850, she suddenly fell in a fit across a bed in which her child, an infant of seventeen months old, was laid, and killed it on the spot. Her husband was absent half-an-hour, and when he returned found his wife nearly insensible by the side of the dead infant.

There could be no question, therefore, that this was one of the gravest instances which could occur of this terrible disease. The patient was not considered a fit subject for permanent abode in an asylum, but in her own cottage she was a source of constant danger to herself or others. We proceed to give a detail of her case from the date of her admission to the present time.

Jan. 19th, or sixth day after admission.—The catamenia were present, and she had one fit, but not of a very severe character.

Twelfth and thirteenth days.—After the catamenia had ceased, she had a fit each day. These fits were severe, and she was thrown violently to the ground, but they were not of long duration. She had a fourth fit eight days afterwards, and on the following she had two others. Single fits followed on every third day after this, so that during the month which she passed in the hospital before the operation, nine seizures occurred.

After the patient had passed one month in the hospital, Feb. 13th, tracheotomy was performed by Mr Lane. An instrument was used on this occasion which we believe had not before been tried upon the living subject, contrived by Mr Thompson, late of University College, London. It is a modification of an instrument, which some of our readers may remember seeing at the Great Exhibition, and opens the trachea by a double lancet, piercing the tube horizontally between the tracheal rings. In ordinary cases this instrument would have the advantage of opening the trachea by one incision, without dividing the rings, but in this case the integuments were first divided, as the woman suffered from an enlarged thyroid gland. The puncture of the windpipe immediately produced tracheal cough, and whistling respiration began at once through the aperture. Very little blood was lost, and that which passed down the trachea was readily coughed out through the tube. Chloroform was used, and during the early part of the anaesthesia the limbs were rigid and convulsed, but the spasm passed away after the puncture of the trachea, and she did not have a perfect fit. The patient was now placed in a warm situation in her



ward, and a gauze cravat put round her neck. No inflammation of the trachea, or other ill consequences followed upon the operation.

Two days after the opening of the windpipe she became restless and disturbed in the night. Heat of skin, raised pulse, and furred tongue were present on the next day, and she was very unruly. In the evening she threw the medicine-glass at the sister of the ward. Dr Tyler Smith prescribed a febrifuge and an active aperient, and on the subsequent evening the catamenia appeared. During the two whole days previously, she had been so incoherent as to require constant watching. On several occasions she pulled the inner tube out of its place; but during this time she had nothing like a fully-formed convulsion. After the appearance of the catamenia, the cerebral disturbance subsided, and she has since remained collected and rational. The last fit was that which occurred the day before the operation.

In his remarks upon the case, Dr T. Smith observed that, sixteen or seventeen years ago, he had at Bristol assisted his then senior fellow-pupil, Mr W. P. H. Eales, now practising at Plymouth, to perform tracheotomy in a case in which a man had fallen into the water, in a fit, while crossing a plank from the quay to his barge. The man did not recover, but Mr Eales thus performed, under almost identical circumstances, an operation precisely similar to the successful one of Mr Canc, of Uxbridge, which has deservedly excited so much attention.

#### GUY'S HOSPITAL.

##### *Dislocation of the Hip in a Boy—Reduction a Month after the Accident.*

(Under the care of Mr Hilton.)

George Smith, aged 5 years 6 months, a stout and healthy country boy, was admitted on January 12th, with the statement that he had sustained an injury to the left hip a month previously, from the effects of which he had not recovered. It appeared that, on Sunday, December 12th, whilst at play in his father's stable, he had been knocked backwards with great force by the falling of a door. Some severe incised wounds on the head seemed at first to be his most serious injuries, but soon afterwards the surgeon's attention was attracted to the fact, that he could not move the left thigh. Fomentations were applied to the part, and the pain in a little time abated; but, as some deformity and want of power to use the limb remained, it was at length determined to take him to town in order to have further advice. Mr Hilton carefully examined the part, and ascertained that a dislocation on to the dorsum ilii existed.

The symptoms, as obtained from the notes of Mr Leach, the dresser of the patient, were as follows:—There was loss of the natural contour of the part, the great trochanter projecting, and being directed forward and outward. The foot was inverted, and the heel raised nearly an inch from the ground. There was no tenderness on pressure; some passive flexion and extension could be accomplished, and, when assisted, the boy could with some difficulty walk a little, stepping on his toes. On pressing deeply into the groin, an absence of the due feeling of resistance was perceived, and the femoral artery did not appear to receive that degree of support from behind which it does in a natural condition of parts. We must stop a moment, to ask attention to the latter symptom; it is one to which Mr Hilton attaches great importance. The question, as to whether the head of the femur is in its socket, or displaced backwards may, Mr Hilton believes, be easily determined in almost all instances, by comparing the amount of support afforded to the femoral artery in the two groins. Such examination is equally useful in forming the original diagnosis, and afterwards, in deciding whether reduction be complete or not. To return to our case, the boy having been put under the full influence of chloroform, an attempt at reduction was at once proceeded with. A towel having been passed around the perineum was firmly held in a direction parallel with the trunk, and,

by means of another towel fixed to the lower part of the thigh, extension downwards was made. This having been kept up for about three minutes, and, the limb appearing to be restored to its proper length, Mr Hilton forcibly everted the foot so as to tilt the head of the bone forwards. This done, the extending force was removed, and, on examination, it was found that the femoral artery could not be pressed backwards as before, but was evidently supported by a solid substance; the symmetry of the pelvis was also restored to a considerable extent. No kind of snap had occurred at the time of reduction; it seemed, indeed, doubtful whether the head of the bone had really sunk into the cup of the acetabulum, since, on careful measurement, the limb was found to be three-quarters of an inch longer than the other. Mr Hilton ordered a straight splint to be applied, as if for fracture, in order to prevent the bone from suffering a re-displacement. The patient was discharged on Feb. 21st, five weeks after the reduction, when he was able to walk with tolerable ease, and his limbs were of equal length. He had in the interim been confined to bed with the splint carefully adjusted, and, when measured each time of changing it, the lengthening was found to be diminishing. Mr Hilton explains this curious circumstance by supposing that the acetabulum had, owing to the length of time which had elapsed since the accident, become filled with lymph, which required to be absorbed before the head of the bone could sink into its proper receptacle.

#### ON THE NATURE AND TREATMENT OF DEFORMITIES.

(No. VIII.)

BY CHARLES VERRAL, Esq., M.R.C.S.,

*Surgeon to the Free Hospital for Deformities of the Spine, Feet, Chest, and Limbs.*

##### DEFORMITIES OF THE KNEE-JOINT

(Continued from p. 167.)

Before proceeding to the consideration of the treatment of non-congenital flexion, it would be as well to say a few words on the subject of the prognosis of these cases. It has been already seen that in the infantile or congenital form of the malady, where the deformity of the knee was dependent simply upon a contracted condition of the ham-string muscles, and where the articulation and its lining synovial membrane were still in a perfectly natural and healthy state, the prognosis was invariably of a favourable nature, complete recovery almost constantly attending upon a steady perseverance in the curative measures. In the cases now under discussion, however, a widely different state of things exists; for here, in a vast number of instances, the deformity, though resulting from position, originated whilst inflammatory action was going on within the joint itself, the result of which inflammation has been to produce thickening of, or so to alter the nature of the living membrane, that the natural motions of the joint instead of being soft and smooth in their character, have now become rough and as it were grating, when an effort to produce motion is exercised. Another set of cases there is where, from the inflammatory action within the joint, the synovial membrane has thrown out deposits, the ultimate result of which has been to produce adhesions; in such instances the flexion of the knee rendered not only more rigid and fixed, but the curative process is also greatly complicated, as well as rendered more uncertain in its probable issue.

From the foregoing considerations it will be pretty evident that the prognosis must not be based merely upon the appearance of the knee, for of two cases, which as far as regards outward features, resemble each other even to a minute degree, the one may be certainly and speedily accessible to treatment, the other not only incurable but presenting characters that would render it inadvisable that curative measures should be attempted. Before then any opinion should be given as to the probable effect of treatment



upon a case of non-congenital flexion of the knee, accurate inquiries as to the source from which the mischief has originated, the length of time it has existed, the extent to which it has attained, should be instituted, so as to discover whether treatment is likely to be of any avail; and, if so, to what degree its benefits may extend, or whether it is altogether useless and injudicious to employ remedial measures.

In order the more fully to impress upon the reader the necessity of attending to the particulars above alluded to, I would venture to give a few details of the following case, which I consider to be so instructive that I trust I may be readily forgiven for introducing it here.

Mary Anne Aldberry, nineteen years old, was admitted into the Hospital in June last. Five years ago she was seized with rheumatic inflammation of the joints, more especially of the left knee joints; when the disease was at its height, the knee, as indeed is usual in these cases, was kept constantly in a flexed position. In the course of time the more urgent symptoms subsided, but as she began to move about it was discovered that she could only partially extend the left leg; indeed, the motion in the knee joint of that extremity was very greatly curtailed, and diminished in degree. When she presented herself at the Hospital, this state of things had existed nearly five years. I examined the knee, and, in addition to the flexion of it and eversion of the foot, I found the joint to be rigid, stiff, and almost motionless. My first impression was that this arose from excessive contraction of the ham-string muscles; such, however, was not the case, for examining the tendons of the semi-membranosus, semi-tendinous, and biceps, not a trace of contraction could I discover; in fact, it was evident that the rigidity of the joint was occasioned by adhesions within the articulation itself. The girl was very anxious that something should be done for her, so I determined upon taking her into the Hospital in order to give her a chance of recovery. As soon as the patient was admitted, I applied a powerful splint, hereafter to be alluded to, beneath the knee, and carefully watched her progress for the space of six or eight weeks, at the expiration of which time I found that a perceptible amount of motion in the joint had been gained; encouraged by this favourable progress I was induced to persevere with the treatment. At the end of another month the amount of motion was considerably augmented; but upon taking off the splint and moving the joint with my hands, I discovered that a new symptom had arisen; when I attempted to straighten the limb my efforts were suddenly arrested by a very perceptible jirk within the articulation itself, this I concluded arose from adhesions between the corresponding surfaces of the lining synovial membrane. Extension was still steadily persevered with, and indeed increased to the utmost that the patient could endure—but progress beyond this point was never gained. Under these circumstances, I proposed to the girl's parents the propriety of putting her under the influence of chloroform, and then by violent extension attempting to break down these morbid adhesions which were thus arresting our progress; the patient herself dissented, however, and she consequently quitted the Hospital without any material degree of relief—that is to say, not as far as the utility of the limb was concerned.

I have cited this case at some length, for the purpose of demonstrating two things,—first of all, that at least in every instance cure must not be expected; and, secondly, to prove that there are cases where actual muscular contraction is not the cause that resists the curative process—hence it follows that however judicious the practice of dividing the ham-string muscles may be, in fitting cases, that there are others where this operation is totally useless and uncalled for.

The treatment of non-congenital deformity of the knee-joint in the flexed position is a subject involved in a certain amount of difficulty, and requires for its proper management, not only patience, but much attentive watching, so as to combat a variety of contingencies that may possibly arise. Before entering upon a description of the plan of treatment that I adopt for the relief of this deformity, I should preface my remarks by observing that my statement

applies to cases where all trace of active disease or inflammation has long since disappeared, and where, in fact, nothing remains but the deformity which has resulted therefrom.

I will first allude to those cases—susceptible of cure in the strict sense of the word—where, in a word, the integrity of the joint remains unimpaired, and where too, the only cause resisting the effort to extend the leg, is contraction of the tendons of the ham string muscles. In such instances as these the following method will be found to answer all the indications required:

Having the patient's limb carefully bandaged, I apply beneath the entire extremity a long tin trough-like splint, extending from the tuber ischii downwards to below the situation of the os calcis. To this splint is attached a foot piece, and at the situation of the popliteal space there is a joint, corresponding to the articulation of the knee. By means of a screw this joint can be so influenced that it may either be set up into the most deformed position of the leg, or, if required, extended so as to form one continuous straight line. This splint is carefully secured to the affected limb by means of webbing straps and pads, and by gentle and slow degrees the joint of the splint is gradually drawn out, and, as a matter of course, the limb being secured to the splint, the deformity is reduced in a corresponding degree. It is in those simple cases of noncongenital flexion—in those cases, in fact, where there exists nothing but contractions of the tendons of the ham strings, that the operation of dividing these tendons is not only justifiable, but frequently highly advantageous. I have already alluded to the method of severing the tendon of the biceps flexor crucis, when speaking of the treatment of genu valgum, and it remains only to mention the plan upon which the division of the semitendinosus and semi-membranosus is to be conducted.

In order to divide either one or both these tendons the patient should be placed upon his face, with the knee resting upon the edge of the operating table. An assistant should, with one hand, grasp the thigh, whilst, with the other upon the ankle of the patient, he should attempt to extend the leg. By this means the tendons will be very readily felt, or even seen. The operator should now introduce his knife by the side of them, and pass it transversely across them, until he has reached their entire width: the sharp edge of the knife should now be turned upon the tendons, and they should be divided from the popliteal space inwardly. In all probability the tendon of the biceps will also require division, and this, as stated above, should be performed under the precautions insisted upon at page 473, vol. i.

As a general rule, this simple method of treatment will be found quite equal to the removal of the deformity, when it has originated from a mere habit of maintaining the knee for a lengthened period in the flexed position; other and more violent means will be required for the cure of the case in those instances where the malposition of the joint is maintained by adhesion within the articulations itself. As, however, I have already extended this paper beyond its due limits, I shall reserve for my next communication the subject of the proper treatment of non-congenital flexion of the more severe and complicated character; when, also, I purpose saying a few words upon the affection, the very opposite to this one, namely, malposition of the knee-joint in the straight or extended position.

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**THE ALLEGED PERJURY CASE AT CARSHALTON.**—The magistrates assembled in petty sessions at Croydon have committed Anne Duff on a charge of wilful and corrupt perjury, in preferring a charge of rape against Mr Shorthouse, a medical gentleman practising at Carshalton. The particulars of this case have already appeared.

**MIDDLESEX HOSPITAL.**—The appointment of an assistant-surgeon in the East India Company's Service, presented to the Middlesex Hospital by W. H. C. Plowden, Esq., has been awarded by examination to Mr W. H. Rean, the present senior house-surgeon.



## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. X.

#### ANDERSON'S SCOT'S PILLS.

There are grades in every calling and profession. We find the bully and the quiet man, the blackguard and the gentleman, the unscrupulous truth-scorner and he who confines himself to mere "business boasting," in every occupation and trade, be they honourable or the reverse. We have already noticed in this journal the reckless conduct of certain parties who, in placards, pamphlets, and public advertisements, "assure," "certify," or "swear," that their vile nostrums are "blessed panaceas," capable of curing every ailment, and removing disease and suffering from the world. It is, therefore, with feelings of some surprise and relief that we have perused the circular of a "quack pill" which, though containing a number of exaggerations and misrepresentations, appears nevertheless of a modest character, when compared with the productions of the parties just alluded to. The proprietor of "Anderson's Scot's Pills" recommends his medicine for the following affections *only*:—"Diseases of the stomach and head, barrenness, costiveness, worms, bleared eyes, thirst, paleness, stone, scurvy, colic, dropsy, palsy, catarrhs, rheumatism, gout, defluxions, and the like"—a comprehensive list, truly, in the greater number of which diseases these pills are quite *worthless*, and in the remainder possess no advantage over any other mild aloetic purge. Only *seventeen* complaints to "ferret out, battle with, and destroy." Pity the catalogue was not extended by the addition of about a dozen other ailments. Diseases are easily cured on paper. "Cancer and clonsumption, bunions, cholera morbus, typhus fever, tic-do oreux, and white swellings," would sound well; and some broad hints and "point-blank" assertions on the great value of the pills in "nervous complaints" and "mind diseases," together with a few testimonials of cases of asphyxia and hydrophobia successfully treated with the pills, would doubtless have the effect of adding another 5,000*l.* to the balance sheet of the concern. To be just, however, we must admit that we doubt whether the proprietor of "Anderson's Scot's Pills" could possibly carry on his trade successfully, and support his servants and silver-mounted equipages, if he were to tear away the tinsel and rub off the bright tints which the lively imaginations of himself and his predecessors have bestowed on the picture of their darling offspring. If the truth were told, and nothing but the truth, in quack advertisements and circulars, the trade in quack medicines would soon prove a profitless one, and ere long become extinct.

The "Grana Angelica," or "Anderson's True Scot's Pills," are truly venerable, and are also aristocratic from the patronage they have received. They originated with a Dr Patrick Anderson, a Scotch Physician residing in Edinburgh about the year 1625. The usual—"great experience," "vast research," "scientific attainments," "wonderful discovery"—have been liberally brought together by the proprietors to amuse the reader and to form an entertaining history of the "origin and virtues of the pills." Dr Anderson, subsequently to the invention of his pills, was appointed one of the physicians to King Charles the First, and it is stated that he held a similar position during the reign of Charles the Second. The "Merry Monarch" is even said to have consumed these pills wholesale. Perhaps he found them useful in removing the effects of the excesses in which he so commonly indulged. In 1635 Dr Ander-

son wrote a treatise, in Latin, on his pills, in order that their "manner of operating and their virtues might be known to all nations," of which he afterwards made an English translation. Dr Anderson bequeathed the whole of his property in his pills to his only daughter, Miss Katherine Anderson, and a very good property it turned out. From Miss Kate it descended to Mrs Isabella English, and after many years into those of her grandson, Mr James English, and next into the hands of Mr B. H. English. The latter after a very successful career, left a large fortune behind him, the result of the sale of his pills. The pill trade, and much of Mr English's other property, then came into the possession of his nephew, the present proprietor.\*

Such is the commonly received history of the nostrum now before us; in support of the truth of which the late proprietor offered to produce the necessary documents. We have not, however, seen them, and doubt their existence. There is more probability in the statement that these pills originated with a speculative quack during the reign of Charles the Second, who adopted the title of "Anderson's Scot's Pills" for his bantling, just in the same way that the Da Silvas did that of "Dr Locock's Wafers" for their lozenges. Certain it is, however, that the pills rapidly obtained a large sale among all classes, and have even been patronised by the Royalty of former years. During the reign of King William and Queen Mary they were noticed by Royal Order in the 'London Gazette'; and the then Secretary of State (Lord Nottingham) prohibited that paper from publishing the advertisements of imitations (1692). Of late years the adventurous pretensions of the Morisons, Holloway, and Old Parr have, we hear, considerably lessened the demand for these pills.

The purgative properties of "Anderson's Scot's Pills" depends chiefly on aloes. They also contain some jalap, and, according to some authorities, a small quantity of gamboge. They generally operate in from nine to twelve hours when taken at night, and thus do not disturb the patient during the ordinary hours of slumber. To this quality, to which the proprietors have continually drawn public attention, they owe much of the patronage which they have received. In this respect they resemble all other mild aloetic pills.†

\* Mr Olivier, the sign of the Unicorn, 165 Strand.

† R. Barbadoes aloes, 7 lbs.; jalap, in fine powder, 2½ lbs.; treacle, ½ lb.; soap, 6 oz.; melt together in a water bath, and when nearly cold, add oil of aniseed, 1 oz., and form into 3½-grain pills. There are twenty-six or twenty-seven pills in each 1s. 1½d. box. Those now before us possess no odour of aniseed. We suspect this has arisen from their having remained for some time on the mantelpiece of a warm room. There are various other formulæ extant for "Scot's Pills," but they all produce different compounds from the genuine article. In some of these scammony, gamboge, black helebore, &c., are ordered. The formula which we have given above is the result of an actual examination of these pills, and closely agrees with that of Dr Paris. The "Pilula Andersonis" of the Paris Codex closely resembles Morison's No. 2 Pills:—

R. Aloes and gamboge, equal parts; aromatise with 1-12th of their weight of oil of aniseed. The first formula produces a good and safe purgative pill, where aloes is admissible; the last, a more powerful and drastic one. The form for "Anderson's Pills" of the "Philadelphia College of Pharmacy" is also a good one:—

R. Barbadoes aloes, 24 oz.; soap, 4 oz.; colocynth and gamboge, of each 1 oz.; oil of aniseed, ½ fluid oz.; divide into 3-grain pills.

#### TO THE SUBSCRIBERS TO THE 'MEDICAL DIRECTORY.'

*The Subscribers who have not remitted their Post-Office Orders for the 'DIRECTORY' are requested to do so prior to the application for the price charged to Non-Subscribers.*

#### TO ADVERTISERS.

*Terms for Advertisements (which should be sent to the Office before two o'clock on Tuesday):—*

*For eight lines or less, 6s.; each additional line, 6d.*

#### TO SUBSCRIBERS.

*Cases in Cloth, and Gold-lettered, for containing the Numbers of the 'Medical Circular,' may now be had, price 1s. 6d., sent by post on receipt of twenty-four stamps.*



## BIOGRAPHICAL NOTICES.

## THOMAS KING CHAMBERS, M.D.

In the far west among the backwoodsmen that hang on the borders of Tyburnian civilisation, stands a solitary red-brick building,—all the more comfortless and melancholy-looking for being spic-and-span new.—This edifice is St Mary's Hospital. Open the door and look in, a cold and aguish feeling thrills to your very marrow: the chilly white plaster is ominous of consumption and green sickness, as the outer walls are of abundant doses of carbonate of iron administered to strengthen the lugubrious-looking fabric. This Hospital will doubtless become a very useful institution, but it will also be a standing monument of the tastelessness of the opulent lords of Tyburnia. The very Porter seems to be afflicted with the monotony of the place, and to be perishing of lethargy and ennui.

We cannot easily get over first impressions. Having unceremoniously entered the outer passage one day, we precipitately retreated, lest we should unexpectedly step into a sarcophagus: and ever since we have experienced a wretched feeling of loneliness and dismay associated with our recollections of this institution. The outside looks like a work-house, the inside like a tomb.

This building was erected by benevolence and spoiled by economy. A Hospital should have a spacious cheerful aspect, and not be without decoration. The scenes within are sufficiently repulsive to deter sufferers from entering the door, and it should be the effort of the architect to neutralise the real horrors by a display of the fascinations of his art. "But beauty is an expensive commodity;"—says some parsimonious governor. Not so dear as you think, sir, but taste is a quality that is unpurchaseable.

Opposite to this Hospital lifts its haughty head and vast proportions, arrayed in all the eccentric magnificence of its Byzantine architecture—the Great Western Hotel. The two structures are peculiarly indicative of the special wants of a Railway Terminus. In the one we have every appliance to recruit the wearied energies of the midnight traveller; in the other the screws and pulleys, fracture beds and tourniquets, cold glittering knives, and savage looking saws and nippers, to minister to the needs of the mangled victim of railway recklessness. The Directors of the Railway should feel it as much an obligation to support the Hospital as the Hotel, for verily there is not more necessity for the one than the other. They hang cards in their waiting rooms recommending passengers to insure their lives for the benefit of their families, before they undertake the inauspicious journey; surely the Directors might hang other cards also, announcing the further consolatory information that every passenger whose hip has been dislocated, or skull fractured by an accidental collision during the journey, will be provided with hospital accommodation by the liberality of the Board. We hope to hear that the Directors have seen the wisdom of our hint, and that a handsome donation to the Hospital, appears annually on the credit side of the Treasurer's Balance Sheet.

Whatever we may say in disparagement of the building, we do not wish our censures to extend to the staff of the hospital. Some of the best men of the profession are seeking here for opportunities of distinction. Have we not already sketched Dr Alderson, Dr Tyler Smith, Mr Walton, and Mr J. B. Brown;—each of them a rising man, and biding his time to take his place in the first rank of the profession. Mr Walton has published undoubtedly the best practical work on Ophthalmic Surgery we possess. He is, therefore, a star of the first magnitude. Dr Tyler Smith, as a physician-accoucheur, and Mr J. B. Brown as a surgeon-accoucheur have already achieved high positions; and Dr Alderson, as a judicious practitioner, is in good repute. There are others whom we shall not now name, as their claims will come under notice at a future time. Our present business is to give a sketch of Dr Thomas King Chambers, one of the physicians of this institution, and a man of great promise and ability.

Dr Chambers was educated at the University of Oxford, where he took high classical honours. He did not, however, allow his attention to be wholly seduced by the attractions of classical literature, but used such opportunities as were presented to him, of acquiring that professional knowledge which would be useful in his future career. He, therefore, studied surgery under the late Mr Tuekwell, and at the Radcliffe Infirmary, and dissected under Dr Kidd, Lec's Reader in Anatomy. In 1838, he came to London and completed his medical education at St George's Hospital. Dr Chambers, senior, then physician at the hospital, is the cousin of the subject of the present sketch, and it was a reasonable hope that, independently of any merits Dr T. K. Chambers might possess, the governors of the hospital would, for the cousin's sake, lend a favourable ear to his claims, to be appointed on the staff of the hospital. It was, however, otherwise; the medical staff were opposed to his election, and he did not wish to force himself upon unwilling colleagues. That the time he spent at this hospital was not lost is evident from the elaborate statistical tables he has lately published, illustrative of the connexion of chronic diseases. These tables were constructed from the records in the case-books of the hospital, and exhibit much discriminative talent, and inductive power, remarkable industry, and an aptitude for laborious investigation. They offer a worthy example for imitation to all aspirants for public office, and are a reproach to the governors and the medical staff of other hospitals, that such rich mines of professional experience as their records must necessarily constitute, are left unexplored and valueless,—a *rudis indigestaque moles*.

Dr T. K. Chambers was for three years Physician to the Chelsea Dispensary, from whence he withdrew in 1846, having removed to Hill street, which was too remote from the scene of his labours. In 1847, he was elected Physician to the Hand-in-Hand Insurance Office: and in 1850, he was appointed to deliver the Gulstonian Lectures at the College of Physicians. The subject of this exereitation was the novel and interesting one of Corpulence. He had paid much attention in private practice to the digestive organs, and collected from thence a series of cases illustrative of the treatment of Indigestion, when leading to the excessive formation of fat. These lectures were afterwards printed in the 'Lancet,' and formed the ground work of a little octavo volume published in the same year.

In 1851, Dr Chambers was chosen one of the senior Physicians to St Mary's Hospital, and on the occasion of the election set an example which ought to be followed by all candidates for offices of a scientific character. He sent no testimonials to the Committee of Election, but left them to ascertain his qualifications by their independent investigations. In this and some other instances the Committee acted in an impartial and honourable manner, conferring the offices on those who seemed most to deserve them. Dr Chambers has since that time published other works on 'Corpulence during Pregnancy,' and on 'Ulceration of the Stomach and Oesophagus.'

Dr Chambers' practice is remarkable for a judicious simplicity; each remedy is prescribed with a definite object; it is intended to do a certain work, and is allowed to do it freely. He has, moreover, the courage to trust to Nature when she seems equal to the duty of repair, and has no anxiety that his reputation will suffer from ordering no medicine at all.

A few words on the personal appearance of Dr Chambers must conclude our sketch. His figure is tall and somewhat spare, and his manners polished. His complexion is fair, and his hair light; his forehead high, and indicative of talent. His gestures are pleasing, and easily attract esteem. He bears considerable resemblance to his celebrated kinsman, and we think is likely to earn a reputation for himself hardly inferior, though probably he may not attain a range of practice equally extensive. This doubt is no disparagement of the man; for who among living aspirants gives promise of leading the town in the same unequivocal and distinguished manner that characterised the professional



career of the famous court physician? Dr T. K. Chambers is now launched upon the doubtful element, and we wish him a prosperous voyage.

#### SAML. CARTWRIGHT, ESQ., JUNR.

This gentleman is a member of the old-established firm practising as Dentists in Old Burlington street. The elder Cartwright was for many years *facile princeps* of his order. His house was the resort of all the youthful and the would-be youthful fashion of his day—the former to improve the charms that nature had bestowed, the latter to be provided with those which nature had taken away. Delicate Countesses become heroines in his operating room, and haughty duchesses relaxed their dignity, and condescended to hysterics and cold water under his inexorable manipulations. Mr Cartwright, however, grew in favour. Teeth would decay; and beauty will not last for ever; but Cartwright's hand never lost its cunning. People talk glibly about "martial courage," "civil courage," the "courage of martyrdom," and that odd sort of prowess called the "courage of despair," but what are all these compared with that peculiar form of courage exhibited when a man deliberately sits down, looking all the time with most pitiable imploration in the face of the operator, to have a nefarious crooked molar extracted? Cranmer's putting his right hand into the flame was a mere trifle to it: he was to be burnt at any rate; and it was not of much consequence which part was incinerated first. That dragoon who took up a bomb-shell while the fusee was burning and sent it rolling over the hill, was a gallant fellow truly; but he knew if he had not done it, he would have had the undesired honour of being blown in another minute to the planet Mars, without the opportunity of bandaging his wounds. No. Necessity has no choice, and we will not allow that these idols of history can be compared for a moment with that shrinking and sensitive damsel, with the pale face and tear-bedewed eye, who, only yesterday, "made up her mind,"—ay, came to the stern and irrevocable resolution—to have a tooth taken out! We declare it: she is the greater hero of them all—her sex notwithstanding. Well, of this species of heroism Mr Cartwright, Sen., has seen much, for, as we have already informed our readers, he was the most popular dentist of his day. The subject of our present notice is the inheritor of his name and fame. He passed the College of Surgeons in the year 1838; and is Surgeon-Dentist to King's College Hospital, and to the Royal Infirmary for Children. He is also a Fellow of the Royal Medico-Chirurgical Society, and of the Medical Society. He therefore stands well in professional estimation, and, having commenced under favourable auspices, we trust will maintain the popularity of the firm. He resides at 32 Old Burlington street.

HY. SEYMOUR CASEY, ESQ.

CHARLES CASWALL, ESQ.

ALFRED CATHERWOOD, ESQ., M.D.

WM. CATHROW, ESQ.

WM. CATTLIN, ESQ.

EDW. CHABOT, ESQ.

THOS. W. CHALDECOTT, ESQ.

(Vide 'London and Provincial Medical Directory,' 1853.)

#### W. O. CHALK, ESQ.

This gentleman was a student at the Middlesex Hospital, and at the Hunterian Theatre of Anatomy, Great Windmill street. He passed his examination at the Society of Apothecaries in the year 1826, and at the College of Surgeons in the year 1827. In the same year he was appointed Surgeon to the Royal Sea-Bathing Infirmary, Margate, and resigned that office in 1846. He is a Fellow of the Royal Medico-Chirurgical and the Pathological Societies. His long

connexion with the Margate Infirmary afforded him peculiar opportunities of acquiring a knowledge of strumous diseases, and he has from time to time contributed papers on these maladies to the Medical Journals. In 1841 he published in the 'Medical Gazette' "On Hip-joint Disease, and Lumbar Abscess;" in 1843, 44, in the same Journal, "On the Effects of Cod Liver Oil on Strumous and other Diseases;" in 1850 in the Medical Times, "On Cod Liver Oil." He resides at 3 Nottingham terrace, York gate, Regent's park.

JOHN CHALLICE, M.D.

WM. CHALMERS, ESQ., L.F.P. and S. (Glasg.)

J. CHAMBERS, ESQ.

(Vide 'London and Provincial Medical Directory,' 1853.)

### ORIGINAL COMMUNICATIONS.

#### ON STRUMOID BLENNORRHEA.

BY JOHN COCKLE, A.M. M.D. F.R.C.S.

Chronic discharges of various kinds, in individuals of a modified strumous diathesis are of extremely frequent occurrence. Those most ordinarily observed occur from the nose, mouth, ears, and genital organs of both male and female, and have long been regarded, from their intractability, as the very opprobria of practical medicine. These discharges, whatever be the tendency of modern opinions, are of a strictly constitutional character, and were always so regarded by the great physicians both of the past and present centuries. They are but the outward signs of a general cachexia, and if they are to be successfully combated it must be by means which effect a constitutional change, all local therapeutics being but of secondary importance in effecting a cure.

The more immediate object of this communication is to direct attention to that chronic discharge from the male genital organs which, though frequently called into action by a special poison, is still more frequently mistaken for it, or its sequelæ, though being, as I believe, generally distinct from both. The cases I allude to will no doubt be readily recognised, and may be thus briefly characterised:

An individual, either from sudden injury to a joint, or from gout, or exposure to wet and cold after some imprudence in diet or sexual excitement, suffers from irritation and discharge from the mucous track of the urethra, which passes through its early stages either in an acute or subacute form, and is more or less readily influenced by the ordinary anti-blemmorrhagic remedies. After a given interval has elapsed, the disorder becomes obstinately stationary, and remedies cease to exert their former impression; or the discharge may be spontaneously arrested for days or weeks, to be renewed under the influence of any of those causes which preceded the original attack. Sexual excitement indeed generally occasions so sudden an aggravation of the symptoms that the patient imagines he has contracted some fresh infection. This renewal of the discharge is again readily reduced by remedies to its former condition.

During the subacute stage, epididymitis is not uncommon; the proper tissue of the testis being but rarely involved, the inguinal canal is sometimes swollen from irritation of that portion of the cord traversing it, and sympathetic enlargement of the inguinal and supra-pubic lymphatic glands is generally detectable. The bladder is always more or less irritable, the prostatic portion of the urethra equally so, and from contiguous sympathy or direct irritation, the seminal ducts are excited to unnaturally-repeated discharge of their secretion. Superficial abrasion of the glands and prepuce frequently occur, produced by the constant contact of diseased secretion with structures whose vital power of resistance has been to a certain extent diminished. From the persistence of the discharge, together with the quantity secreted, the system is influenced as by a perpetual issue; and from the known tendency which all



such affections have still further to depress its powers, the patient eventually loses flesh and becomes anæmic, morbidly irritable, or profoundly hypochondriacal.

Such is the general outline of this class of cases, as they have presented themselves to my observation; and this is doubtless conformable with the experience of others. This affection, in its uncomplicated form, may be regarded as dependent upon an altered action of the follicles of the urethra,—the lacunæ morgani and Littre's glands, from some constitutional peculiarity, and the secretion as of a purely catarrhal character, certainly possessing none of the ordinary contagious properties. And although some low form of inflammatory or congestive action is usually associated with it, such inflammation or congestion is not to be regarded as constituting the essence of the malady, but to a certain extent as the consequence of the peculiar condition of the follicles, which, by their excessive action, necessarily determine to them a larger supply of blood than natural (*ubi stimulus ibi affluxus*). Microscopically examined, the discharge consists of muco-pus, epithelial debris, occasionally compound granular cells, scattered blood discs, with entire forms or fragments of spermatozoa.

The urine is frequently of low specific gravity, pale and turbid, depositing lithates copiously, and occasionally oxalate and phosphate of lime in considerable quantity.

With reference to treatment, I deem it unnecessary to enter into detail of the more ordinary remedies or their combinations, but shall simply indicate the plan which has appeared to me the most uniformly successful. I have within the last few months treated some half-a-dozen cases in the manner to be detailed; and as there are general points of resemblance, "*ex uno disce omnes*."

The local treatment consisted in the introduction of a wax bougie once a week, in size not exceeding No. 6, and this simply with the view of inducing an altered action of the follicles and mucous surface generally, unless stricture should co-exist, to which, in all these catarrhal affections, there is always a tendency, whatever be the organ attacked, from hypertrophy and induration of the submucous tissues. A weak injection of alum, two or three grains to the ounce of distilled water, may be used night and morning; or should great irritability of the urethra exist, poppy decoction may supply the place of the latter, with the addition of a drachm of mucilage, and this should be used tepid. Half a drachm or a drachm of freshly-powdered cubebs may be taken in cold water twice daily, with the addition of an equal quantity of Epsom salts from time to time, should the condition of the bowels render it necessary. In addition to these means, the cod-liver oil should be taken in gradually augmented doses, for at least a month or six weeks.

This last medicine has appeared to me to exert an almost specific influence over the discharge, and I recommend a trial of it with confidence. I have found it most efficacious in cases which had resisted for months the best-directed treatment of a different kind.

Should epididymitis supervene in an acute or subacute form, I have rarely found leeches produce any lasting advantage; and where the constitution is at all impaired, it is of importance to avoid the loss of blood.

The most ready way of arresting the attack is to apply a bladder partly filled with pounded ice, the surrounding parts being protected by flannel; and to administer a few doses of Epsom salts and tartar emetic, with morphia; and after the symptoms are somewhat relieved to apply strapping in the manner originally suggested by Fricke, of Hamburg.

MARISCHAL COLLEGE, ABERDEEN.—On the 19th ult. the nomination of candidates for the office of Lord Rector of this college took place in the public school-room. The Right Hon. the Earl of Carlisle was first proposed by Mr Poole, a medical student, and seconded by Mr Robertson. Mr Disraeli was then named, but the proposition was not received with favour. No other candidate being mentioned, the meeting divided on the two motions, when the nomination of the Earl of Carlisle was carried by a great majority.

## CORRESPONDENCE.

### ADDENDUM TO THE LIFE OF THOMAS WAKLEY, ESQ.,

*To the Editor of the 'Medical Circular.'*

SIR,—I send you a suitable addendum to the life of Mr Wakley published in Nos. 31, 32, 33, of your Circular, or my communication can be published (if approved) independent of your admirable and most truthful sketch of that person. I remain, Sir,

Your admirer and constant reader,  
ONE BEHIND THE SCENES.

The recent publication of a rival Medical Directory by Mr Wakley, in opposition to the 'London and Provincial Medical Directory,' a work universally recognised and patronised both by the profession and the public, demands an inquiry into the motives which could induce that person to enter upon such an undertaking. I will refrain from comment on the transaction, preferring to judge him out of his own mouth, and then leave it to your readers to decide how far Mr Wakley is justified in the attempt to damage the interests of others, and, I may say, of the profession generally; and secondly, how far he has kept faith with the profession in the realisation of his scheme. At the moment I am writing I know not to what extent Mr Wakley has outraged truth and fair dealing, but I have borrowed the 'Lancet' of 1851 and 1852 from a neighbour (for I am too poor myself to pay 1*l.* 1*s.* 8*d.* for a medical journal, when I can get the 'MEDICAL CIRCULAR' at less than half the price); I say then I have borrowed, not bought, the 'Lancet,' and if you please, we will turn over its pages together, and trace the conception of the bantling up to the moment of its birth at 423 Strand. Prior, however, to our investigation, we must not forget two facts which no reader of the 'Lancet' will gainsay; namely, first, that up to the year 1850, laudatory notices of the 'London and Provincial Medical Directory' appeared annually, monthly, nay weekly, in the 'Lancet.' It was held up to the profession as "most valuable," "admirable," "excellent," "surprisingly correct," "we know not what we should do without it," &c. &c. And secondly, that homœopaths, hydropaths, Mesmerists, &c., are a set of "quacks," "scoundrels," "swindlers," "impostors," "rogues," "nefarious persons," "knaves," "fools," and "humbugs."

Thus, then, the artful dodge commences, in the 'Notices to Correspondents,' page 145, vol. 2, 1851:

'Scan. Mag.' of a rival 'Directory.'—"We really cannot understand why it is that the complaints against the 'Medical Directory' for the present year are so numerous. The list of objections sent to us by our correspondents would occupy at least two pages of our journal, and on which account we cannot insert it. We agree, however, with our correspondent in thinking that *if the names of the notorious quacks are admitted into the columns of the 'Directory,' the work should be altogether repudiated by all the respectable portion of the profession.*"

"A correspondent, signing himself 'J. E. N.,' gives the following reason for the insertion of the homeopaths:—"For though it may confer upon them greater notoriety, it will serve to point them out to the honourable portion of the profession, who will not, therefore, be in danger of committing mistakes after the manner of Dr Murphy."

In answer, the editor of the 'Lancet' remarks: "*The names of the quacks should be wholly excluded from the 'Directory.' If not, the 'Directory' itself should be excluded from the house of every qualified and regular practitioner (Ed. L.)*."—'Lancet,' vol. 2, 1851, page 147.

"A Regular Practitioner."—All the letters we have read on the subject, without exception, condemn the 'London and Provincial Medical Directory,' alias the Homeopathic Guide, in the bitterest possible terms. Some state that they have countermanded orders for the odious book at their booksellers; others say that it never again shall be received at their houses. So general is the feeling of indignation, that we apprehend the proprietors would best consult their own



interest by never again offering insult to the profession, by publishing any future editions of a work in which the quacks are so noticed and caressed."—"Lancet," vol. 2, 1852, page 164.

"To the Editor of the 'Lancet.'"

"Sir,—One word from you will cause the profession to discountenance the 'Medical Directory' for the year 1852, and to refuse to purchase a single copy, unless the names of the homeopaths be excluded from its pages.

"An early attention to this may enable the publishers to give to the profession the assurance that the quacks will be excluded.—I am, Sir, your obedient servant,

"A CONSTANT READER."

"\* \* \* We are certainly of opinion that the names of the homeopaths, as well as the names of all other quacks, should be excluded from a Directory which purports to contain the names of the qualified and respectable members of our profession. It might be a convenience to the quack-loving portion of the public to be enabled to find the names and addresses of the impostors by whom they are duped; but such names, in our opinion, cannot be associated with the regular members of the profession, without inflicting injury on the latter body. Such an alliance is an unnatural one, and cannot be tolerated."—"Lancet," vol. 2, 1851, page 171.

"'M. D.,' 'Jas.,' 'Anti-Fudge,' and others.—We think the list should be omitted altogether. If the plea that it is desirable the 'black sheep' should be known were valid, it would apply to all quacks, and the 'Medical Directory' might as well contain a list of all the quack-pill venders, mesmerists, &c., as a list of homeopaths, who are not only quacks, but quacks of the most disreputable and dangerous kind. They should be repudiated by all respectable medical men; for globulists regard the practitioners of legitimate medicine as 'murderers,' and their system as 'murderous.' The profession should not acknowledge them in any way: *they are out of place in a Medical Directory.*"—"Lancet," page 218, vol. 2, 1851.

En passant, it may be observed that about November, 1851, commenced a system of undermining operations, carried on by fictitious correspondence under such signatures as "An Orthodox Surgeon," "Scrutator," "An Enemy to Quackery," "Fairfax," "Honestas," "M.D.," &c. All this was preparatory to the announcement of a new Directory. But when the idea of *including*, and not *excluding*, the names of homeopaths, or, in other words, of breaking faith with the "vast numbers of the profession" who had promised him their support, first occurred to Mr Wakley does not clearly appear. The first rudiment of an idea proposed was by a fictitious correspondent, signed "A Physician," which was made to say (May 22, 1852):

"I have one proposition to make—that at the end of this New Directory, there should be a space allotted for the names and addresses of the *black sheep* in our flock, so that we should be able to refer to, and shun those impostors who disgrace our ranks.

A PHYSICIAN.

"May, 1852."

On July 24th, 1852, Ed. L. says to the Editor of the 'British Medical Directory,' alias to himself:

"Anything more offensive or insulting to the feelings of the respectable members of that body (the profession) cannot exist, than the confounding in a work of universal reference by the public, the justly acquired and honourable distinctions of eminent scientific men, with the fraudulent, knavish claims and pretensions of a gang of despicable quacks."

From the following passage which appeared in the 'Lancet' of October 9th, we may infer that Mr Wakley had thought better of it, than to *exclude* the names, addresses, and qualifications of any legally qualified member of the profession, for we read:—

"We need scarcely remark that the efforts which these gentlemen (The Editors), alias himself, are making to uphold the character and dignity of the profession, by excluding from the names of the quacks in a Medical Guide (which must be a work of universal reference) the titles and distinctions which are appended to them in the existing Directo-

ries, entitle the Editors to the gratitude and zealous co-operation of all legally qualified and regular practitioners belonging to the profession."—"Lancet," Oct. 9, 1852, p. 342.

From this date, Oct. 9, 1852, to the present, all denunciations against the homeopaths have ceased in the 'Lancet.' And lo, gentle reader! you will be astounded—no, you will not be astounded to hear, that the NAMES, ADDRESSES, AND QUALIFICATIONS OF ALL THE HOMŒOPATHIC QUACKS, SCOUNDRELS, ROGUES, *et id genus omne*, APPEAR SIDE BY SIDE WITH YOUR OWN HONOURABLE SELVES IN THE 'BRITISH MEDICAL DIRECTORY'!!!

And now it remains to be seen how far the members of a noble and honourable profession will uphold an undertaking commenced under false pretences, and carried through with such mendacity and deceit, to the detriment of another which has won universal approval by its integrity and care for the best interests of the profession. An injunction, as you have informed us, will, at any moment, stop the sale of the 'British Medical Directory,' for it is a mere reprint of the 'London and Provincial Medical Directory,' errors and all; but before any such step is taken, it is better that it should be seen by the profession to what meanness and subterfuge the editor of the 'Lancet' can descend.

#### BRITISH MEDICAL DIRECTORY.

To the Editor of the 'Medical Circular.'

SIR,—That ours is a grossly ill-used, ill-paid, much enduring Profession, is a fact that unhappily has become a truism; but never has it been more grossly insulted than in the affair of the 'British Medical Directory,' a publication brought before the public ON FALSE PRETENCES, and whose contents are a compound of piracy and error. This pseudo 'Directory' was foisted on the Profession by the pretence that the names of Homœopathic Practitioners should be omitted. Why I know not, as it would seem that all duly qualified men should be included, whatever their opinions; but in this case the Editor of the 'Lancet' was to sit in judgment and write up or write down, as it pleased him, besides this all mention of Degrees conferred by Foreign Universities were impure in the eyes of Mr Thos. Wakley. After months of delay the abortion came to light, and I may venture to say that no Medical man opened it but knew that this miserable and piratical publication was the grossest insult to the *common sense* of the Profession that ever issued from the press. *All qualified Homœopathic Practitioners ARE included*, as well as *all degrees Medical or otherwise*, miserable enough, some of them, and veal enough, Heaven knows. Surely, sir, you will not tamely sit by and see your well-established 'Directory' set aside by this trashy book, with which I shall surely light the fire as far as my copy is concerned. In standing up for your own rights you will be also advocating the rights of an insulted Profession.—I am, Sir, yours obediently,

ONE OF THE INSULTED.

March 3rd, 1853.

#### DR WRIGHT IN ANSWER TO DR NELSON.

To the Editor of the 'Medical Circular.'

SIR,—In your journal of March 2nd, I find a letter, having especial reference to myself, signed D. Nelson.

If I thought that the individual in question were as well known to the profession in general, as he is to the profession and public of Birmingham in particular, I should take not the slightest notice of his communication. A few weeks ago, he inserted a similar something in a local newspaper, and I looked upon it with a smile. For a long time past, this unhappy man has had a strange infatuation concerning me. About twelve months ago, he fancied that I was not my actual self—that I was somebody else—and that the man really possessing my name, who graduated at Edinburgh, in 1840, was "looming at some immeasurable distance," and that I was only his shadow. At last he doubted whether the existence of a Dr Samuel Wright, properly so called, were in serious truth a matter of fact. He wrote to a dear friend of mine in Yorkshire, my fellow-student, graduate, and gold medallist, to know whether



any other Dr Wright than himself studied at Edinburgh, and took prizes, and such like.

This foible failing, he commenced attacking a few of my designations, and has cherished this last eccentricity until the present time. I nothing heeded these triflings, until he addressed a distinguished institution with which I have the honour to be connected. Though my diplomas, &c., had been seen by scores of people, I chose, under the circumstances, to submit them to the scrutiny of a number of gentlemen selected from the magistracy, clergy, and medical and legal professions. The affirmation of these parties, with various documents, I duly placed before the governing body of the institution, who not only pronounced upon them in one voice of confidence and satisfaction, but also expressed the opinion that I had given myself very unnecessary trouble. The deliberative and discriminative acceptance of these proofs by a body of intelligent gentlemen, I thought quite sufficient for the object I had in view, and I think so still. If you would wish for references beyond myself, I shall be happy to furnish you with them.

I beg you distinctly to understand, that as this is the first time I have ever replied publicly to these attacks upon me, it will also be the last.

I have the honour to be,

Your obedient servant,

SAMUEL WRIGHT, M.D.

38, Waterloo Street, Birmingham, March 7th, 1853.

## MEDICAL NOTES AND QUERIES.

### REPLY.

THE PULSE.—A query is inserted in your Number of last week regarding the pulse, and considering the question pertinent, I beg to offer a few remarks on a subject to my mind of the greatest importance. The first known author who wrote of the Pulse was Hippocrates, but previous to this, traces are found of the pulse and its indications in the very ancient histories of India and China. After Hippocrates, Praxagoras gave a lengthy account of the pulse, and in the year A. C. 324, Philalethes distinctly mentions the systole and diastole of the heart's action. The learned Celsus alludes to it in his third book, but places little reliance upon it. In the second century, Galen appeared, and attached much importance to it, as a prognostication of organic lesion, but his explanation of the cause of the pulse (viz. *pneuma* or air) has long since been exploded. The celebrated and immortal Harvey, in the reign of the Second Charles, by his discovery, laid a solid basis for the science of medicine, and the *Ars Sphygmica* now happily continues an object of anxious inquiry. Yours, &c.,

THOMAS BROWN.

Castle Donnington, February 24, 1853.

## MEDICAL SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

#### ANNIVERSARY MEETING.

The anniversary meeting of the Society was held on Tuesday, March 1, at 4 p.m., the President, Mr Hodgson, F.R.S., in the chair.

Before the officers and members of the Council were balloted for, Dr Connor inquired whether any rule existed by which any gentleman admitted as Fellow of the Society was debarred from attaining in due course the honours of office, and from holding those appointments which were justly esteemed to confer distinction on their recipients. He asked this question, because he saw by the balloting list that a distinguished Fellow of the Society had been passed over in the selection of Councillors for the ensuing year, apparently without just cause.

The President observed, that none were eligible to sit in the Council of the Society unless they possessed an English

qualification. The gentlemen whose names were on the balloting list had been selected by the Council as being best fitted to administer the affairs of the Society; it was, however, in the power of any member to vote against them, and, if any of them were rejected, the Society must, of course, set forward others. He certainly considered that there were some Fellows who, for many reasons, were not exactly adapted to discharge the duties which a share in the management of the Society entailed, and he thought the duty of selecting officers might be wisely left to the Council, as heretofore.

The balloting then commenced, and continued for an hour, at the conclusion of which the box was closed. After the scrutiny, the following gentlemen were declared duly elected to fill the offices of the Society:—President: Dr Copland, F.R.S. Vice-Presidents: Drs Alderson and Barker, Mr Martin Ware and Mr Benjamin Phillips. Treasurers: Dr Nairne, and Mr Richard Quain, F.R.S. Secretaries: Dr William Basham and Mr Holmes Coote. Librarians: Dr Pitman and Mr James Dixon. As other members of the Council: Dr Addison, F.R.S., Dr Balfour, Dr Child, Dr Chowne, Dr Crawford, Mr Bowman, F.R.S., Mr French, Mr Ranald Martin, F.R.S., Mr Stanley, F.R.S., and Mr Tatum.

While the balloting was going on, the reports concerning the state and prospects of the Society and its financial circumstances were read, adopted, and ordered to be circulated. The receipts during the past year amounted to 1,626*l.* 1*s.* 1*d.*; and the disbursements to 1,382*l.*, and a few shillings. More than 200*l.* had been invested by the Treasurer in Government Securities; and the Society was declared to be quite free from debt, and in a highly prosperous condition. Upwards of ninety new Fellows had been admitted during the past year, and the volume which had been last published was stated to be larger than usual, and to form a valuable addition to the Transactions of the Society.

Prior to the adoption of the Report of the Council, Mr Charles Hawkins offered some observations on the present system of balloting for Fellows, which he said was objectionable, as, owing to the system of taking the candidates collectively, and voting for them in a mass, a gentleman might be black-balled unjustly, or admitted to the Fellowship of the Society without a satisfactory knowledge being possessed by the voters as to his suitability to acquire that distinction. He thought it would be much better to take the votes for each candidate individually, and suggested that the Council should be requested to take the matter into their consideration.

The question thus opened elicited some little discussion, in which Mr De Morgan, Mr Arnott, and Mr Richard Quain joined. It appeared that there was a by-law in the charter, which enacted, that four-fifths of the members present at any meeting must vote in favour of a candidate to ensure his admission; so that, as Mr De Morgan remarked, not voting at all was tantamount to black-balling. It was at length decided to refer the matter to the consideration of the Council, the prevailing opinion appearing to be, that, under their auspices, the existing system might be modified with advantage.

The President congratulated the Fellows on the flourishing condition of the Society, and said, it was a source of great gratification to him, when relinquishing the Presidential chair, to feel that the Society had, in every respect, maintained its high position, and that its affairs presented an aspect as favourable as when he first assumed the honourable duties of his office. The President then passed in successive review the career of those eminent Fellows of the Society who had been removed by death during the period of his office, including Mr Vincent, Mr John Dalrymple, Mr Herbert Mayo, and Dr George Gregory, Dr Bruce, Dr Pereira, Dr John Taylor, and Dr Merriman.

Dr Mayo proposed, and Mr Stanley seconded, that the thanks of the Society should be accorded to Mr Hodgson, for the ability and zeal with which he has presided over the affairs of the Society during the two years of his presidency.

The proposition was carried with unanimous approbation.



Mr Hodgson thanked the Fellows most sincerely for the kind approbation expressed by them for his exertions on behalf of the Society, and observed, in allusion to the origin of Medical Societies, and the purposes for which they were instituted, that the first Medical Society having objects similar to their own, was founded at Bologna in the commencement of the eighteenth century. He then referred to the establishment of the Academy of Medicine and Surgery in Paris, and remarked, that the "Transactions published yearly by the Royal Medical and Chirurgical Society," were superior to any that emanated from similar societies on the Continent, both as regarded practical value and the services which they rendered to humanity. Other English societies, it was true, had been founded before the one whose presidential chair he was now on the point of resigning, but none were at all equal to it, either in the grandeur of their objects, or in the success and ability with which those objects were accomplished. It was a great satisfaction to him, in quitting the chair, to feel that it was to be filled by so excellent a physician, and so eminently scientific a man as Dr Copland,—a gentleman who would be able to do more for the welfare of the Society than he himself had been able to accomplish.

Thanks were unanimously voted to the Secretaries and to the retiring members of the Council, after which the Society adjourned.

## PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—FEB. 25, 1853.

### THE ARMY ESTIMATES.

On the motion, in Committee of Supply, that a sum not exceeding 162,897*l.* be granted to her Majesty to defray the charges for staff officers, hospitals, and expenses of the medical department,

Sir DE LACY EVANS said: I am anxious to call the attention of the Right Honourable gentleman, the Secretary at War, for a moment to a notice which I have placed upon the paper in reference to a subject connected with this vote. My object is, as I have stated in the notice, to solicit the Right Hon. gentleman's consideration to the expediency, the ultimate economy, and the very small present outlay, which would be required for the purpose of doing that for the medical department of our medical service, which is done in Edinburgh; that is, of instituting a lectureship, or professorship of military surgery, in the King's College, or in one of the medical schools in London; and a similar establishment in the University, or College of Surgeons, in Dublin. In Edinburgh there has been such a professorship of military surgery established since the year 1806, I believe; and it is certainly of equal importance that we should have a similar one in the other two capitals, where the medical schools, from which a very large proportion of the medical officers of the service are obtained, exist. The civil hospitals indeed are excellent in this Metropolis. But no tuition can be expected in them regarding the cure of diseases more peculiarly incident to armies in the field, and still less regarding what is of still more consequence—namely, the prevention of diseases in the camp, the bivouac, under the tropics, &c. It has been acknowledged by the highest authorities in the army, that the lectures given by the distinguished Professor, Sir G. Ballingall, in the College of Edinburgh, have been of the greatest benefit to the medical service of the army. (Hear.) I am not sure out of what source the expense of that Professorship is defrayed; whether out of the College funds, or by a grant from the Government. I do not, however, find any reference to it in these estimates. Be that as it may, what I wish to urge upon the Right Hon. gentleman is, that a very small pecuniary allowance annually by the Government would be sufficient for the establishment of similar Professorships in London and Dublin, which at the same time I may say I should not have thought of suggesting, were it not for the representations which have been made on the subject by four or five of the most eminent medical officers in the army,

amongst which I may mention the names of Sir James M'Grigor, Mr Guthrie, Sir George Ballingall, and Mr Martin, a distinguished officer of the medical staff of the Indian army. As regards the expense, as I have said, it would be trifling,—not greater, perhaps, than the salary of a tide-waiter in the Customs; in fact, when compared with the advantages which would result, the cost of these professorships would be so small as to be unworthy of a moment's attention. (Hear, hear.) Another object which, as I have stated in my notice, I wish to bring under the Right Hon. gentleman's consideration, is the desirability of removing to the metropolis the museum of anatomical preparations, in reference to the diseases of foreign climates, which is now in Fort Pitt, at Chatham, where it is comparatively useless, being inaccessible to medical students who are studying in London for the medical service of the army and navy. The Right Hon. gentleman and the Committee will readily understand how desirable it is, that that museum should be transferred to some fitting place in the metropolis, where there are medical schools and duly qualified professors and lecturers, by whom the various objects in that museum might be illustrated and explained. That such lectures are deemed requisite for the instruction of the medical students is proved by the fact, that Mr Guthrie, one of our most celebrated military surgeons, has given several courses of them in this metropolis, notwithstanding his limited time for doing so, by reason of his great private practice. A gentleman, also in private practice in Dublin, Mr Tuffnell, is now in the same manner endeavouring to assist the students in that city. But what I contend is, that these lectures, which are necessary to qualify, more especially, army and navy surgeons, ought to be given in a complete and consecutive manner, and at the expense of the Government. (Hear, hear.) I believe I am correct in saying, that there is no other Government in Europe which does not provide medical schools for the instruction of the medical staff of its army; and yet this country, which is so deeply interested in the subject, and whose armaments are in every region and climate of the world, has hitherto been wholly negligent in regard to it: and hence the calamitous results, in the enormous loss of life our military services have on various occasions experienced during past wars. The Right Hon. gentleman has referred to the health of the British army during the last year, and has shown that, with a few exceptions, in most of our military stations the rate of mortality has considerably decreased as compared with the average of previous years. Now, although I think the result of one year is not to be relied upon altogether, there can be no doubt that a great improvement has been going on in the sanitary condition of the people, military as well as civil, and that the Government have of late years directed their attention with advantage to sanitary matters generally. (Hear, hear.) But I still say, that, for want of that instruction, which ought to be given by the Government to the medical officers of the army, the country has on various occasions suffered severe loss, both in money and life. (Hear.) In India and China the mortality in our army, consequent upon diseases incident to the climate, have, in some instances, been enormous. At Walcheren, the indifference of the Government, and the consequent deficiencies of professional measures of prevention, were certainly more conspicuous and calamitous than we have any reason to apprehend at the present time. Ten thousand men died in hospital during that short operation, and more than half the remainder were rendered inefficient, and this was certainly one of the causes of the total failure of an expedition which cost an almost incredible sum—many millions. In the last Burmese war, to which the Right Hon. gentleman has alluded, for want of proper precautions on the part of the Government, and of necessary means on the part of the medical staff, the mortality from disease was more—enormously greater—than the loss in the field, in the proportion of twelve to one. We are informed that, to a great extent, this unnecessary and grievous sacrifice of life has been avoided in the present war by the judicious precautions of the Governor-General of



India. But recent accounts, I regret to hear, seem to diminish our ground for congratulation on this head in regard to that contest. But even when we look to the results in the great Peninsular War, we shall find similar cases producing similar lamentable effects, which might at all events have been greatly alleviated. The historian, Napier, comments on this topic in strong terms; and, although that army was probably the ablest commanded, and most abundantly supplied of any that we have ever had in the field, the sick list numbered, at half a dozen different periods, as many as from 12,000 to 17,000 men. Then the sanitary state of our barracks has been much neglected, and I was glad to hear my hon. friend the member for Montrose express the opinions he has done to-night on that subject. The accommodation provided for the troops in many of the barracks is wholly insufficient, too little care being taken for their comfort, their health, and even the feelings of decency, especially respecting the marine soldiers, inadequately regarded. My hon. friend (Mr Hume) has quoted an instance in the barracks at Plymouth; and in his appeal to the Government, to make an exertion to remove the defects of which he has complained, I heartily concur. I know of no more important object for those who have the management of our military forces, than the sanitary condition of the troops. The garrison of Jamaica, we are informed, is at this moment suffering more severely. For forty or fifty years the necessity of adopting measures of precaution in that island was pressed upon succeeding Governments, and particularly, but in vain, by the most eminent professional man of that day, Dr Robert Jackson. (Hear.) Undoubtedly a great improvement has taken place lately in Jamaica, in regard to the locality of the barracks. But that amelioration is, I am sorry to say, in no way due to the oversight or true economy of the home Government. It is solely attributable to the enlightened and generous determination of the late Lord Metcalfe, when governor, to effect the improvement, even at his own pecuniary risk, and for which, instead of receiving the thanks, he incurred the censure of the Treasury of that day. A consequence is, that instead of the present heavy loss of forty-five in the thousand for the last year, judging by the past, the casualties would now be in a far greater proportion than they are,—probably 140, as formerly. What, I want is, that the medical officers of the army and navy should have such instructions during their studentship as are necessary for the guidance when called upon to take charge of the health of troops at home or abroad. (Hear, hear.) I am aware it may be said, that no man can be appointed until he has passed a medical examination; but it is well known that a system of cramming exists, by means of which students are enabled to pass that ordeal, though they may possess but little solid information. Under the existing system, it would really seem that the Government were more careful of the health of the horses of the army than of the men; for there is a Professor to instruct those who have the care of the horses of the artillery and the cavalry, though none seems deemed necessary for our soldiers and seamen. On the ground of good feeling towards the army and navy, if on no other, I do think some assurance should be given by the Government, that the matter to which I have drawn their attention shall be considered. (Hear, hear.) I could enter into the subject at much greater length, did I think it necessary to do so; but I will not trouble the House further. I hope I have said sufficient to induce my Right Hon. friend to turn his attention to the matter; and that he will not overlook those many details which bear upon it, and show the importance of dealing with it, even upon a more liberal scale than I have suggested—(hear, hear)—and I trust the result will be the speedy establishment of a real and efficient school of instruction, together with the transference of the museum to which I have alluded to some suitable place in London, where it may be accessible, and thus contribute to the advancement of science. (Hear.) When it is considered that the British army and navy in all parts of the world, including those of India, number not less than about half a million,

and that about a million patients are treated in the hospitals, on an average, in the course of the year, it will be seen that it is essential on grounds of economy, for efficiency, for success in war, and even on the score of humanity, that every due opportunity for instruction should be given, to qualify officers who are to be charged with the performance of such important duties. (Cheers.) There is one point I have omitted. I should have stated, that so great is the anxiety with which the chief medical officers themselves regard that part of the subject respecting the removal of the museum, that they have entered into a subscription for the purpose of carrying out the object to which I have drawn the Right Hon. gentleman's attention. This subscription, however, which their disinterested public zeal has induced them to attempt, has, as might be expected, proved wholly inadequate, for this profession is far from affluent. But it is not, in truth, a professional question—it is a Government and a soldier's question!

### Obituary.

February 8.—JAMES EDWARD NEWELL, Esq., surgeon, at Bridgenorth, Salop, after a long and painful illness, aged 37.

14.—FREDERICK THOMAS WINTLE, M.R.C.P. 1842; M.R.C.S. Eng. 1833; L.S.A. 1828; at Headington Hill, near Oxford, aged 50. The deceased was Resident Physician to the Warneford Hospital, and a Fellow of the Linnean Society; and contributed papers to the 'Lancet' "On Depletives" in 1845, "On Arsenic," 1846.

18.—JOHN WRIGHT, Esq., M.R.C.S. Eng., and L.S.A., at High Pavement, Nottingham; after a long and painful illness, aged 50. The deceased was the eldest brother of Dr Samuel Wright, of Birmingham.

19.—JAMES FARISH, M.R.C.S. Eng., 1829; F.R.C.S. (Hon.) 1843; also A.B. and M.B. Trinity College, Cambridge; at his residence, 8 Lancaster place, Waterloo bridge. The deceased was the eldest son of the late Professor Farish of Cambridge, whose mathematical ability, and intimate acquaintance with the laws of physics and their practical application, were possessed by his son. After graduating in arts at Cambridge, he completed his surgical education at St Bartholomew's Hospital, acting as dresser to Mr Lawrence, and subsequently as his house-surgeon. He afterwards obtained a highly respectable practice in London. He was one of those who paid as much attention and care to the poorest as to the highest. Dr Farish was an exact classical scholar, and a deep mathematical one. He was well read, and of large general information; his mind was clear, discriminating, and argumentative. He was the intimate friend of many distinguished scholars and men of note. But the highest parts of his character were his delicate conscientiousness, his *incorrupta fides*, his *nuda veritas*; and a warm heart tempered the natural sternness and self-reliance of his character. His last illness was long, and some of its symptoms very distressing; but he bore it with fortitude, and looked forward to its termination with a serenity founded on Christian faith. He was a close and critical student of the Bible; and his religion was not merely speculative, but was firmly founded on the careful study and constant practice of its duties.

W. T. C. ROBINSON, Esq., Surgeon-Major, at Uckfield, Sussex, aged 38.

20.—SAMUEL McCULLOCH, Esq., M.R.C.S. Eng., 1812; at his residence 120 Duke street, Liverpool. The deceased was late senior surgeon to the Liverpool Dispensary, and Consulting Surgeon to the Liverpool Fever and Workhouse Hospitals; Corresponding Fellow of the Medical Society of London, and Member of the Royal Physical Society, Edinburgh. In his youth, Mr McCulloch served in Spain, in the Duke of Wellington's army, as Assistant-staff-surgeon to the Royal Horse Artillery, and afterwards with the army on the Canadian frontier. After the close of the war, he practised as a surgeon at Liverpool, where his honourable and amiable



character and his professional skill secured him the respect and sincere regard of all who knew him. He died, after a few days' illness, of a disease of the lungs, produced by exposure to the weather in the course of his professional duties.

20.—WILLIAM ROBSON, M.D., at Edinburgh, late Physician to the Forces. Dr Robson entered the service in March 1805, and served in the Peninsula from Dec. 1811 to the end of the war in 1814, and received the war medal with one clasp for Badajoz.

21.—RICHARD PACK, L.R.C.S. Ireland, 1847; A.B., 1845; M.B., 1848, Trinity College, Dublin; at Kilmoganny, co. Kilkenny, Ireland. Dr Pack held the office of Accoucheur to the Combe Lying-in-Hospital, Dublin, in 1848; Surgeon to the Kilmoganny Dispensary, and was a member of the Kilkenny Literary and Scientific Institution.

EDWARD PACKER CHARLESWORTH, M.D. Edin., at Lincoln, aged 72. Dr Charlesworth was the Senior Physician to the County Hospital, to the Lincoln Lunatic Asylum, and to the General Dispensary; author of "Remarks on the Treatment of the Insane," 1828.

23.—RICHARD MARWOOD, Esq., Surgeon, at Mount Pleasant, Liverpool, aged 69.

25.—JOHN INNES POCOCK, junior, Esq., at Exeter, aged 34. Mr Pocock was educated at St George's Hospital, and practised some few years at Winchelsea, until repeated attacks of intermittent fever and ague, compelled him to change his residence, in the hope that in leaving the neighbourhood of the Romney marsh, his health would be restored. His malady, however, continued to increase, and upon it supervened an asarea of the extremities. Being advised again to try change of air, he removed to Exeter, which place had benefited him some years previous. He did not, however, place himself under medical treatment until within three days of his death, when a violent hæmorrhagic discharge took place from his bowels, from the effects of which he did not rally.

GEORGE STEED, M.D., Edinburgh, 1825; M.R.C.S., Eng., 1803, at Portland place, Southampton. Dr Steed was born at Oxford, and, after his medical education, entered the army, in which he served twenty-one years; was in the Peninsular war, and at Waterloo. On his marriage, he retired from the service, and had practised as a physician for the last twenty years, though he never appears to have had a large practice. He was the senior physician to the Royal South Hants Infirmary, from the time of its establishment; but of late he differed from his colleagues, concerning its management, considering it was conducted in too exclusive a spirit.

26.—GEORGE JAMES GORDON, Esq., at Elizabeth terrace, Westbourne-park road, aged sixty-seven. Formerly of the Bengal Medical Service.

27.—EDWARD BRYANT, Esq., M.R.C.S. Eng., 1801, at his residence, 44 Acacia road, St John's wood, aged 76.

Lately.—MATHESON, M.D., of the Madras Establishment, whilst proceeding to Bangalore.

FREDERICK ROBERT MANSON, M.D. London, 1844; M.B., 1843; M.R.C.S. Eng., 1843; L.R.C.P., 1847; at his residence, 33 Park street, Grosvenor square, aged 32. The deceased was the Senior Physician to the "Northern" and Physician Accoucheur to the "Royal Pimlico" Dispensaries. He was also the late Lecturer on Medical Jurisprudence, and co-Lecturer on Midwifery and Diseases of Children at the Hunterian School of Medicine; formerly Senior Physician to the Farringdon Dispensary; Fellow of the Medical Society of London; Corresponding Member of the Chirurgical Academy of Madrid. Dr Manson died from the effects of a poisoned wound, received in the exercise of his duty at the Royal Pimlico Dispensary.

THE CAFFRE WAR.—The following is an extract from His Excellency the Commander of the Forces, in acknowledging the services of the military in a late engagement with the Basutas:—"To the medical officers—Dr Booth, surgeon 73rd Regiment; Dr George, assistant-surgeon 12th Laneers; and Staff-Assistant-Surgeon Dr Campbell—His Excellency's thanks are due for the care of the wounded."

## MEDICAL NEWS.

THE LEVEE.—The following presentations took place on Wednesday:—Dr Charlton, surgeon, R.N. on return from foreign service, by Sir Wm. Burnett; Dr Holland, on his appointment as Physician in Ordinary to Her Majesty, by the Earl of Aberdeen; Assistant-Surgeon H. James, on his appointment to the Royal London Militia, by Col. Wm. Thompson, M.P. Among the general circle there were present Sir Charles Aldis, Drs. Richard Bright, James Millar, — Gillkrest, R. B. Todd, and W. H. Ashley; and Mr White Cooper, and Mr G. Borlase Childs.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 24th February, 1853:—William Carter Catterick, Yorkshire; John Whittaker Hulke, Deal; Richard Leack, Lancaster; William Henry Moor, Durham; Samuel Staniland, Leeds.

THE NAVAL ASSISTANT-SURGEONS.—The 'United Service Gazette' says, that "Sir William Burnett has not two eligible candidates on his list."

APPOINTMENTS.—Mr J. D. Cleaton, house-surgeon to the County Asylum at Lancaster, has been appointed medical superintendent of the Lancashire New County Asylum at Rainhill, near Liverpool.—Mr J. Wickham Barnes, late house-surgeon to the Royal Westminster Ophthalmic Hospital, has been appointed house-surgeon to the Kent County Ophthalmic Hospital at Maidstone, in the place of Mr Benjamin Hunt, resigned.

SEAMEN'S HOSPITAL.—The number of patients admitted on board the *Dreadnought* during the past year was 2,316, and those supplied with medical assistance and stores, as out-patients, amounted to 1,554, making a total of 3,870. A sum of 136*l.* was received by means of the subscription-boxes which were placed under the care of the shipping masters appointed under the Mercantile Marine Act, which sum was the more valuable as being contributed chiefly by seamen themselves. The society received three legacies during the year—300*l.* from Mr Benjamin Hill, 100*l.* from Mr Bouher, and 10*l.* from Lady Colville. The number of men received into the hospital, including those of the year just passed, was 67,903. There were under cure or convalescent, on the 31st of January last, 159. Of the 2,316 admitted in the last year, there were discharged cured 1,653; convalescent 181, relieved 88, not cured 16, deaths 75. The patients of different nations received were in the following proportion:—Englishmen, 39,784; Scotchmen, 8,199; Irishmen, 6,035; Frenchmen, 249; Germans, 913; Russians, 871; Prussians, 1,346; Dutchmen, 233; Danes, 907; Swedes and Norwegians, 2,299; Italians, 639; Portuguese, 520; Spaniards, 313; East Indians, 1,142; West Indians, 1,167; British Americans, 918; United States, 1,322; South Americans, 149; Africans, 391; Turks, 16; Greeks, 64; New Zealanders, 35; New South Wales, 36; South Sea Islanders, 226; Chinese, 42; born at sea, 137; total, 67,903. In what service employed:—Her Majesty's navy, 3,215; Hon. East India Company's service, 1,798; merchant vessels of different nations, 62,890; total, 67,903. The receipts for the year amounted to 8,135*l.* 14*s.* 11*d.*; and the expenditure to 7,716*l.* 11*s.* 4*d.*; leaving a balance of 419*l.* 3*s.* 7*d.*

PENSIONS.—Indian Army.—Surgeon Robert Davidson, of the Madras Medical Establishment, has been permitted to retire from the service of the East Indian Company, on the pension of his rank, 700*l.* per annum, dating from the 31st of December last. Large annuities on the Madras Medical Fund were granted on the 14th of January, this year, to Physician-General R. Davidson, Surgeon R. Wright, M.D., and Dr H. C. Ludlow (a retired member on a small annuity), and the established small annuity to Mr J. Gill (a retired surgeon), and the liberated small annuity to Veterinary-Surgeon T. Hagger.

A TENDER CONSCIENCE.—The Chancellor of the Exchequer has received the sum of 0*l.* 0*s.* 0*d.* from M.R.C.S., for arrears of income-tax.—'Punch.'



**THE ADMIRALTY AND THE ASSISTANT-SURGEONS.**—The 'United Service Gazette' has the following:—"A case has come under our notice, which seems to indicate that a departure from the Admiralty Memorandum, which declares that assistant-surgeons shall be provided with cabins, has been determined upon. As we do not intend to deal in innuendoes, we shall at once lay the case before our readers. If our statements can be disproved, so much the better, not only for the Graham Board but for the Service, the efficiency of which can never, by any possibility, be ensured, so long as high medical talent is discountenanced among the medical officers. The facts to which we refer are briefly these:—Her Majesty's steam-frigate *Desperate*, Captain William Wylly Chambers, was commissioned in December last at Devonport. In due time an assistant-surgeon, who had passed the examination qualifying him for the rank of surgeon, was appointed to that ship, and who, being entitled, under the regulations in force, to ward-room accommodation, naturally expected a cabin. Finding no such desirable comfort provided, he made an application, through the ordinary official channels, to be furnished with one; and on his letter reaching the Commander-in-Chief, the Dockyard authorities were ordered to report upon it, and to state whether the requisite space could be found without detriment to the ship's-company, etc. The result was a report (in which Captain Chambers fully concurred) to the effect that a cabin might be constructed without the slightest inconvenience to the public service. It being, however, necessary to put the question before the Admiralty before carrying the plan into force, the momentous affair was duly brought under their Lordships' consideration. The result was that the request of the young doctor received a decided negative. It is possible the First Lord (who will, as a matter of course, be held responsible by the profession for the acts of his colleagues as well as for his own), may be in ignorance of the rights of the case, and we therefore beg to call his attention particularly to the 'Admiralty Circular in question, dated 'July 17th, 1850,' in which he will meet with the following passage: 'First class assistant-surgeons are to be entitled to cabins where space and accommodation will permit!' If he considers it wrong, let another memorandum be promulgated, declaring the accommodation from henceforth abolished, and assistant-surgeons and others will know what to expect."

**MUNIFICENT GIFTS TO MEDICAL INSTITUTIONS BY M. ORFILA.**—M. Orfila has just read the following letter before the Academy of Paris:—"I do not wait, as is generally the rule, till death has removed me from among you, to assign the sum of 4,800*l.* to different public establishments. I have two reasons for acting thus: first, because it is of some importance that the institutions to which I refer should as soon

which have fixed my attention all through life. I have thus no other ambition but that of serving a science to which I have always remained faithful, without allowing myself to be led astray by politics. I give to the Preparatory Schools of Bordeaux and Angers, 40*l.* to the former, and 88*l.* to the latter, to show how I approve of this kind of schools, which were organized upon a proposal of mine. To the Benevolent Medical Association of the Department of Seine, I give 16*l.* a year, in proof of the high estimation in which I hold this society, which I am proud of having founded in 1833." M. Orfila mentioned various other acts of kindness and benevolence of smaller importance, and received at the end of his discourse the hearty and unanimous applause of the members present. The Academy have decided that thanks should be tendered to M. Orfila by a deputation; and the medical press are calling a meeting for the same purpose.

**THE FIRST PHYSICIAN AND CHIEF PHARMACIEN OF THE EMPEROR OF THE FRENCH.**—The personal history of Dr Conneau, who is now First Physician of the Emperor of the French, is well known in this country, as that gentleman was for several years in practice in this metropolis. He has been all his life in the family of the present Emperor, and attended the latter's mother, Queen Hortensia. He followed Louis Napoleon in all his hazardous expeditions, and was finally allowed to share his captivity at Ham castle. The Emperor's attachment and esteem for Dr Conneau have lately been rendered manifest by the appointment to which we have alluded, and we mention this act of constancy and gratitude of the Emperor towards a member of our profession with no small degree of pleasure, as exalted persons are not always grateful. Dr Conneau has lately given a proof of his good taste and high sense of propriety, in writing to the Academy of Medicine, that he did not mean to avail himself of the right he has just acquired as First Physician of the Emperor, to take his seat in the Academy as honorary President. This right is to be traced to the foundation of the Academy in 1820,

the reasons which have induced me to give the preference to certain institutions over others; it will be sufficient for me to state, that by giving 2,400*l.* to government for the completion of the museum which bears my name, it is my intention to endow France with a scientific collection which will be unparalleled, and also to afford students in medicine a new proof of the sympathy and good-will with which I have always regarded them. I am also anxious to show them how grateful I feel for the very flattering attention they invariably have given to my lectures for the last thirty-four years. I am anxious for this reason, that no misapprehension should exist regarding my motives, and have directed the following inscription to be placed over the principal entrance to the museum:—'*To Students in Medicine.*—I founded this Museum, in 1845, for promoting medical studies, and solely to be useful to yourselves.—ORFILA.' I have thought it right to found a small annuity in favour of the keeper, who has always rigidly attended to his duties. I also institute two prizes, one to be given by the Academy of Medicine (80*l.*) the other by the School of Pharmacy (40*l.*) on subjects

Professorship of Physiology. Appointed to the chair in 1850, this gentleman has long been regarded as one of the main props of the medical school, and doubtless would have remained so, did not the increasing cares of a very large private practice demand almost all his time and attention. The Council of King's College are, however, to be congratulated, inasmuch as Dr Todd will continue to hold his appointment as Physician to the hospital connected with this school, and will continue to give clinical instruction. As a matter of course, Mr Bowman, who for the past three or four years has held the professorship jointly with Dr Todd, will be offered the vacant chair. There is a rumour, however, for the truth of which we cannot vouch, that this gentleman's time is so fully occupied, that it is very doubtful whether he will accept the appointment, or whether he will even retain the post he now holds. Should such prove the case, a vacancy will occur, to fill which the best physiologist in the country may aspire.

**KESWICK.**—The Public Health Act is just about to be applied to the town of Keswick. Tourists may now hope for healthy lodgings and hotels, as well as healthy mountain breezes, in this lovely lake land. Truly not before it was full time.

**SMALL-POX AND VACCINATION HOSPITAL.**—Dr Munk, Physician to the Royal Infirmary for Diseases of the Chest, has been just elected Physician to the Small-pox Hospital, in the room of the late Dr Gregory.



MARRION AND MAITLAND'S PATENT RESILIENT BODICE AND CORSALETTI DI MEDICI, 54 Connaught terrace, Hyde Park.—It affords us pleasure to observe the goodly array of our Medical brethren who have borne testimony in favour of the above useful invention. The evil effects of tight lacing in the ordinary inflexible corsets ought to be known in every family, as it lays the foundation of numerous diseases and annually robs us of many of the flowers of our land. A healthy state of the internal economy depends as much on the free action of all the internal organs as on exercise, air, &c., and it is well known that the ordinary mode of encasement is highly destructive to health, grace, and beauty. We gladly, therefore, join in calling the attention of our readers to the simple, at the same time sufficient, support afforded by the beautifully elastic corset of Marrion and Maitland, than which we conceive nothing can be more desirable or complete.

### NOTICES TO CORRESPONDENTS.

- M.D. (A Subscriber). We reported Mr Hunt's observations relating to the Furunculoid epidemic in our last volume. Dr Schweich, some five or six years ago, prescribed arsenic for the cure of furunculus with success. His plan of administering the remedy was, to give four drops of Fowler's solution morning and afternoon, until a drachm had been taken; then five drops till the same quantity had been administered; afterwards six drops, and so on, in the same manner, as might seem necessary. Acne was cured by the same means.
- M.D. (Lond.).—We have heard nothing of the nature stated, and doubt if the change will be effected.
- ONE IN DOUBT.—The candidate cannot be more than twenty-six years of age, and must be unmarried.
- J.B.—We do not think your criticism quite just. We highly approve of Dr Holland's appointment. You have made a mistake with respect to John Hunter. He was Surgeon Extraordinary to the King.
- ALPHA.—The mere suggestion of a possible action carries little weight. The credit of Drs Bridge and Waller is unaffected by the quotation sent.
- L.A.C.—The individual so practising is liable to an action.

Fellows of good repute; always provided there be nothing against the character of said postulant.

Enacting, That no General Practitioners shall sell Drugs, or compound Prescriptions, except for his own Patients.

Enacting, That no Druggist shall prescribe in any case, under pain of forfeiting 50*l*. on proof of same. Such penalty to be recovered in County Courts.

By such a Bill a well-educated class of Medical men will be created.

The Matriculation Examination necessary previous to the obtaining the degree of Bachelor of Medicine will be quite sufficient to ensure a proper preliminary education.

I have the honour to be, Sir,

Your most obedient Servant,  
FRANCIS CLARKE.

To the Right Hon. Sir George Grey, Bart., &c.

MR J. COCKLE.—We shall be happy to publish the papers.

A PUPIL.—The passage out costs about one hundred pounds. Enquire of a shipbroker.

MR BOWNESS.—The writer of the articles on the "Anatomy of Quackery," when treating of "Locock's Wafers," intimated that Dr Locock had disavowed the quackery. An improper use has been made of that gentleman's name, but the public either don't know or don't care. They like playing with poison, as moths love to gyrate round the flame of a candle: if they suffer it is their own fault. The quack compositions named will be noticed.

B.W. (Islington).—Mr Skey believes that venereal sores may be, and often are self-generated: that is, do not arise from a specific infection.

SENEX.—Though of age prior to the passing of the Act of 1815, you cannot be regarded as a legal practitioner, unless you were also actually in practice at that time.

MR BARNES.—It shall be attended to.

O.P.Q.—No.

A GENERAL PRACTITIONER.—We do not remember to have received your former communication. Our answers are, 1st: No. 2nd: Lobelia Inflata grows in the United States, and its action is similar to that of tobacco.

A STUDENT.—A gramme is rather more than fifteen grains avoirdupois.

L.S.A.—Formerly it was decided that a Licentiate of the Hall, practising in London, could not recover on the country certificate; but that decision has been overruled, and a Licentiate can now recover upon one certificate as well as the other.

MR JOHNSTONE.—The circumstance will be remembered. Your note has been handed to the publisher.

B.C.D.—By Post-office Order, payable at the Branch Post-office, Charing-cross.

MR GREEN.—We are much obliged to you for your communication, and should be glad to have some copy transmitted to us.

J.B. (R.N.).—Sir James Graham is the greatest administrator of his day, and if any civilian can carry the point against the prejudices and obstinacy of a few influential red tape men, he is the man, provided that he concur in the arrangement. We have no doubt that there is good feeling enough among a large number of Captains to adopt the alterations; but we regret to say that in one case lately, after the Captain had reported favourably to the bestowment of a separate cabin on his assistant-surgeon, the Board set aside the recommendation. We cannot understand this, unless it be intended to treat the legislature with rudeness. Your letter shall be kept in hand.

T.H.S.V.—1st: We cannot inform you. The 'Zoist' is the periodical organ of the mesmerists. 2nd: There is no settled system: each man charges according to his own fancy, or the fancy of his patients.

MR FRANCIS CLARKE.—Our correspondent has forwarded to us the following heads of a bill for medical reform, sent to Sir George Grey, two years ago; and we now publish it for the consideration of our readers.

14 Henrietta street, Cavendish square,  
January 17, 1851.

SIR,—The question of Medical Reform has been so long in abeyance, from the want of unanimity in the Profession, that it is high time the Government should take the affair into its own hands.

The objects to be attained by such Medical Reform are—To ensure a highly-educated class of Medical men, and to preserve the Public from ignorant pretenders.

These objects would be obtained by a Bill,

Enacting, That the future qualification for Medical General Practitioners shall be, the degree of Bachelor of Medicine, conferred by the London University, as a test of a competent acquaintance with the practice of Physic, Chemistry, and Pathology; the Diploma of the Royal College of Surgeons, as a test of a competent acquaintance with Anatomy, Surgery, and Midwifery.

Enacting, That all Medical men, practising as General Practitioners, shall be registered at an office in Somerset House for that purpose, and shall receive a Certificate of such Registration on payment of a fee of Five Guineas, unless they shall have been in practice previous to the coming into effect of said Bill, in which case they shall receive such Certificate on payment of a fee of One Guinea.

Enacting, That such Certificate shall be the only voucher of qualification required to be produced in Court of Justice, or Court for Recovery of Debts, and shall entitle such General Practitioner to recover debts at law.

Enacting, That all Members of the Royal College of Surgeons, of fifteen years' standing, shall be entitled to demand the Fellowship of said College, on being recommended for the same by two

### To the Editor of the 'Medical Circular.'

SIR,—Your correspondent, Dr Thomson, in the last number of the 'Circular,' gives an analysis of the sources from whence the various degrees held by London medical men are obtained; among the others he names Bavaria, and then enumerates Munich, &c. There is no University of Bavaria, par excellence; the three universities of that kingdom being, Munich, Erlangen, and Wurzburg.

Yours, &c.,

M.D.

March 3, 1853.

PARR'S LIFE PILLS.

### To the Editor of the 'Medical Circular.'

SIR,—Having read your exposé of the clever knaves who fabricated a will, which with their life pills they fathered on old Parr, it brought to my remembrance, that I was induced last October to call at T. Roberts and Co.'s counting house, or office, in Crane court, and inquired if I could be allowed to see the "will;" when I was told by the party there (a clerk I presume) that it was only to be produced under very extraordinary circumstances, and that the document in question was either in the hands of the proprietors, or their solicitor at Manchester.

I am, &c.,

A CONSTANT READER AND SUBSCRIBER.

February 26, 1853.



## The Medical Circular.

WEDNESDAY, MARCH 16, 1853.

### THE IMPORTANCE OF A CHAIR OF MILITARY SURGERY.

It is surprising that notwithstanding the immense sums annually voted by Parliament to maintain in a state of efficiency the armies and defences of the country, not a shilling should be paid from the public coffers in support of a Chair of Military Surgery. Our soldiers and officers are scrupulously drilled and disciplined; their natural dexterity quickened; their alertness and powers of endurance cultivated to the highest point; yet that special instruction and training required to adapt the surgeon to the peculiar exigencies of the service are neglected and despised. It is not because the Government have not been reminded of its importance that a Chair of Military Surgery has not yet been established. The neglect is solely attributable to the immobility and indifference of our officials.

In Edinburgh Sir George Ballingall lectures on this subject with much credit; and in Dublin a private class has been founded and maintained by the persevering exertions of Mr Tuffnell; but in London, the seat of science and the centre of Government, there is no school of the kind, either public or private. Sir Jas. McGrigor and Mr Guthrie have repeatedly represented to the Government the importance and necessity of special instruction being given to candidates for the public service; but the ear of office has been sealed against their counsels. The professorship in Edinburgh was established through the intervention of John Bell, and it reflects much credit upon the memory of that distinguished surgeon and the school whose reputation he assisted so materially to exalt. In every other country of Europe, except England, Sir De Lacy Evans informed the House, during the discussion on the estimates, a Professorship of Military Surgery had been established.

Owing to the defective state of the arrangements and the incompetency of the medical staff, ten thousand men died in hospital during the expedition to Walcheren, and more than half of the remainder were unfit for service. The indelible disgrace which then visited the British flag might possibly have been averted had a better system of medical discipline been enforced. Even in the Peninsula we are informed it was not uncommon for fifteen thousand men to be in hospital together. The strength of the army was crippled, and the designs of the commander often frustrated by such general disablement. The cholera decimates our troops in India, and puts the country to enormous expense, chiefly on account of the insalubrity of the sites on which the troops are lodged, and the bad construction of the barracks. It is scarcely possible to find a report on the cholera from any Indian surgeon in which the de-

ficiency or unsuitableness of the barrack accommodation is not set forth as one of the causes of the epidemic.

The more extensive diffusion of a knowledge of sanitary science among civilians, and a more general adoption of its principles in our large towns, will insensibly operate to the advantage of the public services. But there is something more than this to be learned in relation to soldiers and seamen, who are placed amid circumstances altogether different from persons in civil life. Their moral and social habits, and the special demands upon their physical energies, must be understood; the man, not as a man only, but as a soldier or sailor, must be studied, and the knowledge thus acquired applied for his benefit. The clothing and exercise, the transport, provisioning, and lodgment of troops, should form part of a course of military surgery. The drainage, ventilation, and warming of barracks; the interior arrangement and aëration of ships; ambulances, hammocks, litters, the peculiar diseases of soldiers, and the arts of simulation; everything, indeed, that appertains to the health of the strong, or the maladies and comforts of the sick, would form necessary parts of the instruction which a professor of military surgery would be required to bestow.

This knowledge is not to be obtained in any of our present schools of instruction, and we hope that the Government, who must be convinced of its utility, will not much longer neglect to found and endow a chair for so important and desirable an object.

### OUT-HERODING HEROD—COMPETING ASSURANCE OFFICES.

The Directors of the "New Equitable" thought that they had made a "bold stroke" for business, when they determined to give a "two-guinea fee" for a medical certificate; but they were mere sumphs in their vocation. They only doubled the fee already given by some fifty offices, and with which we may say the profession was content. But the "Merchant's and Tradesman's Mutual Life Assurance Society," whose prospectus is lying before us, shows a far more glorious spirit of liberality, and a mighty contempt for the drivelling generosity of the "New Equitable." Its chivalrous courage in feeling wins our wonder and admiration.

"Many gentlemen," say they "of the Medical Profession having an objection to receive a commission on business introduced by them without the intervention of an agent, the Directors of this Society, anxious to meet the views of the profession, have come to the resolution of allowing the following Medical Fees in all such cases, viz., 1*l.* 1*s.* under 200*l.*; 3*l.* 3*s.* for 200*l.* and under 500*l.*; and 5*l.* 5*s.* for 500*l.* and upwards!!!"

Let us hear no more of California; all we have to do is to recommend our patients to assure in the "Merchant's and Tradesman's," and we shall grow rich with "five-guinea fees," in quicker time than we could hew the ingots out of a gold mine. Why should not an association be formed to support



this society, and to extract its five-guinea fees? This is easier work than coining. But what will the "New Equitable" do? It must double again: we shall be content with nothing less than a "ten-guinea fee" from this bragging Society. If it do not incontinently come up to our mark, its credit is gone for ever. Never again will it be able to boast without blushing of its munificence; and it will be regarded as a mean, cowardly, insincere, and contemptible sham. Mr Neison, the Consulting Actuary of the New Equitable, is also the Consulting Actuary of the "Merchant's and Tradesman's," and vouches for the business being "exceedingly satisfactory." Here is encouragement for the Directors of the New Equitable, who must necessarily place implicit confidence in the opinion of their actuary. These gentry began the system of extravagant competition; and unless they will consent to be beaten, and laughed at, they must follow it up, and double their chances against the rival company. We advise you, gentlemen, to adopt the "ten-guinea fee;" for if you do not, you had better clasp your ledgers, lock your doors, draw down your blinds, button up your pockets, and with what you can muster out of your exchequer, decamp for the "diggings." There is no help for it otherwise: the "two-guinea fee" has lost its charm; and the profession will not be bamboozled any longer by a bribe so sneaking and pitiful. The "ten-guinea fee" or the "diggings:"—take your choice.

#### DR NELSON AND DR WRIGHT.

We have received another communication from Dr Nelson, detailing certain proceedings in connexion with the titles assumed by Dr Wright, but we do not consider that it would answer any useful purpose to give it insertion. As the case now stands, Dr Nelson has charged Dr Wright with using fictitious titles; that gentleman has replied to the charge, but has not expressly denied the specific allegations. He has, however, declared that he is willing to furnish us with references, if we desire them; and in accordance with this suggestion we now propose that a reference of the entire matter should be made to a jury of three disinterested gentlemen, approved of by both parties. We conceive that this would be the most becoming mode of settling the affair. We shall be happy to name three gentlemen, if Dr Nelson and Dr Wright will give us authority to do so, and will place in our hands the necessary documents to enable the jury to form a judgment on the case.

### Mirror OF PERIODICAL LITERATURE.

(From the 'Lancet,' March 12, 1853.)

#### EMPYEMA.

Mr Guthrie treats of this subject in his last lecture, published in the 'Lancet.' He remarks with respect to treatment:—

"As long as the febrile symptoms, consequent on the inflammation, continue to any extent, medicines will be of little avail, and counter-irritants should be avoided. When they have subsided, purgatives and diaphoretics may be tried, in combination with tonics, and a light but good nourishing diet. Blisters applied frequently upon a large surface often do good. When these means fail, the operation must be resorted to.

"It has not been satisfactorily decided whether the operation for empyema was first performed on Phalereus, Jason, or Prometheus; and it is therefore said of all three, that each, being expected to die of an abscess in the lungs, declared to be incurable, went into battle for the purpose of getting himself killed, but being only run through the body, they all recovered, in consequence of the escape of the puru-

lent matter through the holes thus made. The operation was performed by Hippocrates and his successors by the knife, by caustic, and by the hot iron. Ambrose Paré was the first who recommended a trocar and canula, and many instances of success in all ways are recorded. The modern methods are by the trocar and canula and by incision. Whenever auscultation, percussion, or succussion, give reason to believe that a fluid is collected, which medicine has not been nor is able to remove, the simple operation by the trocar and canula should be performed. If fluid should pass through the small canula, generally used by way of exploration, a larger one may be introduced in its place, if thought advisable. In ordinary cases, the little wound should be closed immediately after the evacuation of the fluid; it usually heals without difficulty, and the operation may be repeated, if necessary. Care should be taken that the point of the instrument is perfectly sharp, or it may separate the thickened false membrane from the inside wall of the chest, and, by pushing it before it, prevent the fluid from passing through the canula when the trocar is withdrawn.

"The place of election in England for a *puncture*, in ordinary cases, is usually between the fifth and sixth ribs, counting from above, and between the sixth and seventh from below, and at one-third of the distance from the spinous processes of the vertebrae; or two-thirds from the middle of the sternum. If there should be any protrusion of the intercostal spaces, it may be a rib or two lower. The point of the instrument should be introduced a little nearer the lower than the upper rib, and pressed on until all resistance has been overcome. It is entered nearer the lower rib to avoid the intercostal artery, and yet not touching the rib, lest it should induce a too forcible contraction of the intercostal muscles, by which the operator might be inconvenienced.

"If the person should be very fat, or the puffing of the integuments considerable, it may not be easy to feel the ribs, in which case even recourse should not be had to incision. When the arm is placed by the side, and bent forwards at a right angle, so that the hand rests on the ensiform cartilage, the inferior angle of the scapula will correspond in general, but not always, with the interval between the seventh and eighth ribs at the back part. The attachment, however, of the last of the true ribs, the seventh, to the xyphoid cartilage, can always be ascertained in front, and an error of importance cannot well take place, as the object in making a puncture by measurement is to avoid the diaphragm. Freteau, of Nantes, says that he performed the operation on the left side between the tenth and eleventh ribs, and on the right side between the ninth and tenth in more than thirty dead bodies, and always opened into the cavity of the chest, commencing the incision close to the edge of the latissimus dorsi muscle, or about three inches and a half from the spine, an operation which in this place should be done by incision, and not by the trocar. When there is reason to believe that there is an extraneous body to be extracted, such as a ball, the place of election is of importance, as it is desirable it should be a little above the diaphragm in order to facilitate its extraction; for although, by carefully shifting the position of the patient, a ball or a piece of bone may be brought to rest against the opening, it will not be easily taken hold of, unless it lies upon the diaphragm, a point which will be hereafter further elucidated. When an external swelling indicates the presence of matter, and there is reason to believe it communicates with the inside of the chest, the opening should be made into the tumour, and is then called the 'operation by necessity,' which is not an uncommon occurrence after gun-shot wounds. It is not always, however, done in the most convenient place, and should then be repeated lower down, which will also be sometimes necessary in consequence of the matter collected in this way being cut off by adhesions from the general cavity.

"When the operation by incision was alone performed the success was certainly not great. In modern practice (after the operation by puncture) it has been much greater, which may be attributed to the operation having been had recourse



to at an earlier period, or about the end of the third week. After wounds penetrating the chest, and which do not admit the effused fluid to flow out, it should be done much earlier.

"It is possible that both sides of the chest may be affected; but both sides may not be punctured in succession, for an error in puncturing both, or even the sonorous or sound side, instead of the dull or affected side, has been almost immediately destructive of life.

"The admission of atmospheric air into the cavity of the chest during this operation has been much deprecated, and many inventions have been recommended for its prevention; but it is scarcely possible to prevent some air getting in. It is often seen to do so; it has been proved by auscultation to have done so, and is usually absorbed in a few hours. In one case which I saw, it gave rise to distressing symptoms, from pressure on the lung, and was removed by a common syringe, to the great relief of the patient. In all these cases two things must be considered. Can the compressed lung expand so as to fill the chest when the fluid is withdrawn? The answer must be, that in many cases it is so bound down by adhesions that it can dilate but slowly, if at all. If it be asked, whether a vacuum is formed in the chest, the answer will be, no; and it will then be admitted, on consideration, that air always finds its way into the chest, and never does harm in persons in health. When mischief ensues after an operation or an injury, it occurs from the irritation caused in a particular state of constitution, and not from the admission of air. If the wound into a cavity can be closed and healed, the air will remain with impunity until absorbed. If the wound cannot be healed, unhealthy inflammation may be propagated from it to the whole cavity with which it communicates.

"Dr H. M. Hughes has published several cases of pneumo-thorax, in the first part of the eighth volume of the 'Guy's Hospital Reports' for 1852. In the sixth case, which he calls a genuine example of pneumo-thorax from rupture of one or more of the vesicles of an emphysematous lung, the patient died speedily; and, on examination, he says:—'It is also an interesting fact that no evidence of inflammatory action existed in the pleura, as it indicates that air in a healthy serous membrane does not excite inflammation.' A peninsular dogma I have been thirty-seven years inculcating, and which I trust is at last admitted as an established fact; how long it may be before it is generally taught is another matter; for surgeons, like other men, often adhere with tenacity to preconceived opinions, particularly as they advance in life."

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.

Our readers will remember that Dr Tyler Smith brought this subject under the notice of the Medico-Chirurgical Society some months ago; he has since then prosecuted his inquiries further, and gives the results in these lectures. The microscopical anatomy of the os and the cervix uteri form the subject of this lecture. He says:—

"Like the mucous membrane in other parts of the body, the mucous covering of the os and cervix uteri consists of 1, epithelium; 2, primary or basement membrane; and 3, fibrous tissue, bloodvessels, and nerves. There are, however, numerous points of special character belonging to the mucous membrane in this situation; and for convenience of description the mucous membrane of the os and cervix uteri may be divided into two tracts, one comprising the surface of the os uteri and external portion of the cervix, the other being the mucous lining of the canal or cavity of the cervix. In the first place, I proceed to describe the mucous membrane of the os uteri and external portion of the cervix, or that which lies between the junction of the cervix with the vagina, and the margin at which the mucous membrane of the os uteri becomes contiguous with the mucous lining of the canal of the cervix.

"The layer of epithelium found in this situation is tessellated or squamous, and is so arranged as to form a membrane of considerable thickness. On the free surface it is comparatively smooth, but its attached surface is rough and exca-

vated. After maceration in water for a few days, or when incipient decomposition has taken place, it can readily be detached and raised from the surface of the mucous membrane. It closely resembles the epithelial covering of the vagina, with which it is continuous.

"Immediately beneath the layer of epithelium, the basement membrane is found covering numerous villi or papillæ, which stud the whole surface of the mucous membrane. These villi are sufficiently large, in some specimens, to be seen by the naked eye, when a thin section is held up to the light. The villi of the os uteri are generally single, but occasionally two or three villi are united together upon a single pedicle. When the villi are partially or entirely denuded of their epithelial covering by maceration, or decomposition after death, or in certain diseased conditions, an uneven appearance is given to the os uteri. The extremities of the villi, from which the covering of scaly epithelium has been removed, present a very characteristic appearance when seen by a low power."

"The surface of the os uteri is generally described by authors as containing numerous mucous follicles; but under the microscope it is difficult to make out any distinct follicular structure. On looking at a section taken from the os uteri, an appearance very similar to that presented by mucous follicles is observed; but on a closer examination it is found that the dark spots, which appear like crypts, are really elevations with central depressions. Some of the dark spots will be seen to contain red points, which are the terminations of the bloodvessels of the villi. In other parts of the same specimen the bloodvessels can be seen with great distinctness. The appearances which might be mistaken for mucous follicles seem, in fact, to be nothing more than the villi, more or less obscured by their epithelial covering. In examining different parts of the same specimen, we may see that what appears at first to be depressions are evidently slight elevations; and the points which seemed to be the site of follicles are really the terminations of villi.

"When a few of the villi are examined by a large power, in a recent specimen, each villus is found to contain a looped bloodvessel, which may be seen passing to the end of the villus, and returning to its base, where it anastomoses with the bloodvessels of the neighbouring villi. These villi are everywhere covered by pavement epithelium, which also fills up the intervals between them, rendering the external surface comparatively smooth, as seen by the naked eye.

"The thick layer of epithelium and the villi, with their looped vessels, appear to be the principal anatomical features of the mucous membrane of the os uteri and external portion of the cervix; and it will be seen in the sequel that both villi and epithelium play an important part in the pathological changes which occur in the lower segment of the uterus in leucorrhœa.

"On passing within the os uteri, to examine the mucous membrane lining the cervical canal, a small tract of smooth surface is generally found between the margin of the lips of the os uteri, and the commencement of the penniform rugæ. Sometimes, however, there is only a slight rim between the os uteri and the lower rugæ; and occasionally the rugæ extend so low down that they may be seen at the os uteri itself. When the smooth surface now spoken of exists, as it does in most specimens to some extent, the mucous membrane appears to the naked eye more delicate than the mucous membrane of the external portion of the os uteri. But whether rugose or smooth, the mucous membrane of this portion of the cervix consists of the same elements, except that wherever rugæ are present, mucous follicles are found in abundance. When examined by the microscope, the mucous membrane immediately within the os uteri is found to be composed of cylinder epithelium arranged upon villi, somewhat after the manner of the epithelium covering the villi of the intestinal canal, basement membrane, and sub-mucous tissue. These villi are three or four times larger than the villi of the external portion of the os uteri. Like the villi of the os uteri, the villi of the cervix are occasionally compound, consisting of two or three or even four



villi arising from a single stalk. They contain looped blood-vessels, and, in some specimens, two or three of the vascular loops may be seen in a single villus where the villi are of large size. They are covered as well as the spaces between them with cylinder epithelium, dentated in shape, and arranged with great regularity. At the bases of the villi, their bloodvessels inosculate freely, as in the case of the villi upon the external surface of the os uteri."

Dr Tyler Smith states that these villi or papillæ of the os and cervix uteri had been previously noticed by Dr Hassall, Mr Kiernan, and Dr Frank Kilian of Bonn. With regard to the functions of the villi, Dr T. Smith remarks:

"It becomes a question of much interest to decide what are really the functions performed by the villi of the vagina and os and cervix uteri. In the lower part of the vagina, the papillæ are no doubt sensitive in function, and deserve the term applied to them by Dr F. Kilian; but in the upper part of the vagina the mucous surface is, in the healthy condition, possessed of little sensibility; yet the papillæ or villi are very abundant. The villi are present in very great abundance upon the os uteri and the external portion of the cervix; though the os uteri is, in the majority of cases, insensible to the touch. It is only when the os or cervix uteri are distended by instruments, or when the cervical canal is inflamed or constricted, that pain is caused in ordinary cases. The villi are largest and moreover highly developed within the os uteri, where sensation is more blunted than in any part of the vagina or os uteri. For these reasons, I am inclined to believe that the villi of the os and cervix uteri, particularly the villi of the cervical canal, are little concerned in sensation. From the liberal supply of blood possessed by the villi, I suspect they are concerned in the secretion of the fluid plasma which the external portion of the os and cervix and the upper part of the vagina pour out, and which forms the vehicle in which the epithelial debris is suspended; or they may be intended for the formation of the thick layer of epithelium covering these parts and which is in constant process of renewal and disintegration."

#### CATARRHAL OPHTHALMIA.

This subject is continued by Mr France from a previous lecture, of which a notice was given in the "Mirror." The treatment is thus given:

"Thus, the short but effective category of remedies for recent catarrhal ophthalmia is complete. In the constitutional class stand, the removal of any depressing cause and the relief of general catarrh, if either exist; gentle tonics if required; and a mild purge as a preliminary. In the local are to be numbered—leeching to the temples or eyelids; warm fomentations, after the use of which the lids are to be carefully dried; a collyrium, formed of a weak solution of nitrate of silver, to be dropped on the conjunctiva, and some unirritating ointment for application between the lids at night. Small as is this list, I know none in surgery more competent in its sphere to fulfil the common object of all medical exertion—restoration to health."

The treatment of chronic conjunctivitis is then brought under review, and Mr France thus sums up our resources:

"Restore, if defective, the general health, and keep regular but not profuse discharges from the intestinal canal. Locally, deplete by daily light scarification, while any morbid vascularity of moment, attended with thickening, remains apparent in the lining of the lids. Have recourse to astringent collyria for occasional use throughout the day. Regularly apply the most efficacious of all, the undiluted liquor plumbi diacetatis, after every scarification, as soon as the hæmorrhage has ceased, and while the remedial agent may yet find direct access to the very capillaries, the relaxed condition of which constitutes the essence of the disease. Finally, resort to the stimulating ointments mentioned, when the meibomian follicles and those which secrete the cilia have become involved. Patients suffering from lippitudo, I should observe, must carefully remove all incrustations at the root of the cilia by warm ablution before applying ointments with any prospect of benefit. It is frequently desirable to draw out individual cilia when the

corresponding follicles are the seats of abscesses and ulceration, and especially when such complaints have imparted to the eyelashes a false direction, and caused them to turn in upon and irritate the globe."

The following operation is recommended for entropion:

"The mode of treatment most eligible, because as effectual and less severe than these, is to cut through the misshapen and thickened cartilage by a perpendicular incision with a fine sharp bistoury. The lid is to be everted for the purpose, and the division to be commenced at the posterior border of the cartilage, the whole breadth and thickness of which should be divided, while only the margin of the integument is incised. Upon cessation of the bleeding it will be found that the entropion exists no longer, the effect of the orbicular spasm being counteracted. The patient consequently experiences immediate relief, which may be rendered permanent by preventing reunion of the cartilage until its morbid change has in some degree subsided, and the irritability and inflammation of the surface of the globe have, under the use of appropriate and now efficacious means, passed away."

(From the 'Medical Times and Gazette,' March 12th, 1853.)

#### LECTURES ON THE ACUTE SPECIFIC DISEASES.

Dr Jenner continues his Gulstonian lectures on these subjects. We quote the following among other interesting observations:—

"As to the Period after the Outset of the Disease at which the Skin Affection appears, its Course, and Duration. —In relapsing fever, if there be a specific skin affection, it appears on the first day of illness; the rashes of scarlet fever and of erysipelas show themselves on the second; that of small pox on the third; of measles on the fourth; of typhus fever on the fifth; of typhoid fever on the eighth. While in relapsing fever the duration of the rash is less than twenty-four hours; in measles three or four days; in scarlet fever, six or seven days; in erysipelas, seven or eight days; in small-pox, ten or twelve days; in typhus fever, ten or twelve days; and in typhoid fever, twelve to twenty days.

"In their course, these skin affections present certain peculiarities. Thus, in scarlet fever, measles, and small-pox, the eruption disappears first from the parts first affected; so that in scarlet fever, for example, the legs are brilliant scarlet, when the face and trunk have resumed their normal tint.

"The eruption seated on the back of hands in typhus fever often disappears in twenty-four hours, while that which studs the remainder of the surface continues of one uniform shade over the whole extent to the last. In erysipelas, the inflammation of the skin spreads from one spot gradually in all directions, ceasing to extend only with the cessation of the disease. Typhoid fever offers this peculiarity, that successive crops of spots follow each other at short intervals, the fresh spots being intermingled irregularly with the old, and the spots which appeared first never continuing till the close of the affection.

"The scarlet tint of the rash in scarlet fever; its dusky red hue in erysipelas; its lake-like shade in measles; its mulberry aspect in typhus fever, and the rose colour of the spots in typhoid fever; the broad patches of eruption in scarlet fever and erysipelas; the circular, irregularly-distributed spots in typhoid fever; the crescentic arrangement of the spots in measles and small-pox, and their orderless coalescence in typhus fever; the limited extent of the eruption in erysipelas and typhoid fever, contrasted with its wide diffusion in the other disease—these are characteristics of form, colour, and extent, which need only, from our familiarity with them, to be mentioned.

"In regard, then, to the skin affection in the diseases under consideration, we observe in each certain peculiarities in respect of nature, situation, date of appearance, colour, form, extent, and duration. With reference to the internal disseminated affections, the mucuous membranes suffer the most markedly in scarlet fever, typhoid fever, erysipelas, and small-pox. In measles, however, it is the conjunctival, nasal, buccal, and bronchial; in scarlet fever and erysipelas, the faucial; in small-pox, the nasal, buccal, laryngeal, and



tracheal; and in typhoid fever, the bronchial and intestinal. Again, the nature of the affection of the mucous membranes varies in each; in measles it is active congestion, with abundant secretion from the membrane; in erysipelas, inflammation of a peculiar type, with dryness of the surface of membrane, and serous effusion beneath it; while in small-pox the tendency is to suppuration; and in scarlet fever and typhoid fevers, to ulceration. In typhus fever, the mucous membranes suffer congestion only in common with other structures, if seated in depending parts of the body. Disseminated inflammations of the serous membranes are remarkably common in typhoid and scarlet fevers; comparatively rare in measles and typhus fever. Enlargement of the spleen is common in and to all; while in typhoid and scarlet fevers and erysipelas it is, especially, that the lymphatic glands suffer."

The duration of the several diseases included in the category is then examined, and Dr Jenner remarks:—

"Determined by the data to which I have referred, each of the acute specific diseases has a definitive duration, *i.e.*, with regard to each there is a date capable of being fixed absolutely, by which time the patient either dies, or, so far as concerns the specific disease, recovers.

"The duration is different for each species; thus, for measles it is seven or eight days; for scarlet fever, eight or nine days; for erysipelas, about fourteen days; for small-pox the same, supposing in all four the eruption to have made its appearance on the typical day; while, without regard to the date of the appearance of the eruption, it is in typhus fever twenty-one days, and in typhoid fever thirty days."

If, therefore, health be not restored soon after these dates, we may be certain that some other than the primary affection is the cause of the continuance of the symptoms. And again, if for either of these diseases a specific exist, or a specific treatment be proper, it is manifest that that specific or that treatment can be expected to exert a favourable influence only during so many days from the outset of the first symptoms as the specific disease has been proved to exist.

"The conclusion as to the duration of typhoid fever at which I arrived from a consideration of the points just referred to, has recently been fully confirmed by a consideration of a different class of facts.

"Dr Zimmerman lately published two papers in the 'Deutsche Klinik,' on typhoid fever. He determined the duration of the disease thus: He noted the temperature of the patient daily, and found that the thermometer indicated that the fever ceased some time between the twenty-first and twenty-eighth days; that is to say, then, for the first time after the commencement of the illness, the thermometer being introduced into the mouth, the mercury stood at the point at which it stands when placed in the mouth of a healthy person. Up to the same date of the disease, the patient was proved by the balance to lose weight daily, while from that date he was proved to gain weight rapidly: thus, a patient who weighed before his illness 170 lb., on the twenty-second day of disease weighed only 119 lb., and on the twenty-sixth day only 117 lb. On the thirtieth day he was found to have gained 3 lb., *i.e.*, he weighed 120 lb., and on the thirty-ninth day his weight was 124 lb.; no alteration in his diet of sufficient consequence to account for the increase having been made."

Dr Jenner concludes his lectures with evidence of the contagious nature of typhoid fever, in relation to the *specific cause* of all these acute specific diseases.

#### THE CELLULAR THEORY.

Dr Boon Hayes is continuing his papers on the Physiological Demonstration of the Tissues; and in his last paper we find this account of the cellular theory, which many of our readers may find interesting.

"1. The position of the cellular theory, in physiological and pathological science, is similar to the position of the atomic theory in chemical science. It explains many of the phenomena observable in animal and vegetable structures, and

forms a groundwork upon which we may build logical hypotheses, in accounting for tissue formation generally. The theory is briefly this,—that 'tissues originate from cells.' It is inessential to our present purpose to inquire into the origin and history of this theory; I shall content myself with stating, therefore, that it is founded upon the close, consecutive, and almost innumerable observations of facts; confirmed by many microscopists, from various structures, at different times; that, although it does not fully account for *all* the appearances in *all* tissues, it has, perhaps, no facts positively against it; and this deficiency is to be traced to the *incompleteness* of our observations, arising from various causes, rather than to well-ascertained phenomena which are contradictory to the theory.

"In the whole of vegetable tissue development, perhaps no other agency is employed; and in the simpler animal tissues, the cell is doubtless their sole originator; but in the higher forms of animal structures, fibre and membrane appear without any connection with cell transformation, as if directly produced from blastema, and hence the theory of Schwann would seem not to be universally applicable, though, doubtless, in the origin of the animal producing these fibres and membranes, the cell alone was the motive and transforming power.

"2. What is a CELL? A simple vesicle or closed sac, microscopically minute, the wall of which is made up of homogeneous membrane, and the contents of which, at some period, at all events, are liquid, semi-liquid, or solid, or all these in succession. In its simplest form it possesses an individual, isolated existence,—living, growing, propagating, decaying, and dying, while its posterity of cells similarly live, grow, propagate, decay, and die. Its highest development is attained in its individual history; and such a simple cell differs in no way from its earliest progenitor, as far as we are aware, or any reasoning from analogy would lead us to suppose.

"There are similar cells, *not* isolated, which grow, in connexion with others, by a process of coalescence, having, as it were, no really independent existence; they are, therefore, called, in contradistinction to the isolated cells, "*compound*." These form, by certain changes about to be referred to, the majority of organic tissues, animal and vegetable.

"3. While there is a strong analogy, nay, sometimes even impossibility of distinction between one cell, viewed isolatedly, and another; all and each have individual properties, which, if not immediately recognised, may be developed by the action of certain re-agents; and a *microscopic analysis* consists in applying such re-agents with a view to ascertaining these qualities.

"In addition to the description already given of a cell in its simplest form, a *type* cell may be said to have in its interior certain granular matter, perhaps amorphous, and one or more organised bodies called *nuclei*, having in their interior *lesser* nuclei, and hence called *nucleoli*. Thus, there are, as it were, two generations in this one type cell,—the cell being the highest development of the nucleolus. A *questio sub judice*, even at present, is this, which of these three structures is progenitor of the others? or which was first created? or were they organised simultaneously? Without attempting to settle this point, which would add no more value to the cellular theory than a settlement of the ultimate *form* and *size* of atoms would add to the value of the atomic theory, I may remark, that the following appearances constantly present themselves:—A cell, having in its interior, and attached to some part of its wall, a nucleus; which nucleus, as both itself and the cell-wall develop, is seen to contain a nucleolus.

"4. Now the view of Schleiden, who first pursued these inquiries among vegetable tissues, confirmed by the acquiescence of Schwann, from tracing this subject in animal tissues, is this: That the nucleolus first originates by some determinative vital force in *blastema* (the pabulum of organic tissues), that it attracts to itself other particles which, organising, form the nucleus; that this, acting still upon the same blastema, produces a cell-wall; and thus, the three



generations of structures originate in due sequence, both of time and dependency.

"5. The cellular theory being admitted as a whole; other views of the *order* of cell development have been suggested by different physiologists. These are all very interesting, and their study beats out new ideas and suggests varied experiments."

Dr Hayes then recounts the views of Hugo Von Mohl, and thus continues:

"6. A cell may *remain* isolated, as a blood globule for instance or it may contract adhesions to other cells. Absorption of the contiguous parietes may take place, and thus a continuous membrane of an extended nature may be formed. This membrane may ultimately *split* in one or more parts, and fibres and fibrillæ may be produced; the cell-wall may thicken by growth and *secondary deposit*, or the contents of it may utterly change their nature. It is supposed by Henle and others that membranes, fibrillæ, &c., may be produced *directly* from blastema *without* the intervention of cells, and many observations, especially in pathological histology, would lead to the same conclusion, but that we *do* see membranes and structures formed by cells is certain; we cannot say that we *see* structures formed without them, for our *not seeing* the cells is no *proof* that they have not been engaged in the process; and it might be justly objected in argument, that the cells (reasoning from analogy) *had been* so engaged, but that our observation had not *hit* upon the *punctum temporis* of their intervention in the process.

"7. Nuclei are about the one six-thousandth of an inch in diameter, or they may be even as large as the one four-thousandth of an inch. Those of you who are not accustomed to estimate the value of fractions will understand me better when I say, that if 6,000 nuclei were placed in a straight line in absolute contact, they would measure one inch in length. (You will be able to refer to this illustration in appreciating these microscopic measurements, or when speaking of the size of microscopic objects, for the future.) Some suppose that the nucleus is itself vesicular, others homogeneous, others granular. These, however, are interesting but unimportant inquiries. It seems pretty certain, that in the history of any one cell or set of cells, either blastema or a nucleolus and a nucleus are essential to its existence at *some* period, or that one of these *originating* tissues may become *vicarious* of the others both in origin and function.

"8. Of the nucleolus little can at present be said, though its function and office have been assigned to it by theorists; that it exists is certain (though this has been denied), because Schleiden has succeeded in isolating it from its nucleus and cell.

"Blastema or cyto-blastema is the pabulum of support for all tissues. Before the circulation is thoroughly set up in any animal, this is derived from some source deposited by the parent; but after it is established, this support is obtained from the liquor sanguinis, which 'may be regarded as a generally-diffused blastema, or at least as a general source whence the organisable material or blastema is derived.'"

There are some other useful observations respecting the mode of preparing objects for examination under the microscope, and the paper concludes with a description of the oil and caseine globules in milk.

#### CASE OF CÆSARIAN SECTION AT THE FULL PERIOD OF UTERO-GESTATION.

Dr Charles Waller reports this case, to which he was called by Mr Evans, of the Blackfriars road. The patient was aged forty-one, and had been married about fifteen months, and twice miscarried. Mr Evans was called to her on the 5th February; the liq. amnii having been discharged, according to report, on the 3rd; the uterine paroxysms were slight, the pelvis extremely distorted, and the presentation undiscernible; the woman continued in labour until the 7th, when the pains had increased, but there was no bearing down. Dr Waller was now sent for, and

"On examination per vaginam a tumour of bony hardness

was felt nearly blocking up the entire pelvic cavity; from its hardness, immobility, and *apparent* connexion with the sacrum (for we could not separate the one from the other by pressure) my impression was, that Mr Evans' diagnosis was correct. As it was perfectly clear that no child, however mutilated, could be brought through the natural passages, that nothing short of an abdominal section would be sufficient for the patient's relief, it was determined to avoid unnecessary manipulation, lest injury should be inflicted on the soft parts. The space between the anterior portion of the tumour and symphysis pubis was precisely  $1\frac{1}{2}$  inch, whilst the lateral diameters were also greatly encroached upon. In the present condition of the patient, my opinion was decidedly opposed to her removal from her own habitation. The weather was cold, and her apartment convenient, comfortable, and, above all, very warm. It was, therefore, determined with the consent of the patient, and concurrence of the husband (after explaining to them the formidable nature of the case), that the Cæsarion section should be immediately performed in the apartment where she was then lying."

Mr Le Gros Clark, assisted by Dr Waller, Mr Evans and Mr Fernie, performed the operation, which is thus described:

"A vertical incision, about seven inches and a half in length, was made along the middle line, extending from just below the umbilicus to within an inch and a half of the symphysis pubis. By this incision, the integuments, with their subjacent cellular tissue, were divided, and the linea alba fairly exposed. A small opening, just sufficient in size to admit the finger, was made through the lower part of the linea alba; into this aperture a blunt-pointed bistoury was introduced on the fore part of index-finger of the left hand, and carried upwards to the umbilicus. By this section the entire linea alba was divided to the extent before mentioned. On the retraction of the muscles, the parietal peritoneum was found still covering the uterus like the sac of a hernia. This was accidental, not intentional; the very ready way in which the serous membrane separated from the linea alba, giving at first the impression that the sac of the peritoneum had been entered. The division of this membrane was instantly effected, when the uterus was fully exposed to view. This organ was then opened, a small incision into its cavity having been first made, and the finger introduced, to ascertain whether the placental attachment would interfere with the proposed incision: this not being the case, the opening through the anterior wall of the anterior wall of the uterus was enlarged to an extent sufficient to allow the passage of the child in the same manner as the division of the linea alba, *i. e.*, with a blunt-pointed bistoury resting upon the ungual phalanx of the forefinger. The removal of the fœtus and placenta was easily and speedily effected; one of the buttocks had been the presenting part. The child, though at first showing no signs of life, was resuscitated by the usual means, namely, friction, artificial respiration, &c. These means were vigorously adopted by Mr Fernie, to whom the child (a female of normal size) had been transferred after its separation from the mother. A free gush of blood followed the detachment of the placenta, after which the uterus contracted, though feebly, and no further hæmorrhage took place.

"Up to this period the operation had proceeded without any interruption whatever; but unfortunately, at this moment the patient was seized with an irrepressible fit of coughing, in consequence of which, notwithstanding the utmost caution was taken to prevent such an occurrence, the intestines were forced out *en masse*. This occurred thrice, and as vomiting was also induced by the attempt to expectorate, it was thought better, after clearing away the extravasated blood, at once to close the opening, although the uterus had not satisfactorily contracted itself, the cut edges of its parietes remaining much everted. The integuments were accurately brought together, and secured by means of the interrupted suture, an aperture sufficient to allow the escape of any discharge being left at the lower extremity of the wound. A pad of lint was placed along the line of suture, secured by broad transverse strips of



adhesive plaster, and the whole supported by a broad abdominal bandage. The patient was then carefully placed in bed on her back. Scarcely any blood was lost, with the exception of the gush which followed the extraction of the placenta. The pulse did not appear to be affected during the operation.

"The patient had a severe fit of shuddering on being removed to her bed, and complained of great coldness. The temperature of the body did not appear to the touch to be reduced, the skin feeling comfortably warm. She was wrapped in a blanket, and tinct. opii  $\mathfrak{z}\text{i}$  given in a little water. The remedy soon influenced the system; there was drowsiness, and doubtless there would have been sleep, had not the cough been harassing and almost incessant for the space of two hours. About this time (2 a.m.) she complained much of her position, and expressed a wish to be turned on her side. Mr Fernie, who kindly remained with her during the night, thinking that the cough might be alleviated by change of posture, very carefully placed her on the left side, the back being well supported by pillows, almost immediately after which she fell asleep, and scarcely awoke until nine o'clock. Hyd. chlorid. gr. iss. pulv. opii gr. i, in the form of pill, had been given every three hours, commencing at one o'clock a.m."

The woman died on the second day after the operation, and the following appearances were observed on a post-mortem view:

"Autopsy.—The body was examined twenty-four hours after death. On removing the bandage and plasters, the length of the incision was found diminished to six inches, from the contraction of the wound, which was most healthy in appearance. Adhesive matter had been effused along the upper half of its course. No peritoneal effusion had taken place, neither were there any marks of inflammation of that membrane. No clot was found in the abdominal cavity. The edges of the incised uterus were much everted. This organ was now carefully removed. As soon as it was raised, a fibrous tumour of considerable size was seen occupying the fundus of the uterus. On the left side of the fundus another but smaller tumour had developed itself, having a pedunculated structure; there were also three or four smaller nodules in its neighbourhood. As the uterus was further raised, its whole posterior surface was found enormously thickened by fibrous deposit, and a large pedunculated tumour, nearly equal in size to the head of a small foetus, occupying the whole of the pelvic cavity anterior to the sacrum. This large mass had been developed on the left side, behind the os uteri, and had descended between the uterus and vagina. It was exceedingly hard and firm, and had given rise, during life, to the supposition that it was bone. Around the base of this tumour were several nodules of smaller growth."

"The ovaries were perfectly healthy. A portion of the tumour has been microscopically examined by Dr Bristowe and Mr Rainey, both of whom pronounce it to be of a true fibrous character, corresponding in structure with the uterus itself. The increased development of muscular fibre during the period of utero-gestation rendered the microscopical examination more satisfactory, and the demonstration more clear, than when portions of these growths taken from the unimpregnated organ have been submitted to such inspection."

"The child has been supplied with a wet nurse, and is doing remarkably well."

(From the 'Association Medical Journal,' March 11, 1853.)

#### DISLOCATION BACKWARDS OF THE HEAD OF THE HUMERUS.

The following case is reported by Mr Edward Jackson, of Ecclesfield.

"Sir A. Cooper and Mr Liston allude to dislocation backwards of the head of the humerus as an exceedingly rare accident."

"Having lately met with a very well marked example, I have thought that it may be useful to the profession to give

an account of the peculiarities of the case, and of the manner in which reduction was accomplished."

"CASE. The subject was a strong muscular man, aged about thirty-five years, who had for some years suffered from epilepsy. During one of these attacks, falling suddenly, he sustained a dislocation of his left shoulder."

"The following condition of the limb was presented. The arm was removed from the side, but the patient could with considerable effort raise it to a horizontal position. On comparing the two shoulders, there was a greater prominence observable posteriorly on the left side, but not so much so as one would have expected to find in an accident of this kind. There was little, if any, falling down of the head of the humerus, as in dislocation downwards; nor was there so great a projection of the acromion process; yet this was tolerably conspicuous anteriorly at the point of its junction with the clavicle. The head of the bone could not be felt in the axilla. The tendon of the biceps, arising from the coracoid process of the scapula, together with that of the coraco-brachialis, were felt anteriorly like tense cords stretching from above downwards. But the most remarkable diagnostic sign of this dislocation was a circular depression on the anterior aspect of the joint; and when the fingers were somewhat forcibly pressed into the centre of this depression, the whole circle of the glenoid cavity could be distinctly felt. This at once identified the accident as dislocation backwards."

"Reduction was attempted by extension from the upper and lower arm, whilst an effort to replace the bone by rotation outwards was made; but after persisting for a considerable time, and using great force, no movement resulted. Having given up the attempt to reduce by this method, we had recourse to a different plan. The forearm was flexed, whilst slight extension was made at the same time, and the bone simultaneously rotated outwards; and thus, with little effort, the reduction was effected."

"It appears that the chief obstacles to reduction in this peculiar dislocation consisted in the violent tension of the tendons of the biceps, coraco-brachialis, and pectoralis major muscles."

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## HOSPITAL REPORTS.

### ST BARTHOLOMEW'S HOSPITAL.

#### *Dislocation of the Hip in a Child.*

(Under the care of Mr Stanley.)

It is well known that dislocations, as the result of violence, very rarely occur in children. Injuries to the bones are common enough, fractures, bendings, knocking-off of epiphyses; but amongst these dislocation is very seldom found. Some exception might perhaps be taken as it regards the elbow; but it is probable the accidents to this joint, usually diagnosed as dislocations, are not unfrequently attended with fracture also. In respect to the hip in particular, Sir Astley Cooper records a case in which a little girl, aged 7, had the femur displaced on to the dorsum ilii. The symptoms were well pronounced, and the reduction easily accomplished. He appears, however, very sceptical as to the accident occurring in many cases, remarking, "I have read of dislocations of the hip in children; but their history is that of diseases of the hip-joint, in which dislocation has arisen from ulceration."

The following case occurred in 1851.

Ann Smith, aged eighteen months, was brought to the hospital, with the statement that she had a little while before received an injury to the left hip from an accident, in which her nurse fell whilst carrying her. On exposing the thighs there was a manifest deformity on the left side, the trochanter was carried upwards and appeared more prominent than natural. The foot was turned inwards, and the leg was three-eighths of an inch shorter than the other. The motions of the joint were impeded, but flexion and extension could still

be performed, as also some degree of rotation. Abduction outwards was prevented. Mr Stanley grasped the foot, and drawing it gently downwards and at the same time forcibly abducting it, the bone slipped into the socket with a perceptible movement. The symmetry of the thighs was at once restored, and the child was allowed to be taken home, directions being given to the parents to be very careful to avoid rough nursing. In commenting on this case Mr Stanley remarked, that he had seen the accident in children of the respective ages of seven and five, but never so young as the present one. He pointed out, that in all probability the extent of flexion which was permitted depended on the imperfect development of the head and neck of the bone at this early age.

### UNIVERSITY COLLEGE HOSPITAL.

#### *Cheiloplastic Operation for a Recurrence of Cancer of the Lip.*

(Under the care of Mr Erichsen.)

Those who are conversant with hospital practice are fully aware how numerous are the cases of cancer of the lower lip which present themselves in charitable institutions. Removal of the diseased portion of the lip is almost always performed upon patients of this kind; and it is not a little strange, seeing that epithelial cancer is held to recur but seldom, that second operations should so often have to be performed. It must be confessed, however, that cancer of the lip is not prone to affect the neighbouring lymphatic glands, for cases have been known in which the disease recurred twice without the lymphatics becoming involved. A very striking example of this kind was, a short time ago, afforded by a patient of Mr Hawkins, at St George's Hospital. Cancer of the lip had recurred two years after operation, but the glands under the chin had not suffered. This favourable circumstance was also observed in a case of cancer of the lip, under the care of Mr Erichsen at this hospital; but it was necessary, when the second operation was undertaken, to remove so large a portion of the lower lip, that Mr Erichsen had recourse to a plastic operation, of which we shall now give a short description:—

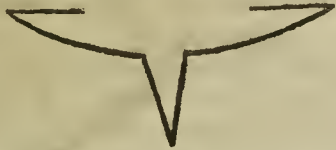
J. P., aged thirty years, was admitted, under the care of Mr Erichsen, in March, 1851, for a small cancerous ulcer on the lower lip; this was removed by the usual V-shaped incision. The patient remained well for fourteen months, when, in consequence probably of smoking short pipes, the edge of the cicatrix took on an unhealthy action, which increased pretty rapidly up to his re-admission, Sept. 20, 1852.

The patient then presented an irregular sore, with a hard base, and having a foul, cancerous, appearance, the ulcer extending from the left angle of the mouth to half an inch beyond the median line. It affected the whole depth of the prolabium, and extended about half an inch downwards towards the chin. As the man's health was good, and as the disease was making progress, Mr Erichsen thought it best to remove the cancerous sore, and at the same time to adopt means for filling up the large gap that would be left after the excision of so large a portion of the lower lip as it would be necessary to remove.

On the 5th of October, 1852, Mr Erichsen accordingly performed the following operation:—Chloroform having been administered, and the patient seated in a chair, Mr Erichsen removed the whole of the lower lip by a somewhat semilunar incision, extending from one angle of the mouth to the other, and passing about one-third of an inch below the morbid growth; by this incision the whole of the lower lip was removed as far as the prominence of the chin. He next made a horizontal incision, about three-quarters of an inch long, outwards, from either angle of the mouth; and, carrying this obliquely downwards to the semilunar incision, removed the angular piece of the cheek that was thus included. The next step of the operation consisted in freely dissecting the mental textures away from the lower jaw within the mouth, and then taking a V-shaped piece out of the middle



of the chin. In this way, the incisions presented the following outline:—



The remains of the lower lip and chin were now raised, and the incisions through either angle of the mouth brought together by means of a hare-lip pin and a point of suture. The central incision was also closed in the same way, and thus the lower lip was placed on a level with the top of the lower incisors. The mucous membrane lining the inside of the lower lip, and which had purposely been cut (when the first incision was made) longer than the skin, was now brought forwards, and fixed by means of a few points of suture to the margin of the incised skin, so as to form a prolábium. A piece of lint was also passed between the inside of the chin and the lower jaw, so as to prevent adhesions forming between the cut surfaces in that locality.

Four days after the operation the two side-pieces were taken out; and three days afterwards the central incision had healed, and all the remaining pins and sutures were removed.

No obstacle interfered with the progress of the case, except that adhesions took place between the inside of the chin and the lower jaw. These were again divided, and a piece of oiled lint having been introduced, they were prevented reforming. The man's appearance was greatly improved by the operations, the contraction and diminution in size of the lower lip being but very little perceptible; and altogether the patient was highly gratified with the result.

We very frequently saw this patient at our visits to this hospital, and became more and more convinced that plastic operations, well conducted, and performed upon tolerably healthy subjects, considerably improve the looks of patients, after the removal of great portions of soft parts. Few localities are so favourable to these contrivances as the lower lip.

Mr Erichsen has lately performed a plastic operation of greater importance—viz., rhinoplasty. The results have been highly satisfactory.

#### KING'S COLLEGE HOSPITAL.

*Varicocele, treated by the Needles and the Twisted Sutures.*  
(Under the care of Mr FERGUSSON.)

Charles B—, aged twenty-seven years, has always enjoyed good health. Six years before his present admission, he first perceived an enlargement of the veins of the cord, and a dragging sensation at the testicle, the parts feeling very heavy and uncomfortable. He gradually became worse, and obtained some relief by wearing a suspensory bandage. This did not last long, and a stay in the county hospital was not of much avail. A surgeon at this time told the patient that if a portion of the scrotum were removed he would get relief: the operation was performed, and produced considerable improvement, but the disease returned when he went to business again.

The man was successively in various hands, and at last was admitted into the Middlesex Hospital, where a ring was used to raise the scrotum towards the penis; this gave much pain, and was left off. After undergoing different kinds of treatment for some time, the patient was admitted into this hospital. Mr Fergusson performed the usual operation for varicocele, by passing needles under the veins, and then twisting some silk over them just as it is done for hare-lip. The operation succeeded, and the patient went out much relieved.

He, however, returned November 27, 1851, as the veins had enlarged again; and four days afterwards Mr Fergusson used the needles and twisted suture a second time. The patient now complained of some pain up the cord, and slept badly; fomentations gave relief, and on the second day he

was much better. On the tenth day there was little pain and discharge, and the dragging sensation was gone. On the twentieth day after the operation the ligatures came away, and the veins were very much diminished; there was for a little time some dragging sensation about the testicle, but the patient was discharged much relieved about one month after admission.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XI.

#### A FEW MORE ALOETIC PILLS.

The *Materia Medica* of the Quack is usually of a very simple character. The articles in his laboratory, are neither numerous nor costly. With a gourd of Aloes, a parcel of Jalap, a jar of treacle, and a little licorice powder, he acquires the astonishing power of manufacturing "life pills" for the million. A "bladder" of lard, or a few pounds of rancid butter, a cake of bee's wax, a lump of rosin, and a little colouring matter, in his hands, become suddenly converted into "universal ointments" and costly "balms." From simple syrup, laudanum and a few aromatics, he compounds "cordials" and "restoratives" out of number. If to the above-named medicinals we add two or three preparations of mercury and antimony, some rolls of gamboge, a bag of magnesia, two or three bottles of essential oils, and a few other inexpensive simples, we think we shall have nearly all the articles from which the whole three thousand and odd quack medicines that flourish under the enlightened patronage and protection of Her Majesty's Government, are compounded. Strange transformations occur in the nineteenth century. The philosopher's stone could not produce a more profitable conversion of base matter into gold, than that effected through the influence of Newspaper Advertisements, and the stamp or "Hall Mark" of the Commissioners of Somerset House.

Of all the medicinals above alluded to, the quack's favorite appears to be aloes. It enters into the composition of the majority of his pills; it forms the chief ingredients in some of his liquid nostrums. In the quack's hands it acquires virtues and qualities altogether new, wonderful, miraculous. It is really marvellous;—these quack transmutations and changes utterly confound us. It is only a few years since that we recollect occasionally passing an unwashed vagabond about town, who had sunk under the joint influence of porter, whiskey, tobacco, and idleness, until he had become a common object of contempt and scorn. His steps were still downwards when we lost sight of him for years. We heard he became a porter in a drug-house. A short time since he dashed by us in a splendid curricule, a very Nabob in appearance and display. We asked a friend for an explanation of this comparatively sudden change. The answer was—"I'll give it you in his own words"—"Aloes, aloes, aloes! I turned aloes grinder, and imported gamboge, which by a peculiar process I converted into gold Ha! ha! ha! I intend to form an aloes garden near my mansion. The tree yields golden fruit." So it appeared from him. Indeed, we have no doubt that this man, together with the undertaker and grave digger, divide between them, the whole profits and advantages from his newly adopted calling.

We have already noticed several aloetic pills; the following nostrums also contain large quantities of aloes:—

#### DR BAILLIE'S PILLS.

R. Aqueous extract of aloes, compound extract of colocynth, of each 3 drachms; Castile soap. 1 drachm; oil of cloves,  $\frac{1}{2}$  drachm. For six dozen pills. Aperient—dose, two or three at bed time, or early in the morning.



## DR BAILLIE'S DINNER PILLS.

R. Powdered aloes, powdered ginger, of each 30 grains; ipecacuanha, powdered capsicum, of each 8 grains. For 18 pills. One to be taken half an hour or an hour before dinner.

## DIXON'S ANTIBILIOUS PILLS.

According to Dr Paris, these pills consist of aloes, scammony, rhubarb, and a little tartar emetic, beat up with syrup. We believe the following formula will produce an exactly similar pill:—R. Compound extract of colocynth (1836), 4 drachms; powdered rhubarb, 2 drachms; emetic tartar, 8 grains. Syrup to mix. For 120 pills. Aperient and diaphoretic—dose, two or three at bed time.

## DR FAIRTHORN'S MILD PROVISIONAL PILLS.

R. Compound gamboge pill, 60 grains; aqueous extract of aloes, 40 do.; sulphate of potash, 30 do.; extract of senna, 20 do.; compound scammony powder, 12 do.; balsam of Peru, 6 do.; emetic tartar, 3 do. For 36 pills. Dose, one, two, or more when required.

## HOOPER'S FEMALE PILLS.

According to Dr Paris these pills consist of pill aloes with myrrh, sulphate of iron, and Canella bark. The form of the Philadelphia College of Pharmacy is:—R. Barbadoes aloes, 8 ounces; dried sulphate of iron, 2½ ounces; extract of black hellebore, myrrh, soap, of each 2 ounces; canella, ginger, of each 1 ounce; water, q.s. to mix. Divide into 3-grain pills, of which put 40 into each box. Dose, 2 or more. \* \* If we omit or lessen the quantity of the soap and extract of hellebore, and increase that of the aloes, we think the form will be nearer the original.

## JAMES'S ANALEPTIC PILLS.

R. Antimonial powder (James's), pill aloes with myrrh, compound aloes powder, of each 2 parts; powdered ammonia-cum, 1 part; tincture of castor to mix. Divide into 4-grain pills. A diaphoretic purgative. Dose, 2 to 4 pills.

## LEE'S ANTIBILIOUS PILLS.

The American 'Journal of Pharmacy' gives the following formula for these pills:—R. Aloes, 12 ounces; scammony, 6 ditto; gamboge, 4 ditto; jalap, 3 ditto; calomel, 5 ditto; soap, syrup of buckthorn, of each 1 ounce; mucilage, 7 ounces. For 5-grain pills. A drastic purgative; and, from containing calomel, should not be often taken. Dose, 2 or more pills.

## WYNDHAM'S PILLS (LEE'S).

R. Gamboge, aloes, of each 3 oz.; castile soap, extract of

cow-parsnep, of each 1 oz.; nitre, ½ oz. For five-grain pills. An active purgative, &c. Dose as the last.—('American Journal of Pharmacy,' slightly altered.)

## PETER'S PILLS.

R. Aloes, 3 drachms; jalap, gamboge, scammony, of each 2 drachms; calomel, one drachm; syrup to mix. For 160 pills. Similar in properties and dose to Lee's pills, before noticed.

## SPEEDMAN'S PILLS.

R. Aloes, 3 drachms; rhubarb, myrrh, extract of camomile, of each 1 drachm; oil of camomile, 20 drops. For four-grain pills. Aperient, tonic, stomachic. Dose, as a purgative, two to four pills; as a stomachic, one, half an hour before dinner.

## DR HUGH SMITH'S STOMACHIC PILLS.

R. Aloes, rhubarb, powdered ginger, sagapenum, of each 1 drachm; oil of peppermint, oil of cloves, of each 10 drops. Balsam of Peru to mix. For five-grain pills. Qualities and dose as the last.

## DR FOTHERGILL'S PILLS.

R. Aloes, 4 drachms; extract of colocynth, and scammony, of each 1 drachm; diaphoretic antimony 30 grains; syrup, to mix; for 3½-grain pills. A diaphoretic purgative, dose, 1 to 4 pills.

## LADY CRESPIGNY'S PILLS.

## LADY WEBSTER'S DINNER PILLS.

## GRAINS DE VIE.

## GRAINS DE MESUE.

R.—Aloes, 6 drachms; mastiek and red roses, of each 2 drachms; syrup of wormwood, to mix; for 3-grain pills. Some parties substitute rhubarb for the roses. The formula we have given is that of the old Paris Codex. Dose, 1 or 2 pills taken before dinner to excite the appetite; as a purge, 3 to 5 pills, night or morning. They produce a bulky and copious evacuation.

## FORDYCE'S PILLS

These are similar to the Compound Gamboge Pills of the Pharmacopœia:—Gamboge, 1 drachm; aloes, 1½ ditto; ginger, ½ ditto; soap (soft), 2 ditto; mix; for 3½-grain pills. An active purgative, greatly resembling Morison's No. 2 pills. Dose, 1 to 3 pills.\*

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## POISONS

(their history, chemistry, effects, antidotes, and tests, together with the appearances presented on *post-mortem* examinations in cases of poisoning, the preparations of the antidotes, &c.).

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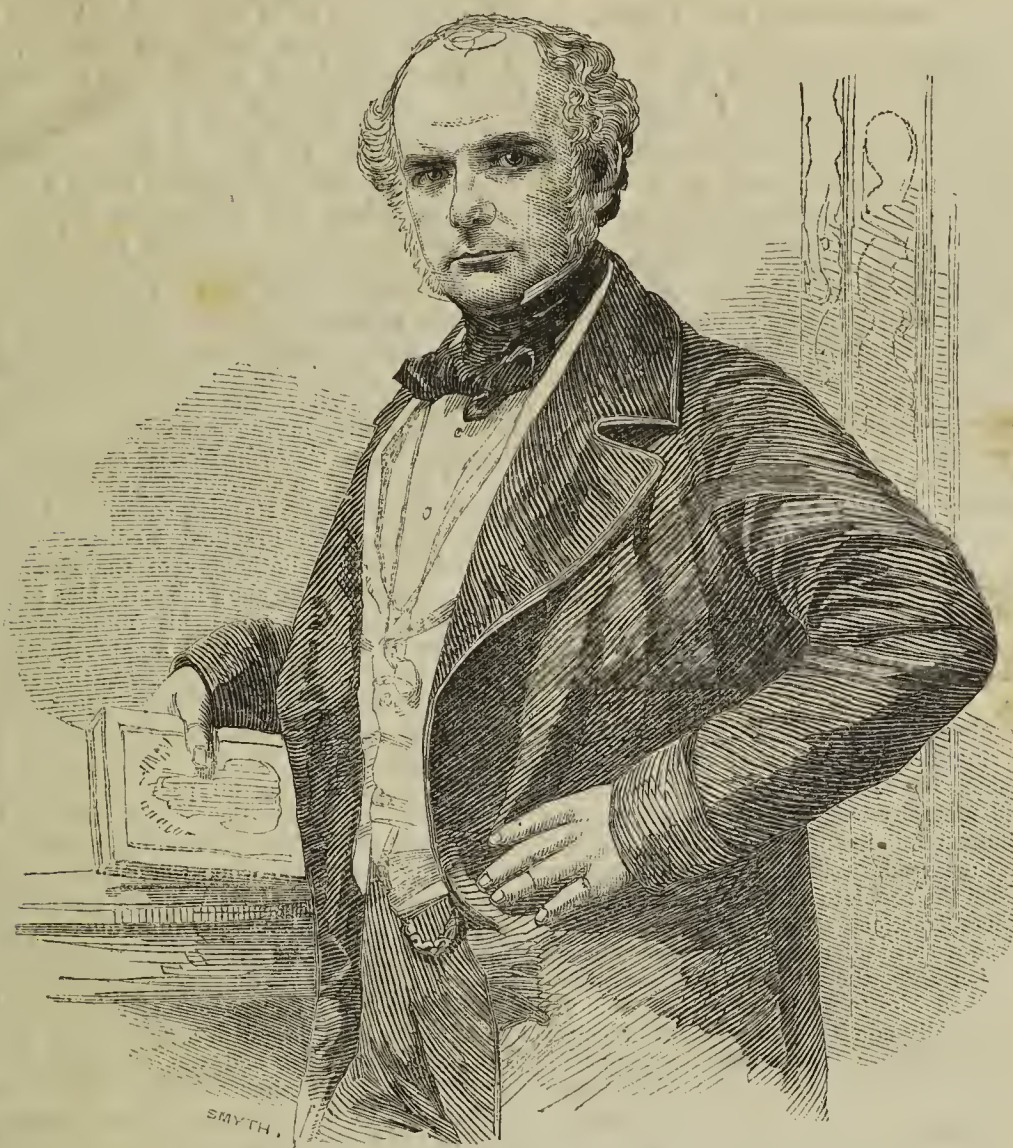
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PORTRAIT OF DR FORBES WINSLOW.

(From a Daguerreotype by Mayall.)

## BIOGRAPHICAL NOTICES.

### DR FORBES WINSLOW.

Reader, we have now the pleasure of introducing to your notice one of our most eminent metropolitan psychologists; a gentleman who has just had the honour conferred on him of being elected President of the Medical Society of London, and who is further distinguished as the editor of the 'Psychological Review'—a work circulating among a select number of readers, and of the highest mark for ability and the intrinsic value of the information it contains.

Having from early life enjoyed the pleasure of Dr Winslow's acquaintance and friendship, we have often heard from his own lips the interesting "story of his life:" and we feel assured that we shall not be offending the gentleman, nor laying ourselves open to the imputation of committing a breach of confidence, by placing a few particulars of his eventful career before the readers of the 'Medical Circular.' If we call a blush to Dr Winslow's cheek, he must consider it as only one of the minor penalties of professional distinction.

Dr Forbes Winslow was born Aug., 1810, in Queen's row, Pentonville, and is the ninth son of Capt. Thomas Winslow, of her Majesty's 47th regiment. His grandfather on his mother's side was Dr Forbes, attached to the medical department of the army; his grandfather on his father's side was descended from the "Pilgrim Fathers"—Governor Winslow being one of the most distinguished of the early settlers at New Plymouth, North America. The Winslow family held, during the early periods of American history, the first judicial and military stations in the state of Massachusetts. To this day their name is so much respected at Boston, that a chair in which Governor Winslow sat when administering justice is still preserved by the government, and a work giving a history of the Winslow family is published in America. During the Revolutionary War, the family were noted for their attachment, as Royalists, to the British Crown, and consequently lost vast possessions when the American independence was declared. Dr Winslow acquired the rudiments of his education in early life in



Scotland, and subsequently received the instructions of a private tutor, a clergyman of the Church of England. He was then placed at a grammar-school, near London, and afterwards at Manchester.

He manifested an early bias for the study of medicine, and commenced his professional education when in New York. On his arrival in England, these studies were continued. He dissected and studied anatomy under Mr Carpentier for four years; and afterwards, at the University of London, he was pupil of Drs Turner, Elliottson, A. T. Thompson, Quain, &c., during the best period in the history of that school of medicine; he was also a pupil of Sir C. Bell, at Middlesex Hospital. He passed the College of Surgeons in 1835, and subsequently graduated, after examination, as doctor of medicine, at the University of Aberdeen. He was soon afterwards proposed by the then President of the Royal College of Physicians of Edinburgh, and elected one of the Fellows. While Vice-President of the Medical Society of London, he had the honour of being selected as the *Lectureship Professor of Medicine* for 1851 and '2, when he delivered three lectures—1, On the Psychological Vocation of the Physician; 2, On the Medical Treatment of Insanity; 3, On Medico-Legal Evidence in Cases of Insanity. The report of the anniversary meeting of the Medical Society of London in our last number, has already informed our readers that Dr Winslow has been elected President of this society for the ensuing year, after having filled successively its various offices.

Dr Winslow has always evinced a strong literary tendency. Whilst serving his apprenticeship with a general practitioner in London, he devoted nearly all his time in mastering celebrated metaphysical and other works on the philosophy of the human mind, and made careful analyses of all the works he then read. Like many other men who have afterwards wedded their souls to literature, he began early to be fascinated by its attractions.

Dr Winslow showed a spirit of early independence in his expressed determination to be the architect of his own fortune. His family wished him to study for the bar, and for this purpose he was formally admitted a student of Lincoln's Inn, and his name is still, we believe, on the books of that society; but his love for the science of medicine was such that he refused to yield to the advice of his family, notwithstanding that brilliant pecuniary expectations were held out to him in the shape of a lucrative legal appointment, if he would formally resign the study of medicine for that of the law. In surmounting the difficulties he had to encounter, he resolved to rely upon no resources but his own; and without any pecuniary assistance from relatives or friends, he fought his way on through the battle of life. Whilst pursuing his studies at the University, and elsewhere, he paid all the expenses connected with his medical education with what he earned with his pen, writing for booksellers, newspapers, and magazines. We have heard Dr Winslow remark that from the early age of eighteen he could say with Coleridge that he "*has lived out of an inkstand.*" Not satisfied with prosecuting his studies at the London University, Dr Winslow attended Mr Lawrence's lectures on surgery, delivered at St Bartholomew's Hospital, Mr Guthrie's lectures on military surgery, and Sir B. Brodie's lectures on surgery, at St George's, it being his anxiety to avail himself of the best lecturers connected with each of the celebrated London schools of medicine—this, too, at a period when he had no means apart from his literary earnings to depend upon for the liquidation of his expenses. We have heard him say that he has been compelled to suspend his medical studies for several months, until he, by what he acquired by writing, had accumulated a sufficient sum to resume his professional studies. Possessed with great natural energy, buoyant spirits, indomitable courage, great power of continuous application, he was able to surmount difficulties that would have depressed and overthrown many men less fortunately organised. Dr Winslow was in the habit of working much at night; and for months at a time, he never retired to rest until two or three o'clock in the morning. Naturally fond of books and literary work, he never indulged in any

pleasurable pursuits whilst prosecuting his studies in London. As soon as he retired from the lecture-room, he was either dissecting or at home occupied with his books and pen. "Work, work, work," was his motto. His early love for metaphysical and philosophical reading led his mind almost instinctively to the speciality to which he has devoted the best energies of his mind and the principal portion of his life. His taste for the investigation of mental diseases was early developed. When a student of medicine, he joined the Westminster Medical Society when in Sackville street. At this period he exhibited the bias of his mind; for it will be perceived, by referring to the records of that Society, that in 1830 Dr Winslow read to its members an elaborate paper on the "*Influence of the Mind upon the Body in the Production and Aggravation of Disease.*" This paper gave rise to four adjourned discussions, and was published in detail in the '*Gazette of Practical Medicine.*' He subsequently, in the same year, read a paper on the "*Application of the Principles of Phrenology to the Elucidation of Insanity,*" an abstract of which was published in the '*Medical Gazette.*' He also contributed a series of papers to the '*Gazette of Practical Medicine*' in 1831, on the "*Physiology and Pathology of the Human Mind.*" We mention these facts to show his early bias to the study which now exclusively occupies his mind and practice. In 1832, Dr Winslow published a paper in the '*Lancet*' on "*Softening of the Brain;*"—in fact, the study of cerebral pathology was always his hobby. After entering upon the active duties of his profession—still relying upon his own unaided exertions, and still exhibiting his spirit of independence, and refusing all pecuniary assistance—he continued his literary exertions: and, aiming at lofty flights, commenced writing for the leading journal of Europe. It was during the period when the celebrated Mr Barnes was editor of the *Times* that Dr Winslow commenced writing for the paper. He, without any introduction, wrote and sent in his communications, they were thought well of, and appeared in the columns of the paper. After contributing for some time to the literary department of this journal, Mr Barnes requested an interview with Dr Winslow, who accordingly obeyed the summons, and was admitted into the editorial sanctum in Printing-house square. This interview subsequently led to a permanent literary engagement, which continued uninterrupted for some years, until Dr Winslow, finding that duties interfered with the practice of his profession, he resigned all connexion with the paper, and devoted his mind solely to professional studies. While engaged on the *Times* Dr Winslow acted as one of the reviewers, and was employed to investigate matters of science for the paper. Thenceforth, Dr Winslow resolved to engage in no literary occupation apart from his own much-loved speciality, and he has for nearly ten years firmly adhered to this resolution. In the literature of his department he has published something worthy of note—a work on the '*Plea of Insanity in Criminal Cases;*' essays on crime, idiocy, and numerous contributions to the medical journals. He has also the honour of having written the first English medical work on self-destruction, entitled the '*Anatomy of Suicide;*' and he is entitled to the credit of having originated and published, at his own exclusive risk and expense, the first British '*Psychological Journal,*' and carried it on single-handed for five years. This was a bold undertaking, requiring energy, talent, knowledge, and literary experience. Few men could have established such a periodical. We trust one of these days Dr Winslow will write the '*Struggles of the Psychological Journal;*' for we hear from more quarters than one that he has received absolutely no literary assistance from those engaged in the treatment of insanity in this country. Can it be true that a great and useful undertaking like this received no literary support from the veterans connected with his own speciality? Can it be true that they stood quietly by with one honourable exception, viz., Dr Hitchman, of the Derby County Asylum, and permitted him to brave the storm single-handed, not only offering him no assistance, but actually disparaging his praiseworthy efforts to establish a British journal of Psychological medicine? So it is



said, that not one of the eminent London physicians connected with the treatment of the insane, and whose names are familiar to us, has written a line in the 'Psychological Journal!' Let these gentlemen answer this question—why have they stood aloof with folded arms during such a struggle? Such, alas! is said, upon good authority, to be the fact. That this journal, which is now one of our established quarterly periodicals, and is enjoying a large circulation, not only in England, but in France, Germany, and America, has been conducted to its present high position almost exclusively by the unaided efforts and heroic exertions of its present editor, speaks volumes for Dr Winslow. Literary assistance out of his speciality, he unquestionably has had, but from the commencement of the periodical up to the publication of the last number, it is said that no party but the editor has had anything to do with its management, and with one noble exception, no man publicly connected with the treatment of the insane in this country has contributed a line to its pages! Let this fact speak for itself.

Dr Winslow enjoys a large private practice in cases of insanity and diseases of the brain and nervous system, and he is consulted in cases of difficulty, legal and medical.

Since the trial of McNaughten, when Dr Winslow gave evidence, he has been a medical witness in nearly every important criminal and civil case of lunacy made the subject of public investigation in this country. His opinion is obtained, in difficult and complicated cases of lunacy, not only in England but on the Continent; he was selected by the Lord Chancellor as his medical officer in the celebrated case of Mrs Cumming, when he made his elaborate official report. Again, recently, Lord Cranworth has shown his respect for Dr Winslow's judgment and character, by appointing him as his referee in the matter of Mr Fussell, a case involving a question as to the capacity to manage property to the extent of nearly 250,000*l*. This needs no comment. To have obtained the esteem and confidence of the highest judicial functionary in the land—to be selected by him from among a host of able men in a great city like London, the emporium of learning and talent, to investigate a case of great doubt and difficulty, is the highest compliment that could be paid to professional eminence. Dr Winslow's *forte* is accuracy of diagnosis in cases of insanity, combined with great and unbounded faith in the *curative* treatment of mental diseases, exhibiting a just confidence in the therapeutic efficacy of medical means in restoring the balance of the disturbed mind. He has paid much attention to the incipient symptoms of insanity, and some years back read an essay at the Medical Society of London on the '*Incubation of Insanity*.' This paper was published in the transactions of the society. He has devoted much attention to the study and treatment of insanity, imbecility, and idiocy in early life. He read a paper on this subject at the Medical Society of London.

The history of Dr Winslow's career is fraught with many useful lessons. It teaches that the road to fame, position, and fortune is open to all; that, with energy, principle, and character, there are no difficulties which may not be surmounted, and no position too exalted to which we cannot attain.

Dr Winslow is proprietor of two private establishments for the treatment of the insane at Hammersmith, where he resides with his family, superintending himself all the medical and general arrangements of the house. In this respect Dr Winslow has set a noble example to those engaged in similar avocations: regardless of all personal considerations, he has, from the day he opened his asylum, never lived apart from those intrusted to his care, whose status in life and condition of mind fitted them to join his own family circle. We have witnessed their social treatment at Sussex House, and can bear testimony to its wonderful efficacy in the cure of insanity. We have often heard Dr Winslow state, when referring to his vocation in life, that for a period of ten years he has never dined, when at home, or spent an evening, apart from his patients! What an enormous sacrifice of domestic happiness! what noble devotion to a great and good cause!

## REVIEWS.

*The Practical and Descriptive Anatomy of the Human Body.*  
By THOMAS H. LEDWICH, F.R.C.S.I., and EDWARD LEDWICH, F.R.C.S.I.

This is another contribution to the literature of anatomy from the Dublin School, already distinguished for its numerous and valuable works on this branch of professional study. We are bound to say that this volume is conscientiously and ably put together, and is creditable to the school from which it sprung. The latest discoveries in anatomical science are introduced into the volume, which is clearly and succinctly written. The student will find it a safe and useful guide in the dissecting-room.

*Diseases of the Human Hair.* From the French of M. CAZENAVE. By T. H. BURGESS, M.D.

This valuable little work is so well known that it does not require a recommendation. The first part treats of the anatomy of the hair and secreting glands; the second part of alopecia in its various forms; and the third part of the management of the hair. In the last part we find many useful observations. The author is an enemy to cosmetics, which he considers generally to be useless if not injurious. He says:—

"If a long experience has led me not to place too much reliance on cosmetics, it has also taught me that in certain cases they may accomplish the double object just stated; and especially with reference to the first of these objects, I have obtained good results from the employment of pomades composed of beef marrow, balsam of Peru, emulsion of bitter almonds. I can also recommend the application, night and morning, of lotions of aromatic arnica, or of the following:—

R. Tincture of the sulphate of quinine.  
Tincture of canella.

"I do not wish to attribute to any of these remedies a greater value than they possess, and I would particularly warn the reader against supposing that they are unerring in their action.

"For example, in cases of senile baldness it is evident that no remedy can have any beneficial effect; indeed I may sum up the result of my own experience as regards those topical remedies which experience has shown me not to be injurious, in the following aphorism:—generally, it is better to abstain from the employment of measures which, under the pretext of reproducing the hair which has fallen off, may prove destructive to that which remains. It may, perhaps, be said that this is negative hygiene, but it is not the less important on that account."

The following observations also deserve attention:—

"Every one is aware of the custom of cutting the hair of young children, with the view of causing it to grow longer, thicker, and more beautiful, owing to the idea which generally prevails that the first hair is never perfect—this practice is, to say the least, useless, and is the result of prejudice and error."

"The human hair ought to attain a certain length, when it will naturally cease to grow. This length, in the absence of disease, ought to be in proportion to the strength and vigour of the individual, as in a healthy tree the branches are proportioned to the trunk, it coincides with the healthy energy of the hair bulb, and corresponds to the natural disposition of the individual; hence it may be inferred that there are certain limits beyond which hair cannot grow, wherefore the custom referred to of cutting the hair cannot have the intended result, but rather retard the period when it should have attained its maximum length.

"If experience has not deceived me, I do not hesitate to say, that the finest and most beautiful hair is the original, or that which was never cut. I am acquainted with a family in which there are three sisters, fair and good-looking. They have each magnificent hair, as regards brilliancy, thickness, and length. The hair of two of the girls was cut during



childhood—the third still preserved her original hair, which is nevertheless the best of the three.

"It appears to me that the precaution of cutting the hair is at least useless, inasmuch as it does not answer the purpose intended. If it produces any effect, it is to thicken the hair when it is lank, thin, and poor-looking. But even in this instance it is not necessary to cut it close. It will be enough to shorten it a little.

"The brilliancy and pliancy of the hair depend chiefly on the state of the general health, although they are undoubtedly influenced to a certain extent by the care bestowed upon the hair itself. It would therefore be out of place here to reopen that part of the subject. However, certain idiosyncracies, and peculiarities, independently of the state of the general health, may materially affect these two essential characters of a fine head of hair.

"For example, in some individuals the hair is naturally dry; the hairs break readily however slightly they may have been twisted or tightened; they take wrong directions, and apparently, as a consequence of this tendency, they split at the ends, and are constantly becoming entangled. In such cases the hair should never be cut, or even 'refreshed:' for however little may be removed, the new ends will split in their turn; and if this practice is continued, the same result will invariably follow every time, until finally a perfect tonsure is established, without remedying in the least the original evil.

"I may here repeat one of the rules or precepts of *negative* hygiene, not devoid of utility: viz., abstain altogether from cutting, wetting, or twisting, or binding tightly, the hair.

"With regard to the positive treatment, the hair should be slowly and carefully disentangled, and so arranged and covered at night as to give it the proper direction.

"This is perhaps the only case in which it will be in accordance with rational treatment to employ greasy substances in the form of cosmetics, and pomades; and the most simple formula is the best; as the object is merely to supply the oily secretion which, in the healthy state, moistens or lubricates the hair.

"It is necessary to be cautious in such cases as to the nature of the remedy selected, as the hairy scalp has a decided tendency to inflammation. For my own part, I recommend exclusively a pomade composed of—

R Prepared beef marrow.  
Oil of bitter almonds.

"Care should be taken to anoint the hairs not only in their entire length, but also at the roots, where the hair should be divided to admit of the direct application of the ointment, and special care should be taken that the preparation does not become rancid.

"On the other hand, it sometimes occurs that the hair is too greasy, loses its brilliancy and pliancy, becomes dull, matted, and dark, and disposed in lockets or bands. This greasy condition of the hair is sometimes so great, that whether it is the effect of hypersecretion of the colouring matter, or of want of cleanliness, many of the hairs become quite discoloured.

"In such cases no greasy application should ever be employed. I have found it useful to powder the hair, in analogous instances, occasionally in the evening, with starch, and to brush the head carefully in the morning so as to remove the powder.

"It will be also useful to cleanse the scalp now and then with a very weak alcoholic solution. It is never attended with inconvenience when used in proper cases. I have also found a solution composed of the following ingredients answer the purpose equally well:—

R Sub-borate of soda.  
Distilled water.  
Essence of vanilla.

"All greasy hair requires the most minute attention to cleanliness. In some instances the hairs are misplaced, so as to take a wrong direction, whether the result of the exigencies of fashion, or of the operations of the toilette. This occurs particularly when some of the hairs exceed in length the natural limits.

"The usual remedy for this inconvenience is to shave the spot where these hairs grow, which is, generally speaking, an injurious habit, inasmuch as the hair of the part shaved preserves ever afterwards a lighter or deeper tint, than that on the rest of the scalp, and is always disagreeable to the eye. The best thing that can be done in this case is to depilate the hair.

"A variety of agents have been recommended to fulfil this object, but the most effectual is, without doubt, the cosmetic known under the name of *rusmae*, and which is particularly used by the Turks. It consists of a mixture of equal parts of sulphuret of arsenic and of lime, made into a paste with rose-water, and applied to the part for a few minutes."

An instrument for fumigating the scalp in cases of alopecia is depicted in the frontispiece of the work. From the character of our quotations our readers will see that this little volume is filled with sensible and useful observations on the management of the hair, and the cure of its diseases.

## DRUGS,

### AND THEIR ADULTERATIONS.

#### LAUDANUM.

The 'Lancet' thus sums up the results of its investigations with respect to the quality and strength of laudanum:

"Having now placed before our readers the results of the examination of *forty-one samples of laudanum*, a number that must be admitted to be amply sufficient to show the variations in quality to which that medicine is liable, we will proceed to make some further remarks upon the facts that have been disclosed.

"It may not be generally known that the directions of the Pharmacopœia are frequently departed from in the preparation of the *tinctura opii*. Some chemists, instead of macerating for seven days, as directed by the College of Physicians, digest the required weight of opium in water, and then add the proper quantity of rectified spirit, while other chemists adopt the process of percolation. Both these processes will, in careful hands, produce excellent laudanum, which is no way inferior to that of the Pharmacopœia. It follows, therefore, that such variations in the mode of making the tincture of opium ought not to be any obstacle to uniformity of strength.

"One of the most obvious conclusions to be drawn from the foregoing analyses, is the absence of all useful relation between the specific gravity and the amount of opium present in the laudanum. The knowledge of the specific gravity gives no information as to strength. This obviously arises from proof spirit, specific gravity 920, being rarely employed; and it may be safely asserted, that in but comparatively few cases have the makers of the samples analysed exercised due care in using the spirit of the proper strength. All increase above 920 ought solely to arise from the amount of *opium* dissolved, but it may be caused by *water*, the spirit used not containing the proper per-centage of absolute alcohol. All the samples having specific gravities higher than 954, with but one exception, are indebted to water for the increase. This water must not, however, be considered as present from fraudulent motives, as no doubt, in most cases, it has arisen from the "proof spirit" being made by the admixture of five pints of rectified spirit with three of water—a plan adopted by those not possessing a hydrometer—to the neglect of the proper precautions—viz., that the rectified spirit possessed a specific gravity of 838, and that both it and the water are of the temperature of 62 Fahrenheit at the time of mixture. If the directions of the Pharmacopœia were strictly adhered to, then the specific gravity would indicate the amount of opium present, and the results of these analyses confirm the observations of Mr Phillips, who found, as already stated, the specific gravity to be 'about 952,' and 'about nineteen minims to contain one grain of opium.' The word 'about' is very necessary, as will be seen on reference to the analyses, where a certain range exists in the best samples.



"Another conclusion seems evident, viz., that the quantity of extract yielded is a good indication of the strength of the laudanum if it was properly prepared. A reference to the table which accompanies this report will clearly show that, in the majority of cases, the samples containing most extract contain the greatest amount of morphia. After the very candid and straightforward letter of Mr Squire, published in this journal, Feb. 5th, we feel much reluctance in recurring to Sample 11, but we should fail in our duty were we to omit a statement of our reasons for directing special attention to its analysis.

"Mr Squire correctly observes, 'No required residuum is mentioned in the Pharmacopœia.' Pereira, however, states—'Good opium yields more than half its weight (from sixty to seventy per cent.) of extract.' Phillips found, in his experiments, that proof spirit dissolved 'more than two-thirds of it.' Our own experience agrees with these statements. The memorandum from Mr Squire's laboratory note-book proves, that out of twelve ounces of opium, but four ounces and a half and ten grains were dissolved, in place of about eight ounces. Hence our remarks. We readily admit *that what was dissolved* was of fine quality, and our analysis of the extract gives eleven per cent. of morphia; but there is not *enough* of the extract, and consequently the opium cannot be placed in the first class. Accompanying the letter from Mr Squire will be found one from Mr Reece, who has not shown equal candour. Mr Reece writes that the tinctura opii procured from his establishment was prepared with exactly the quantity of opium and spirit of wine prescribed by the 'Pharmacopœia.' We emphatically repeat our assertion that it has no claim to the title of the tinctura opii of the London 'Pharmacopœia,' for which it was sold. The dried extract yielded by this preparation weighed three times *as much as ought to be the case*, even if the *whole* of the opium ordered by the College had been soluble. The addition of spirit of wine throws down a copious precipitate of gum; and, to be brief, this tincture in no way resembled any other of the forty examples examined. The per-centage of morphia is very low, the extract itself yielding but 1.1 per cent. Pereira asserts that opium, from which the morphia has been extracted, has been fraudulently introduced into the market; we are almost tempted to imagine that Mr Reece has unknowingly become a purchaser of some, but that does not explain the enormous amount of solid matter. It cannot be justifiable for any chemist to substitute a preparation of his own for the one ordered in the 'Pharmacopœia.' We must remark that our reports show that physicians and surgeons have quite sufficient difficulty to contend against in the uncertainty of procuring tinctura opii of uniform strength, without the addition of the vagaries of the druggist.

"If these analyses have established one fact more fully than another, it is that the directions given in the 'Pharmacopœia' have failed to produce a constantly uniform result. It is true that we have found several of the samples obtained from some of the old-established houses possessed of the virtues and powers of the opium employed to the full extent, but it is extremely doubtful whether this had not arisen from the sound judgment exercised in the choice of the opium, rather than from any perfection in the process itself. It must here be distinctly understood that we do not confine our praise to the old houses, as a careful perusal of our report will show such a limit to be unjust; nor because an establishment is old would we imply that it has furnished us with a specimen of laudanum of the finest description; the amount of extract, and the weight of the morphia from each sample, are the only certain guides.

"The obvious question now arises, How can so important a remedial agent as laudanum be obtained of uniform strength? The employment of genuine extract of opium, in suitable proportions, seems to afford the most ready means; but more will be said upon this head when our analyses of opium itself are published.

"We cannot conclude this article without again calling attention to the *prices* paid for the samples—the higher price having been frequently paid for an inferior preparation."—'Lancet,' March 12, 1853.

The 'Medical Times and Gazette' treats this week of the Unguentum Hydrargyri Fortius and Calamine.

#### UNGUENT HYDRARGYRI FORTIUS.

Of this preparation the 'Medical Times and Gazette' says, that none of the samples contain the full amount of mercury, while others fall considerably below it. No other striking facts are elicited.

#### CALAMINE.

The same journal says of this mineral that, notwithstanding its extreme abundance in various parts of England and the European continent, and its consequent cheapness, calamine of the shops seldom contains a particle of zinc, but is a mixture of cheaper minerals, chiefly sulphate of baryta, tinged to a greater or less extent by oxide of iron. Not one of the specimens we have subjected to examination was soluble in sulphuric acid, although some of them effervesced pretty strongly with dilute sulphuric acid, indicating the presence of a carbonate. They all, with the exception of that from Apothecaries' Hall, left an insoluble residuum, varying from 90 to 100 per cent.; and even that from the Hall yielded a residue of 29 per cent. Of the ten specimens, that from the Hall alone showed the presence of zinc, and was a genuine although still very impure sample of calamine. In two instances, the residue after the action of sulphuric acid, being well washed and heated to redness, exceeded the original weight of the calamine submitted to analysis, which arose from the fact that these specimens consisted chiefly of carbonate of lime.—*Medical Times and Gazette*, March 12th, 1853.

## MEDICAL SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

MR BISHOP, PRESIDENT.

#### PERITONITIS FROM PERFORATION.

Dr Winn exhibited a well-marked specimen of perforating gastric ulcer. The subject of the case was a young married woman, aged twenty-eight, who had, for a long time past, laboured under symptoms of indigestion and cardialgia; she had, also, at a distant period, suffered from an attack of hæmatemesis. She enjoyed good health before marriage, but her sister had died of phthisis. A few months before death Dr Winn had recommended her to wean her child, and to take some remedies for the stomach affection. She refused to wean her infant, and he lost sight of her until the 15th inst., when he was summoned to see her at midnight. Dr Winn found her lying on the floor in a state of collapse, and suffering from excruciating pains in the abdomen, and other symptoms of acute peritonitis. Her relatives informed him that she had visited some friends in the country on the preceding day, and that she had eaten a hearty supper composed of cheese, celery, ale, &c. She went to bed apparently well, but was startled out of sleep an hour afterwards by an agonising pain in the stomach. Her screams were piercing, and so loud that they alarmed the people in the street. It was evidently a hopeless case. Dr Winn prescribed opiates and fomentations, but they afforded no relief, and she died at four o'clock. On opening the abdomen, a large quantity of turbid and fetid fluid escaped, the source of which was soon discovered. In front of the stomach, and close to the centre of the lesser curvature, was a small, circular, and well-defined ulcer. The aperture presented a bevelled appearance, owing to the mucous membrane having been destroyed to a greater extent than the other coats of the stomach. The interior opening was about the size of a four-penny piece; the external aperture not more than the eighth of an inch in diameter. The mucous and other membranes in the neighbourhood of the ulcer were thickened, and the villi presented a bright scarlet appearance. The other portions of the stomach were apparently healthy. The small intestines were vividly injected.



Dr Winn thought it probable that the ulcer had existed for a long period, but that mechanical distension of the stomach from undigested food had possibly ruptured the peritoneal covering of the ulcer. He also considered it of interest to notice, in connection with the post-mortem appearances, the long-continued dyspepsia, and the fact of the lesion occurring, as it generally does, at the lesser curvature of the stomach.

#### ANNIVERSARY MEETING.

The eightieth anniversary meeting of the Medical Society of London was held on Tuesday last, March 8th, at the Thatched House Tavern, St James's street, Mr Bishop, President, in the chair. The Presidents of the Colleges of Physicians and Surgeons, and the Master of the Society of Apothecaries, were present as guests of the Society. The result of the election of office-bearers for the ensuing year was announced. The following are the officers appointed:—

President: Forbes Winslow, M.D. Vice-Presidents: E. Canton; S. Stedman; Tyler Smith, M.D.; John Snow, M.D. Treasurer: Henry Hancock. Secretaries in Ordinary: C. Cogswell, M.D.; Edward Smith, M.D. Secretary for Foreign Correspondence: T. Davidson, M.D. Councilors: R. Barnes, M.D.; J. Bishop, F.R.S.; J. Chippendale; W. D. Chowne, M.D.; J. F. Clarke; J. B. Daniell, M.D.; Victor de Meric, M.D.; W. C. Dendy; R. Druitt, M.D.; A. H. Hassall, M.D.; S. W. J. Merriman, M.D.; John Propert; B. W. Richardson; C. H. Rogers Harrison; C. H. F. Routh, M.D.; W. B. Ryan, M.D.; R. H. Semple, M.D.; W. Smiles, M.D.; J. S. Stocker, M.B.; E. J. Tilt, M.D. Orator for the Year 1854: W. F. Barlow.

The oration was delivered by Dr Snow. The chief subject of it was communicable or contagious diseases. Each case of these diseases was, he said, as a general rule, caused by some material which had been produced in the system of a previous patient, and which possessed the property of increasing and multiplying its own kind at the expense of the individuals attacked. The character which most communicable diseases had of prevailing as epidemics was directly due, in his opinion, to their communication from person to person. The effects of the atmosphere, of climate, and of locality on epidemic diseases had generally been much overestimated. They only promoted or repressed epidemics as they did the production of plants or insects, and were not their real cause. He expressed a doubt of the existence of malaria or marsh miasmata as a cause of ague; and quoted several instances in which intermittent fevers were caused by drinking ditch or marsh water, while other persons subjected to the same atmospheric influences escaped. We had, he said, no sufficient evidence to show whether the material cause of ague was produced in the system of a previous patient or not. The communication of tape-worm had never been observed, although we knew that it was caused by unwittingly swallowing the eggs which had been produced in the alimentary canal of another individual; consequently intermittent fevers might be communicable, although this character had not been observed in them. Want of personal cleanliness aided very much the propagation of many epidemic diseases; and this favoured the view of their communication by accidentally swallowing the specific virus, rather than by inhaling it in the form of effluvia. There was some evidence to render it probable that plague, yellow fever, typhoid fever, as well as cholera, were occasionally communicated by the *materies morbi* being conveyed to a distance in the drinking water, or other articles of diet. The speaker expressed his opinion that the class of communicable diseases required further investigation, and he concluded with an allusion to Jenner, who was an early member of the Society.

The Fothergilliau Gold Medal was awarded to Mr Poland, for the best essay on 'Diseases of the Abdomen,' and a Silver Medal to Mr Clifton, for his services whilst Treasurer.

After these proceedings, a very numerous party of the members sat down to dinner. The chair was taken by the President of the Society, supported by the President of the

Royal College of Physicians, the President of the Royal College of Surgeons, the Master of the Society of the Apothecaries, and the past Presidents of the Medical Society. The usual loyal toasts were given from the chair, and the amusement of the company present was much enhanced by some very excellent singing.

#### OUR NOTE BOOK.

*On the Reproduction of Nervous Substance, and on the Structure and Functions of the Spinal Ganglia.* By Dr A. WALLER.

Dr Waller, after having made many experiments on different animals, principally warm-blooded ones, of an early age, and frogs, considers himself entitled to the conclusion: "That the old fibres of a divided nerve never again renew their original structure and function, and that the reproduction of nervous substance does not take place merely in the cicatrix itself, but also downwards into the terminating ramifications. The old fibres gradually waste, and after a month or later, new fibres are formed, which are pale and transparent, possess no double contour, present a very unequal diameter, being on the one place very thin, on the other, varicose, like the fibres of the spinal marrow. In the peripheral part of the glosso-pharyngeal nerve of a frog, three months after the section, their size was only about one-sixth to one-third of the original fibres; they resembled, therefore, much more the ramifications of the nerve in very young frogs. In the central part of the cut nerve the fibres remain unaltered. Concentrated acetic acid dissolves the membrane of the newly-formed fibres, leaving fuciform nuclei; the membranes of the original fibres are completely dissolved, no nuclei being left. The reproduction of fibres, and the return of function, proceed in the same proportion. Of great importance are Dr Waller's experiments for the understanding of the *structure and function of the ganglia*. While, as he has previously shown, all motor nerves, separated from their cerebro-spinal centre, become entirely changed in their microscopic appearance, the peripheral part of the sensitive spinal nerves, the root of which is cut through between the spinal cord and the spinal ganglion, remains unaltered as long as the connexion with the ganglion is maintained. Ten or twelve days after having divided one or both of the roots of the second cervical nerve, he was enabled to make the following observations: 1. That part of the sensitive nerve which is situated between the place of division and the ganglion, is disorganised in the same manner as any dissected nerve in its peripheral end. 2. Tracing the disorganised fibres into the interior of the ganglion, they are seen mixed with normal fibres; the disorganised ones appear to pass into ganglionic globules, which are likewise altered, seeming to be deprived of their contents, and to consist merely of a thin, indistinct membrane. 3. The normal fibres appear to end by very thin filaments passing into normal ganglionic globules. 4. All the fibres originating within the ganglion are in their normal state. 5. The motor fibres are completely disorganised in the whole of the peripheral part of the nerve (no motion is produced by galvanism or any other stimulus). 6. After having divided only the posterior root, all the fibres *below*, or on the *other side*, of the ganglion were normal. 7. After having divided the nerve *below* the ganglion, or after having cut out the ganglion, all the fibres in the peripheral part were disorganised. It is evident, from this, that the spinal ganglion acts as a nervous centre for the sensitive fibres, but not for the motor ones. Dr W. promises to give soon more detailed observations, as well on the same subject as on the function of the *nervus vagus* and *sympatheticus*.—'Müller's Archives,' 1852, No. 4, p. 392.

*Chemical Composition of the Uterine Fibres in Pregnancy.* By SIEGMUND.

The point of interest in this communication is, that kreatin was obtained from the tissue of the gravid uterus. Formic and acetic acids were also present.—'Wurzburg Gesell. Verhandl.,' Band iii. Heft 1, p. 50.



## CORRESPONDENCE.

*To the Editor of the 'Medical Circular.'*

MR EDITOR,—I have just been looking over the *soi-disant* 'British Medical Directory,' and find that it is *literally copied* from the pages of the 'London and Provincial Medical Directory,' even to the typographical errors!!

Here is a pretty sample of an *original* work, every word taken from a rival it is attempting to crush!!

The Editor professes to leave out the names of qualified men who practise homœopathy, upon what pretence no one can comprehend, as medical men have a right to follow their own views on the subject, and although I for one consider homœopathy most absurd, I leave others to act upon their own judgment. Notwithstanding the Editor's *professions*, I find the name of Thomas Robinson Leadam, a *well known follower of homœopathic principles*, inserted in this immaculate guide.

I had the pleasure of being a fellow pupil with Mr T. R. Leadam at Guy's, where he was considered a painstaking and promising student; and it is from no disrespect to him that I mention his name, but simply to show *how faithfully* Mr Wakley carries out his pledges.—Your obedient servant,  
AN OLD GUY'S PUPIL.

## Obituary.

December 31, 1852.—GEORGE RAE, M.D., surgeon to her Majesty's ship Calypso, at La Guayra.

February 6, 1853.—WILLIAM MACKAY, M.D., late surgeon in her Majesty's navy, at Budgar, near Sittingbourne, Kent, aged 72.

March 1.—HENRY MITCHELL, Esq., M. R. C. S. Eng. 1843, L.S.A. 1844, at his residence, 11 St Andrew's street, Cambridge, aged 34. The deceased a short time ago held the office of house surgeon to Addenbrooke's Hospital, and was the author of an essay 'On the Connexion of Revealed Religion and Medical Science.'

Lately—J. W. JONES, Esq., surgeon, at Commercial street, Newport, of fever, caught in the discharge of his duties at the Whitworth Hospital, North Brunswick.

JONATHAN COWDERY, M.D., at Norfolk, United States, aged 86. Dr Cowdery was the oldest surgeon in the American navy, having served in it fifty-two years.

Dr OVERWEG.—Through intelligence received at the Foreign Office from Tripoli, and communicated to us by the Chevalier Bunsen, it is our melancholy duty to announce the sudden death of Dr Overweg, one of the travellers employed in determining the boundaries of Lake Tsad. Dr Vogel, a gentleman well known for his astronomical labours in connexion with Mr Bishop's observatory in Regent's Park, volunteered to join them, and on Sunday last he left Southampton with two sappers and miners, and a supply of the best instruments for magnetic observations, uninformed of the event which we have this day to record. Thus, at the early age of thirty, sharing the fate of Dr Richardson, fell another hearty traveller of vigorous enterprise, a victim in this particular service of African exploration.—'Literary Gazette.'

THE AVA EXPEDITION.—The Admiralty have promoted to be surgeons, Assistant-surgeons Thomas Leacombe, H. Slade, and John F. Johnson, (upon the last-named gentleman qualifying himself,) for their services at Ava.

MORE POISONOUS FOOD FOR THE NAVY.—The late survey at Sheerness condemned as bad 700lbs of meat, and also a large quantity of vegetables which were putrid. The paymaster instantly purchased on land the same quantity of meat, leaving the contractor to pay the difference in price.

CHRIST'S HOSPITAL.—We are happy to state that the widow of the late Dr Rice was, at the last meeting of the Governors, voted an annuity of 200*l*.

## MEDICAL NEWS.

THE LEVEE.—On Wednesday last the following members of the Profession were present at the levée:—Drs. Locock, Billing, Ferguson, Spurgin, James Harrison, Rutledge, John Forbes, and Sir James Eyre.

ROYAL COLLEGE OF SURGEONS.—The following members of the College were admitted licentiates in midwifery at the meeting of the Board on the 9th instant:—Edmund Chapman, Balham; diploma of membership dated June 27, 1851. Thomas F. Clarke, Gerrard street, Soho; Feb. 18, 1853. T. A. Finnimore, Lymington, Hants; July 16, 1849. Richard A. F. Gurney, Norwich; May 8, 1839. James Thomas Hillier, Ramsgate; June 21, 1850. Charles Moore Jessop, Bilton, Yorkshire; Feb. 18, 1853. R. Nichol, Champion hill, Camberwell; July 27, 1846. William Harris Stretton, Leicester; May 23, 1851.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 3rd March, 1853:—Frederick Dalton; George Edward Nicholas, Royal Navy; Field Flowers Sutton, Barton, Lincolnshire; John Wilde, Islington.

UNIVERSITY OF LONDON.—FRANCHISE MOVEMENT.—Thirty-five Petitions have already been presented to the House of Commons, begging the bestowal of the franchise on the University. Ultimate success is certain; at the same time, continued efforts are required to hasten the progress of the movement. Petitions lie at the various affiliated colleges for signature.

A QUACK CONVICTED OF MANSLAUGHTER.—At the Limerick Assizes, John Groves was indicted for the manslaughter of John Ryan, in Munget street, Limerick. The crown prosecuted. The prisoner was defended by Mr Barry, with Mr O'Donnell as solicitor. Ellen Ryan, the widow, deposed that her husband had suffered from rheumatism in the wrist and shoulder, for which Dr Russell attended him. Having partially recovered he went to sea, and, returning after the lapse of a month, got a bottle from a man named Kinnavane, of Thomond gate, who was not a doctor. She afterwards accompanied her husband several times to Groves's shop. Groves gave her husband a bottle of whitish medicine, and desired him to take a wineglassful occasionally. The first dose caused her husband great pain, and to vomit blood. She went to the prisoner, and complained of its effects. He laughed, said that he was glad to hear of it, and that upon taking the next glass he would be well. Her husband lived three weeks and a day from the time of his drinking the glassful of what was in the bottle. Mr John Carroll, apothecary, said that he asserted at the post-mortem examination, and was of opinion, that deceased died of debility of the stomach. To Mr Barry.—I never sold, to my recollection, any corrosive sublimate to the prisoner. Dr Parker performed the necropsy, and was of opinion that death resulted from the effects of a draught of corrosive sublimate, three grains of which were sufficient to cause death. He thought that a glassful of the draught which the bottle contained, had ten grains of the corrosive sublimate. To Mr Barry.—An over-dose of calomel would produce the same effect on the stomach as corrosive sublimate. Calomel was a medicine in general use, and often taken for rheumatism. Dr Russell gave it as his opinion that the deceased died of inflammation of the stomach, caused by some corrosive matter. But he did not know what. Mr Barry addressed the jury on behalf of the prisoner. The judge then summed up, and the jury, after half-an-hour's deliberation, returned a verdict of Guilty, but recommended the prisoner to mercy. The prisoner was removed from the dock without having sentence passed on him.

CITY COMMISSIONERS OF SEWERS.—On Tuesday the Commissioners assembled in the Guildhall, Mr Deputy Peacock in the chair. The court proceeded to consider the claim of the Medical Officer of Health of the City of London to an increase of salary, on account of his services. After some discussion the salary was raised from 500*l*. to 800*l*. a-year.



CENTRAL CRIMINAL COURT, MARCH 2.—William Hobson Palmer, 34, described as a botanist, was indicted for the manslaughter of Charlotte Cardwell.

Mr Cooper conducted the prosecution. The prisoner was defended by Mr Ballantine.

It appeared from the opening statement of the learned counsel, and the evidence of two or three witnesses, that the prisoner was what is called a herb doctor, and that he was in the habit of attending patients, and administering powders according to the recipe of a certain Dr Coffin, the principal ingredient of which, it would appear, was a herb of a dangerous character, according to the medical testimony, called lobelia. The deceased was a person of very weak health, and suffering from asthma; and it would seem that the prisoner attended upon her and administered powders and tinctures, and for some time she appeared to be getting better under his treatment, but at length died on the 8th of February. A post-mortem examination took place, when it appeared that the lungs and stomach of the deceased were in a state of great inflammation, and the contents of the stomach were sent to Dr Letheby, the professor of chemistry at the London Hospital, for the purpose of being analysed, when a considerable quantity of the lobelia was discovered by that gentleman in these contents; and it being suggested that the administration of this matter had caused, or at all events accelerated, the death of the deceased, the present charge was preferred. It was stated by all the persons who had been in attendance upon the deceased, that the prisoner was very kind and attentive to her, and that she expressed herself perfectly satisfied with his treatment; and that upon one occasion she had stated that she was sure she should have recovered if she had not taken a fresh cold.

Mr Clerk, the surgeon who made the post-mortem examination, described the appearances presented by the lungs and stomach of the deceased, and he expressed an opinion that it was highly improper to administer lobelia to a person in such a state, and it was calculated certainly to accelerate death, if not actually to cause it.

In cross-examination the witness said, that he had administered lobelia himself in some cases as a sedative. He also said that it would act as an emetic, and that it was used sometimes in cases of asthma to remove the phlegm, but only in small quantities.

In answer to a question put by Mr Justice Maule, the witness said, that lobelia had only come into use during the last sixteen or eighteen years, but during that period it had been getting a good deal into vogue.

Mr Henry Letheby, Professor of Chemistry at the London Hospital, proved that he analysed the contents of the stomach of the deceased, and discovered in it 110 grains of the husks or shell of the lobelia seed, the whole of the active principle of the seed having apparently been absorbed into the system. This quantity, he said, was in itself quite sufficient to have caused death; and he had known cases where a considerably less quantity had done so. He added, that he had heard the description given by the medical witnesses of the condition of the lungs and stomach of the deceased, and in his opinion it was highly improper and dangerous to administer lobelia to any person in such a condition.

A good many questions were put to the witness by the court, and also by Mr Ballantine, with regard to the particular qualities of lobelia, and it appeared that it was used by the medical profession in some cases, but that they generally refrained from administering it as an emetic, on account of its dangerous nature. He stated, however, that it was used in cases of asthma, and that when the system of any person became accustomed to it, a greater quantity might be taken with impunity.

Mr Cooper said that this was the case for the prosecution.

Mr Ballantine submitted that there was no evidence to go to the jury.

Mr Justice Maule said he did not think there was. It was admitted that it was customary to administer lobelia in cases of asthma, and that it was frequently attended with some good effect. The only question, therefore, was whether the prisoner had administered recklessly an improper quan-

tity to the deceased, taking into consideration the inflamed state of her lungs. There was, however, no proof that he had himself administered any excessive quantity; neither did it appear that he could have had any means of knowing that her lungs were in such an inflamed state as had been represented, as this was not ascertained until the post-mortem examination.

Mr Cooper said that, upon looking over his brief, he had felt the difficulty that was suggested by his lordship.

The jury then, under the direction of the Court, returned a verdict of Not Guilty.

KING'S COLLEGE HOSPITAL.—Admiral Lord Radstock presided at the last meeting of governors, when the report was read, which stated that during the year the in-patients numbered 1,119, and the out-patients 23,504; while the number of patients relieved during the fourteen years of the hospital's existence amounted to 230,941. The receipts, including 2,967*l.* legacies, amounted to 4,642*l.* and the disbursements to 4,944*l.* The late Miss Way Hatch bequeathed 200*l.* It was expected that at the close of this year a portion of the new building would be finished.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.—The Fifth Anniversary Festival of this Institution was held on Wednesday last at the London Tavern, the Right Honourable Lord Stanley, M. P. in the chair. Upwards of 300 gentlemen sat down to dinner, and the gallery was crowded with ladies. A powerful appeal was made by the Chairman, in the course of the evening, in favour of the objects of the charity, and his eloquence was so successful that more than 6,000*l.* was subscribed by the company present.

SANITARY.—The day of the reformer always comes at last; and to Mr George Alfred Walker, the churchyard reformer, it has been permitted to witness, during his lifetime, the triumph of his cause. Long and persevering and disinterested have been his labours, and fierce and bitter were his opponents: but not a whisper of opposition or dissent was heard in the House of Commons, on the 11th ult., when the home secretary, Lord Palmerston, proclaimed the graveyards of London to be—as Mr Walker has year after year asserted—a disgrace to the metropolis of the empire—a pest and a nuisance to be tolerated no longer. The upholders of these abuses have their prototype in Shakespeare's gravedigger. He, like other churchyard officials, compares the graves to "a house lasting till doomsday;" while, at the very moment, he is ejecting "poor Yorick" and other tenants, to make room for new-comers! In most of our large towns, it is only in name that the dead "rest" in consecrated earth.—'Gateshead Observer.'

THE SOPHISTICATIONS OF COD-LIVER OIL.—The following extract from the report of the Registrar-General refers to a subject of the gravest importance to the medical profession and the public:—"In the sub-district of Bethnal green, at 12 North side, there was registered in the previous week (Feb. 1st), the death of the widow of a veterinary surgeon, aged 41 years, from 'confluent small-pox (three weeks) after vaccination.' Mr Byles, medical attendant of this case, has addressed the following letter to the registrar:—"On the first inst. I forwarded to you a certificate of the death of a lady from confluent small-pox in Bethnal green, in which I alluded to a gross and dangerous nuisance existing in that locality. It is, as I am led to understand, a factory for the production of a factitious cod-liver oil, and the nuisance appears to me to be threefold: first, to arise from accumulations of fish and fish garbage; secondly, from the effluvia arising during the extraction of oil from these substances; and thirdly, from the most oppressive fetor, arising, I judge, from burning the bones and fibro of the fish to obtain an animal charcoal for the depuration of the oil. The premises being private and not easily accessible, of course what I state is in some measure conjectural."

POOR-LAW RELIEF.—On the 1st of January, 1852, the number of paupers in receipt of Poor-law relief was 835,360, and 799,443 on the 1st of January last. The decrease, after deducting the increase, was 35,917. Of adult able-bodied paupers the decrease was 11,098 in the year.



**MRS CUMMING'S CASE.**—All attempts to induce the conflicting parties to come to a friendly compromise having failed, the Lord Chancellor has ordered a new trial in the cause of Mrs Cumming, upon which so large a sum of money has already been lavished. It promises to be an interminable case.

**UNIVERSITY OF EDINBURGH.**—Sir E. L. Bulwer-Lytton, Bart., has been nominated to the office of Honorary President of the Associated Societies of the University of Edinburgh. The election takes place next week.

## NOTICES TO CORRESPONDENTS.

\*.\*—Mr Thompson has called our attention to a letter in the 'Lancet' in which he repudiates the statement that his instrument is a modification of one which was exhibited in the Crystal Palace. We subjoin a quotation from the letter in explanation:

"The only possible relation between the two instruments is the relation of contrast. The principles on which the opening is made, and on which the operation is performed by the two instruments respectively, are diametrically opposite.

"M. Garin's instrument makes a longitudinal incision through three or four rings of the trachea, and holds that incision open, and it is not used until the trachea has been laid bare by dissection.

"On the other hand, the whole aim of my paper is to show that the longitudinal incision is essentially the dangerous part of the ordinary operation of tracheotomy, and that therefore I had designed an instrument which does not divide one ring, does not make a longitudinal incision at all, and is used without any preliminary dissection. It makes a small transverse opening between the rings, and dilates it afterwards to the required size by means of screw-power placed in the handle.

"I am sure I need not add another word to repel the charge of 'modification' as applying in any way to my design, or to demonstrate the opposite character of the two operations as performed by the two instruments in question.

I am, Sir, yours very obediently, HENRY THOMPSON.

F.H.—Mr Yearsley's invention was first made known to the profession in 1848, in the columns of the 'Lancet.' Many hundreds of patients are now indebted to this invaluable discovery for the hearing they daily enjoy.

F.M.—Many thanks for the list of errors you have sent us, which, as you say, have found their way into the 'British Medical Directory,' from the pages of our own, the 'London and Provincial Medical Directory.' Some of them we were aware of. We have abundance of evidence to prove the piracy and to stop the publication, but why proceed against a book which has no sale, and against which all honourable men will set their faces? For the present, at all events, we shall not interfere.

\*.\* Communication received, but it is unnecessary to publish it. The mode adopted for the election of officers in the Medico-Chirurgical Society, is that frequently resorted to in societies of an exclusive character. We need hardly say that it reduces the election to a mere farce, and is a virtual deprivation of the right of election in the members. The "balloting list" issued by the Council will be adopted without examination, or at any rate, without any assertion of an independent opinion by the great majority of the members; thus incompetent men—favourites, or some lucky waiters upon patronage may secure seats, while an able and independent man, in every respect worthy of the distinction, may be excluded, because he does not solicit the favour of the clique, or some one or other of its ruling powers. Individual merit has no chance under this plan, unless it can humble itself to be patronised; and to that degradation a man of high character could never consent. In some societies, where the candidates for office are numerous, and the constituency large, "balloting lists" are a sort of guide to the mass of candidates, who but for them would be puzzled to make a selection; they therefore adopt the official list. Even under these circumstances, however, the system is bad, as the vote, ignorantly bestowed, is given to influence, not to merit, or qualification. Let each elector vote for him, or them, whom he knows to be the most worthy, and stop there: all the other votes are a wrong done to those excluded from the list. We sincerely trust that the members will succeed in overturning the system, and that the election may be thrown open as by the charter it was intended to be.

A SUBSCRIBER (Birmingham).—Your communication with enclosures has been received. No advantage could accrue from publishing the bill in our columns, as the profession are sufficiently acquainted with the fact that such acts are occasionally resorted to by dishonourable men. We deplore the scandal which such misconduct brings upon our profession as much as yourself; but so long as we have a divided government in the profession, and a weak executive, so long shall we be disgraced by such men.

MR MITCHELL.—No. There are no regular charges.

A.Z.—A private letter shall be sent.

MR MILTON.—Write to the clerk of the company. An indenture is not absolutely necessary, but under certain circumstances the Board of Examiners will receive a certificate to the effect that the pupil has served in the "manner of an apprentice." We have given this reply to correspondents two or three times.

LAICUS.—Change of air, scene, and occupation, plain living, and exercise. Can you do this? If not, keep at any rate out of the fangs of impostors. Go to some respectable medical man, who will doubtless give you good counsel and suitable remedies. We cannot prescribe.

R.G.—It is a morbid form of erectile tissue. If the child has not been vaccinated, insert the lymph around the base of the tumour, and probably when sloughing takes place it will disappear. Any book on surgery will inform you how to proceed, if more important measures are required.

MEDICUS (Gateshead).—You are labouring under a delusion; and your confidence has been abused. You shall hear from us in a few days.

W.R.B.—1st: The fact of your partner being a licentiate does not give you a title to practise; nor, therefore, to claim in a court of law. 2nd: Whether you could claim as a druggist or not, for medicines supplied, is a question we have not before seen mooted; but we do not think you could, because it would necessarily transpire in evidence that the bill was incurred during your attendance as an apothecary, and as such attendance was illegal, it would vitiate your claim. The attempt would be an evasion of the law. You would be attending in one capacity and charging in another. It would not answer. Besides you would be immediately rendering yourself liable to a prosecution under the Apothecaries' Act. What would you get by it? Let it drop.

CHIRURGUS.—Spina ventosa is one of those vague expressions which modern pathology has expelled from our vocabulary. Various meanings are attached to it in old authors. The more restricted acceptance seems to be that of necrosis. Notwithstanding the obscurity hanging round the phrase, all authors seem to be agreed that spina ventosa was characterised by an expansion of the walls of the bone, and an increase of its size.

A COUNTRY PRACTITIONER.—1st: It shall be attended to. 2nd: Thank you for your hints respecting the law of coroners. The pamphlet has been received. Your approbation and good wishes are appreciated.

MR STEWART.—The case has been received, and will be put into the hands of the writer.

W.B.—The interest in the subject has passed away: otherwise we would have published your communication.

MR SANDERS.—The work is a good one, and may be consulted with advantage.

W.B.'s article on the "Psychological Relations of Disease" is not suited to our columns.

AN ENQUIRER.—The Pharmaceutical Society is enrolled by charter, but its examinations are not compulsory. It is an honour and a recommendation to possess its certificate, but it has no legal force.

B.M. (Liverpool).—If the case go into court the facts would be elicited: and then an action against the offender might be brought under the Apothecaries' Act. You might ascertain if he have given a certificate to the registrar, as that would be important evidence.

G.S.O.—Communication received.

A LOOKER-ON.—Looking like you at the small interest taken by the profession in the new medical bill, we cannot believe that it will pass into a law. There never before was a measure of medical reform to which the profession were so indifferent. It ought not to pass under such circumstances. Medical reform must not be made an affair of colleges and central councils. We assure you that we are not apathetic because we are not constantly writing about it. You must leave something to our experience. If we speak, our fiat will be law; at any rate much more like law than any medical bill that we have ever yet seen, as we shall speak with the voice of the profession.

MEDICUS.—We have not room for your communication.

OCTAVIUS.—The sale of diplomas by agents has been stopped. A foreign degree is not a legal qualification.

M.R.C.S. and L.S.A.—Write to the Secretary.

DR NELSON.—Communication received. The subject is referred to in an editorial article.

\*.\*—The 'Essex Standard' newspaper received.

A SUBSCRIBER.—The pamphlet styled "The Poor Law, and its Medical Officers," has been received. The subject shall have our early attention.

NO NONSENSE.—As there is no standard of fees in the profession, we are incapable of giving you a satisfactory answer. It is to be regretted that there is not some acknowledged scale of fees to which reference could be made in doubtful cases. If your neighbour charges much beyond the customary scale in your vicinity, instead of increasing his practice, he will most probably find it sensibly diminish; and that result will be to your advantage. On the contrary, if he prosper, revise your own charges. We know of no other way of accommodating our practice to an arbitrary rule.

A.H.B.—Animal charcoal, chlorine, or lime.

ERRATA.—In the article, "Medical Men of the Three Kingdoms," No. 9, p. 174, eighth line, after "Surgeons," add "mostly both." In the first column, third paragraph, for "British College," read "British Colleges." In the concluding paragraph, 2nd line, instead of "for" read "of" an M.D.; for "genus" read "genius" loci; and instead of "each of which," read "which independently prescribe their ordeals of trial, or bestow their honours," &c.



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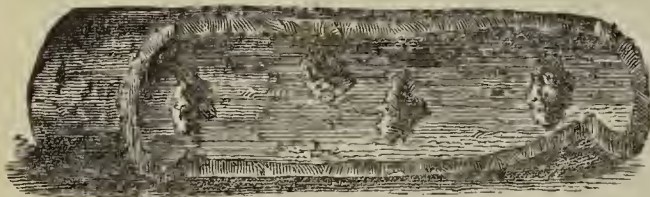
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WEDNESDAY, MARCH 23, 1853.

### THE BISHOP'S STORTFORD UNION.

SOME time since we commented on the unjust treatment of the union surgeons of Tewkesbury by the board of guardians, and counselled resistance to the extent of resignation, if the parsimonious and degrading conduct of the board should be continued. We knew that in offering this advice we were recommending a course which, if adopted, might expose the interests of the medical officers to the further danger of competition; and we therefore suggested that all the surgeons practising in the district and neighbourhood should form a society for the defence of their mutual interests and the honour of the profession. Our advice has not been unheeded by the surgeons of another union; and although it has not been carried out to its full extent, yet we are pleased to see that there is sufficient *esprit de corps* among our brethren to link them in a common act of resistance against a common injury.

The guardians of the Bishop's Stortford Union having resolved to reduce the salaries of their medical officers, without consultation or explanation, these gentlemen immediately formed themselves into a society, and passed a resolution to resist the intended reduction. Concession on either side being impracticable, the surgeons resigned, and the consequence is that the guardians have recently advertised for eight surgeons to fill the vacant districts.

The medical officers deserve the highest praise for their determination to repel an injustice, and we trust that there is not one surgeon in the surrounding neighbourhood who will be found base enough to take advantage of the noble self-sacrifice of his brother practitioners. Why do not, as we have already advised, ALL the practitioners in that part of the county, PRIVATE and OFFICIAL, combine to support the medical officers of the Bishop's Stortford Union in this righteous act of self-defence? Let no disunion, no jealousy, no unworthy ambition, interfere to prevent such a desirable co-operative effort.

If the local surgeons unite, so strong will be the public feeling aroused in favour of their cause, that they need not feel any apprehension from the offers of strangers. Should any youthful adventurers under these circumstances undertake the duties of the union, let them be forthwith excommunicated from professional society, and the chance of their working their way into private practice will become immeasurably small. We are not advocates for monopoly, nor do we desire to raise up barriers against the legitimate attempts of our younger brethren to advance in life; but we regard this as a professional, not a personal, question, and we earnestly hope that no strangers will be found who will consent to become the tools in the hands of this unscrupulous board

of guardians, to inflict an injury on the resident practitioners. Combinations in local districts to resist the reduction of poor-law salaries, and to secure more generous treatment for the medical officers, would be attended with the best results. By this means a public opinion might be created upon this question which would gradually influence the conduct of the Poor-law Board and mould the determinations of Parliament itself.

In a little pamphlet that has been sent to us on this subject we find these observations, in the spirit of which we entirely concur:—

"In the stipend agreed upon, be it what it may, the poor law insists that the profession is called upon, by reason of its private interests, to yield its time, its advice, and appliances to the poor law cause as to the main spring of its own existence. That the profession is called upon to do much for the poor, no member disputes, but surely they who concede so largely to a *necessity*, should have, not only a voice in the limits of that *concession*, but should always, in matters in any way affecting their duties, be *considerately* and *delicately*, not to say *honestly*, consulted, or allowed to form part of the council upon any business in which their services are involved; this would add nothing to the *expense*, and might entirely remove mistrust on both sides; for the profession has as keen a sense of right and wrong as other men have—is willing to make any concession at need, and under explanation, which might be demanded at its hands. The poor law at present prefers to treat the profession as if it had always something to propose and carry out, the reason for which would not bear publicity, implying an overreach in the bargain, and so establishing the very mistrust it ought to be but too anxious to dissolve."

It is both desirable and just, that in all questions affecting the interests and duties of the medical officers, their opinion should be consulted, and full weight given to their statements. The contract is *honorary* rather than commercial, inasmuch as its terms do not, in any case, adequately reward the medical officer for his services. As so much, therefore, of concession and gratuity is implied in this contract, it is but equitable that the medical officers should be treated with the courtesy of gentlemen, and be allowed to take a larger share than at present in the determination of questions affecting both their own interests and those of the sick poor.

### ENFRANCHISEMENT OF THE UNIVERSITY OF LONDON.

In another part of our journal our readers will see a brief report of an interview between a deputation, consisting of gentlemen representing the various colleges and medical schools associated with the London University, and the Earl of Aberdeen, for the purpose of impressing upon his lordship the necessity of granting the franchise to the members of this institution. The noble Earl assured the deputation, with much earnestness, that the claims which had been urged should receive "*the most serious consideration of the Government*;" and we may, therefore, reasonably hope that at no distant time the University of London will be placed on an equality with the elder Universities of Oxford and Cambridge in respect of its political status and privileges.

It must be remembered that the grant of the franchise to



the University of London affects in no degree the general question of Medical Reform. The University is composed of graduates in Arts, as well as Medicine, and not more than half of its students, amounting in the aggregate to about 5,000 annually, are medical. It is connected with nearly all the theological seminaries of every religious denomination in the country, as well as with the various Medical Schools. The entire number of these institutions, we are informed in the memorial addressed to Lord Aberdeen, is now 100; 32 in Theology and Arts, and 68 in Medicine.

Although, therefore, the general question of Medical Reform may be neither advanced nor retarded by the grant of the franchise to the University, yet it is obvious that its Medical Graduates, who compose as regards science the flower of our profession, are deeply interested in the success of the claim. If they feel that their status and honour are engaged in the question; ours too must be implicated, for we cannot but derive additional dignity as a profession from the augmented influence of so important a section of our body.

The advocates of the enfranchisement of the University recently brought forward a resolution at a meeting of the Metropolitan Branch of the Provincial Association, asking the support of this society for their object, but, to our great surprise, an opposition to this most justifiable request was raised by certain gentlemen officially connected with what, for want of a more legitimate word, we may call, the "Managers" of the Association: the result was that the resolution was carried only by the casting vote of the Chairman. Upon what consistent or rational arguments such a gratuitous opposition could be defended, we are perplexed to imagine. The Provincial Association has no definite principles or objects. It began its career with a disavowal of politics, and is now actually using its most powerful exertions to carry a Medical Bill through the Legislature; and, strange to say, so far has it departed from its original design, that some of its short-sighted and indiscreet advocates grounded their opposition to the resolution on the fact that they were themselves endeavouring to carry out a political scheme, which the attempt to enfranchise the University might possibly traverse. It was also argued that the political rights of the University were of an extra-professional character, and ought not to be discussed by the Association—forgetting, at the same time, as the Chairman suggested, that the "Income-Tax Question," which was still more beyond the circle of strictly professional relations, had been already under the consideration of the society, and its various branches. Surely the sympathies of the Provincial Association are rather on the side of science and learning, than on that of the gross pecuniary interests of its members! They wish to ignore the question of political rights for a literary body, while they approve of agitation to remodel the Income Tax—a question still more political! While, however, we commend them for doing the one, we should be false to our duty if we failed to censure them for leaving the other undone.

## Mirror OF PERIODICAL LITERATURE.

(From the 'Lancet,' March 12, 1853.)

### ON BURNS AND CICATRICES, AND ON THE OPERATION FOR CRURAL HERNIA.

A clinical lecture on this subject has been given by Mr Fergusson. With reference to the removal of cicatrices after burns he says, alluding to cases in the hospital:

"Three of these were instances where the front of the neck had been burned, and the chin was drawn down towards the sternum. Two of the patients were maid-servants, and in consequence of the sad deformity, were totally unable to secure suitable engagements to gain their livelihood. In both of these instances I performed an operation, and, by little devices, of cutting the cicatrices in various directions, the most capital results were ultimately produced. You may remember that in one of these cases, where there was a firm contraction on each side of the neck, there was a large hole or depression betwixt the two cicatrices, into which I could put the top of my thumb. The skin here was perfectly healthy and very loose, and, by availing myself of this, the neck has stretched to the extent of full one inch and a half.

"In this instance, however, I did not only divide the cicatrices, but I had a collar contrived for the patient, which was worn for some time, and, by proper adjustment and application, great extension of the contracted parts was produced. At the time this patient was being treated, there was a boy in the house with the same deformity; the collar was put on him, too, and great benefit resulted. After the operation has been performed, the stretching process should be used, and should be slowly kept up for a length of time, otherwise matters will get as bad as before operation. It is very important for you to bear this in mind.

"Just at present we have in the hospital the case of a young man who had been frightfully burned about the face and neck; and the most awful disfigurement that could be conceived ensued. My old pupil, Mr Beavan, sent this patient up to me from Wales, for the purpose of ascertaining if I could do any good. At first I was fearful that it would be useless to attempt anything; however, by making some divisions of the cicatrices, I have succeeded in extending the neck. There is also a case in the female ward just at present, where, in consequence of a burn and its after-cicatrization, the contraction is so great that the lower lip has become turned quite inside out. I intend to try and remedy this deformity to some extent.

"However, it is my duty to tell you, that, if operations are to be done for the remedying of deformities in this situation, the very greatest ingenuity and care are required to produce a successful result; and I have brought this subject before you more particularly for the purpose of impressing this upon you. There are some surgeons who think that such operations are not likely to be attended with benefit; but you have seen for yourselves that great relief may be given by them; but, at the same time, you have seen that an immense amount of care and attention is requisite for any success to follow. I may truly tell you, that there are not any cases in surgery which require so much; and if you do not possess either the time or the patience to give a great share of attention to the after-treatment of these cases, it will be useless for you to attempt any operation in the hope of meeting with success, and you will not reflect any credit upon surgery."

The operation for crural hernia is then adverted to. We quote the following:—

"After Mr Lawson had tried the usual methods employed in such cases, he sent for me; and directly I felt the hernia, and found it would not go back, I determined to operate without further delay. This is a feature which I wish particularly to impress upon your minds, namely, the great



importance of operating early. It is the custom of most surgeons to teach this doctrine; but I fear that it is not so much practised as it is talked about. I must acknowledge myself guilty of having delayed in cases beyond a proper period of time, and have had to regret it much; but, on the whole, with regard to my own practice, I seldom fail now to attend to this general rule, which is of such vast importance. It is true that there is an objection to perform an operation until other measures have been tried: and cases have been recorded where patients have recovered after an operation for hernia has been delayed until days or even weeks after the symptoms have first set in; but these cases must be looked upon as exceptions to the general rule. It has often been remarked that operations for hernia have been more successful in private than in hospital practice; and there is no doubt that it is true. In the latter case, protracted attempts have generally been made to reduce the hernia, and great mischief is done. In this instance, however, this was not the case—the operation was performed as early as possible after the symptoms had set in, and to this, in a great measure, must we attribute the success which has ensued. Moreover, the mode of operation here was very simple; it is that which the dresser has very appropriately termed Gay's operation, to which I have before called your special attention, and which you have now seen me practise many times. I consider it a most striking improvement in the operation for hernia, giving it a character little less formidable and difficult than the taxis; and, of late years, I have done hardly any other operation but this. There can be no doubt that a cutting operation is required every now and then in instances of strangulated hernia, notwithstanding that certain enthusiasts of very limited experience—men who, perhaps, have only seen fifteen or twenty cases of the disease in their lives—have tried to prove that it is hardly ever necessary; and, when it is required, it is best and safest to practise the operation in the simplest way possible, such as may be nearest to the taxis. This was the feature in the proceeding devised by Petit, consisting in returning the hernia without opening the sac. Mr Gay, however, has made the process even still more simple, for he hardly meddles with the body of the tumour at all, and divides but little of the skin. In modern surgery, it is a remarkable feature that we divide tissues extensively without wounding the skin more than by a simple puncture. You may recollect seeing me divide subcutaneously the whole of the deltoid muscle, in a remarkable case of luxation of the head of the humerus, although I only made the smallest possible opening in the skin.

"This principle is, to a certain extent, carried out in this method of operating for strangulated hernia, for only a very short cut is made through the superficial tissues, and the knife is readily inserted through this opening and carried to Gimbernat's ligament, which generally constitutes the stricture. Of course the operation will not suffice in every case, for every now and then it will be necessary to open the sac, in order to look at its contents, when there is reason to believe that the intestine is in a condition not fit to be returned. In cases, however, where the patient is seen early after the strangulation, it may not be necessary to open the sac, for the more simple the proceeding the better it is; and I have now alluded to this case particularly to point out to you again the superiority of Mr Gay's mode of operating."

(From the 'Lancet,' March 19, 1853.)

#### EMPHYEMA.

Mr Guthrie continues this subject in his 'Lectures on some of the more important Points in Surgery.' He says:—

"In all cases of *serous* effusion there can be little doubt that the fluid should be wholly evacuated, and the wound closed. When the fluid is *purulent*, a permanent drain should be early established. It is not, however, common for the operation to be repeated several times, without the serous discharge becoming purulent; and in such cases it usually becomes necessary at last to allow the wound to remain open

until the discharge shall cease of itself. Whenever more than one opening is necessary, and the first is made between the fifth and sixth ribs, the succeeding ones should be made lower down; so that when it is thought right to leave the last puncture to become fistulous, it may be made as near the diaphragm as may be thought consistent with the safety of that part.

"When a doubt exists as to the probability of more than one puncture being sufficient, and it seems only that a third, or even more, will be required, the surgeon may anticipate this necessity by introducing a piece of soft gum-elastic catheter through the canula into the chest, to the extent of about three inches, enough being left outside to admit of its being secured by tapes and adhesive plaster, through which a certain quantity of the fluid may be drawn off daily, until it ceases to be discharged. The elastic tube bends with the heat, and applies itself to the inside of the ribs. If the lung should rub against it, which can be ascertained by a blunt probe, it should be removed, and the external wound kept open by a shorter and softer plug. In all these operations, care should be taken to prevent the occurrence of inflammation. The accession of pain in the part, of difficulty of breathing, of fever, should be met by cupping to a few ounces, by dry-cupping, by mercury in small doses, by rest, by diet, &c.; and if a tube have been introduced, it should be removed.

"The propriety of injecting stimulating or even simple fluids into the cavity of the chest has been often advocated, and as frequently repudiated. Warm water or milk and-water are, perhaps, alone admissible, and that only when there seems to be an adventitious cause, keeping up the irritation, which may perhaps be brought to the opening by the sudden abstraction of the injection. Pieces of cloth and bits of exfoliated bone have been floated out by throwing in an injection of tepid milk-and-water. The opening, in a case of this kind, should be made between the eleventh and twelfth ribs behind."

The following case, remarkable for the active treatment resorted to, is given in illustration of pneumo-thorax:—

"Lord Beaumont was wounded by a pistol-ball on the 13th of February, 1832, when standing sideways; it entered the right side of the chest a little below the nipple, appeared to pass under the lower end of the sternum, just above or about the xyphoid cartilage, and to have lodged in the cartilage of the last of the true ribs of the left side, near its junction with the bone, in consequence of a round projection at that part resembling a pistol-ball, but which on being exposed showed only a knob of cartilage which might have been a natural formation; no further steps were therefore taken. The injury had been received about four o'clock, it was now five; he could lay flat on his back, had little or no pain or oppression. Seven o'clock: Breathing became oppressed, and accompanied by pain; vesicular murmur distinct in both lungs; pulse 96. Bleeding to thirty-two ounces. Nine o'clock: Difficulty of breathing; the pain greater; was again bled until the pulse failed, although he did not faint; the relief great. Half-past ten: Oppressive breathing again returned; pulse very low and quick; thirty-six leeches applied; relief obtained. Half-past twelve: Thirty-six more leeches. Half-past two: Thirty leeches were again applied. In all, four pints of blood were taken from the arm, and one hundred and two leeches were applied to the chest, the bleeding being encouraged afterwards; during the first ten hours five grains of calomel and four of the compound extract of colocynth had been given, and now forty minims of Battley's solution of opium were administered.

"14th. Eight o'clock: Slept after four o'clock; on waking took an aperient draught, and is much easier; pulse 120, soft, small, and weak. Three p.m.: On the dyspnoea returning twenty-one leeches were applied, and the oppression was relieved; an enema given, which acted freely. Half-past twelve: A returning oppression relieved by eleven leeches; calomel repeated, and thirty minims of solution of opium.

"15th. Eight a.m.: Slept at intervals; little or no ex-



pectoration, no blood; thinks he would faint if he sat up in bed; pulse 130, soft, small, and weak; little pain; lies tolerably flat; respiratory murmur distinct on both sides. Nine p.m.: Oppression returned; twenty-four leeches; repeat calomel and colocynth; an enema, after which the bowels became free. Evening: Six grains of calomel, and opium draught.

"16th. Eight a.m.: Had forty-eight leeches applied at intervals twice during the night; slept at intervals, and is easier; no pain in the chest; pulse 108. Evening: An enema; six grains of calomel, and one grain of opium.

"17th. Eight a.m.: Slept during the night, and is better; pulse 108, soft; breathes freely; no pain. Evening: has had leeches applied twice during the day, making in all 245, and each time with relief; an enema, calomel, and opium as before. Twelve at night: More oppression, and as the pulse was fuller and quicker, a vein in the arm was opened, but only four ounces of blood could be obtained.

"18th. Eight a.m.: Slept at intervals, although very restless; pulse 120, fuller; oppression in breathing returning; bleeding to twenty ounces, which caused him to faint; senna draught. Evening: Has been much relieved by the bleeding; blood cupped and buffy; twenty leeches; enema; calomel and opium. In the night, at two o'clock, the dyspnoea returning, twenty-two leeches were applied, and thirty minims of solution of opium given.

"19th. Eight a.m.: Easier, quieter, better; pulse 110, soft; can lie quite flat on his back. The wound discharged so little, that the external parts were dilated inwards towards the sternum, until the pulsation of an artery could be seen, perhaps the internal mammary, which it was not thought advisable to disturb; respiratory murmur not distinct at night; enema, calomel, opium, and twenty leeches.

"20th. At three in the morning, being greatly oppressed, thirty leeches were applied, and at eight o'clock twenty more, which quite relieved, but left him in a state of great exhaustion, sick, and faint. A little arrowroot relieved the faintness; discharge from the wound free, and accompanied by air; bowels open. Ten at night: Calomel, and forty minims of the solution of opium.

"21st. Eight a.m.: Has now, for the first time, a hope of life; pulse 112, soft; no pain; can turn on his side, but fears to hurt himself; wound discharges freely; has had a small piece of bread for the first time. Four p.m.: Restless, but better; senna and sulphate of magnesia mixture. Eight p.m.: Oppressed; pulse 120; twelve leeches; calomel, and thirty minims of the solution of opium at night.

"23rd. Oppression at night relieved by six leeches; slept afterwards; breath slightly affected by the mercury, which was now omitted; ten grains of the compound extract of colocynth given at night, with thirty minims of the solution of opium.

"25th. Free from pain; breathes easily and without difficulty; can turn in bed with ease; slept well; the discharge from the wound is free; takes farinaceous food, oranges, tea, &c. He gradually improved until the 13th of March. On the previous Friday, the 9th, he removed from Bond-street to Mount-street; and on the 13th, amused himself by washing all over in a small back room without a fire; caught cold, and acquired a troublesome cough, which was quieted on the 14th, at night, by opium. On the 15th, a.m., it was evident that some mischief had been done, pulse 120; breathing difficult; was bedewed with a cold sweat; respiratory murmur indistinct on both sides; on the left, not heard below the fourth rib; although the whole side sounded sonorously, it evidently contained air, the *tintement métallique* being very remarkable. The wound having closed very much, and the distance to the left cavity of the pleura under the sternum being considerable, a piece of sponge tied around the eye of a small gum elastic catheter, was introduced, so as to enlarge the track of the ball, and give passage to the air from the left side of the chest. This was done at five o'clock p.m.; and at ten, on its being withdrawn, air rushed out in a very manifest manner, and to his great relief. The metallic tinkling which was distinct before the instrument was withdrawn instantly ceased, but could be reproduced

by closing the opening. The small gum catheter was therefore re-introduced with the eye projecting beyond the sponge, and retained, air passing through it; cough very troublesome.

"March 17. Better; pulse 100; bowels open; cough easier; expectorates freely a *rouillée*, or reddish muco-purulent matter.

"18th. Easier and better; breathing on the left side not heard below the fourth rib; discharge free; the permanent gum catheter taken out, but passed in daily. After this he slowly became convalescent, and is now (1853) in perfect health, being an admirable instance of the treatment to be followed in such cases. When there is not an opening to enlarge, one should be made with the trocar."

(From the 'Medical Times and Gazette,' March 19, 1853.)

#### THE ACUTE SPECIFIC DISEASES.

In this lecture, Dr Jenner proceeds to consider the causes of the deviations from the types of these diseases. He observes on this point:—

"A The essential causes of the difference in the symptoms and lesions of structure of the acute specific diseases may be referred to three heads, viz.:—

"a To differences in the severity of the general specific disease.

"b To variations in date of origin, extent, severity, course, and duration of the specific local processes, and to their immediate effects.

"c To the presence and varying degree of severity of functional or organic complications.

"a Of the deviations from their type produced by differences in the severity of the general specific disease, scarlet fever and typhus fever afford the most frequent and striking illustrations; and for these two reasons, viz.—1st, that, in both, death is not unfrequently caused by the general disease, independently, that is to say, of any change of structure; and, 2ndly, that, in both, the general disease is often of the most trivial character, and runs its course unattended by any grave or prominent local affection.

"To this head are probably to be referred those differences in the suddenness of the access of these diseases sometimes observed. The more severe the general disease, the more suddenly do the patient's powers succumb to the impression produced on them; and when, towards the termination of the disease, grave constitutional symptoms occur for the first time, they are usually due—in a great measure, at least—to the severity of the specific local processes, or to the establishment of complications.

"b As to the influence of the specific local processes. The skin affection is occasionally wanting in all. Arranged in the order of the frequency with which it is present in the adult, these diseases stand thus:

"Small-pox—measles—typhus fever—erysipelas—scarlet fever—typhoid fever.

"Being present, the eruption in the same disease varies indefinitely in amount, and, to some extent, even in appearance. Thus, only two or three rose-spots may be present in typhoid fever, and not more than half-a-dozen pustules in small pox; while, in the same diseases, nearly the whole surface may be covered with their characteristic eruptions. In typhoid fever, a minute vesicle may in very rare cases be seen on the apex of what appear, from their colour, size, seat, and course, to be rose-spots; and the pustules of small-pox are occasionally represented by papulæ or by watery blebs. And, again; who has not hesitated now and then to say, judging from the eruption alone, whether a given case was one of measles or of scarlet fever?"

A table from Rilliet's paper in the 'Gazette Medicale,' relating to the date of the symptoms in measles, is quoted; and there are also tables framed from Dr Jenner's personal observations, on the date of the disappearance of the rash in scarlet fever and typhus. After some interesting observations of a pathological character, Dr Jenner thus proceeds:—

"B These, then, being the essential causes of the chief de-



viations from their typical form of the acute specific diseases, it remains to consider the circumstances which determine the severity of the general specific disease, the extent and severity of the local specific processes, and the supervention of complications.

"These are—

"a The vital conditions of the patient.

"b The external circumstances by which he is surrounded.

"a The influence of the vital conditions incident to age in modifying the severity of the general disease, and the specific local process is well seen in typhus fever.

"The mortality from typhus fever in persons between the ages of six years and fifteen years is very trifling, not more than two or three per cent. The mulberry rash in the same class of persons is either absent, or pale in hue and scanty in quantity, except in rare cases. While the mortality in persons more than fifty years of age, is about 56 per cent., and in them the mulberry rash is always present, and ordinarily dark and abundant. Typhus fever, too, very often proves fatal to those past the middle period of life without any local complication having been established in its course, while this never happens in the young. Nay, an abundant rash, a brown tongue, and marked prostration, are uncommon symptoms in typhus fever when it affects children.

"Other instances of the modifying power of the vital condition of the patient over the phenomena which follow the introduction of the specific element into the system are offered by the fact, that strumous children, when the subjects of scarlet fever, suffer much more frequently than others from acrid discharges from the eyes, ears, and nose; from swelling of the parotid and the parts in its vicinity; and that women who contract scarlet fever in the puerperal state, comparatively speaking, rarely recover. It cannot in any of these cases be supposed, that the difference in the severity of the general disease, or the specific local processes, depends on a difference in the poison, or in the quantity of the poison. It can depend solely on the different conditions of the recipients.

"In some persons, again, from constitutional idiosyncrasy, great general disturbance is produced by comparatively slight local disease. Now, if in these persons any local complication be set up in the progress of a specific disease, or if the specific local processes be severe in nature, then the sympathetic constitutional disturbance, superadded to the specific disease, materially modifies its symptoms. This same constitutional idiosyncrasy is manifested in the excitement which particular organs suffer in some individuals from a cause which has no influence in producing the same symptoms in others. In some the brain is peculiarly prone to sympathise, as it is called—a term which probably signifies, in these cases, that the presence in the blood of an element which produces no aberration from the functions of the brain in one individual, is, in another, from a difference in the susceptibility of that organ to that stimulus, sufficiently potent to produce delirium, &c.

"These differences may be illustrated by a reference to the differences observed in the effects of alcoholic drinks on the cerebral function in different individuals.

"b The external conditions on which deviations of the acute specific diseases from their types depend, are,

"1st. Readily appreciable atmospheric changes. These changes modify the symptoms and the course of the acute specific diseases, by inducing intercurrent affections, complications, *e. g.*, pneumonia in measles.

"2ndly. The epidemic constitution. This, it is said, manifests its influence, not only by determining the prevalence of particular diseases, but also by impressing on them peculiar modifications. Now, almost every case requires the administration of powerful stimulants; then the lancet is the chief agent in diminishing the mortality. Our ideas, however, on the meaning of the term "epidemic constitution," are undergoing considerable change. But, granting the epidemic constitution to be something totally distinct from directly appreciable atmospheric changes, there is every reason to believe that its influence in determining

differences in the type of these diseases has been greatly over-rated.

"First, because under one name several diseases have been in times past confounded, and what was due to difference of disease was referred to difference of type. The fever for which the lancet was used so freely in 1818, without injury to the patient, was relapsing fever; and the estimation in which blood-letting was held rested on the fact, that nature terminated the apparently severe attack, aided or unaided by the treatment, in less than a week. Stimulants have been held in high repute in late times, because the disease we have had to treat has been typhus fever. The constitution of the air has favoured the prevalence now of one and now of the other; but the sporadic cases of either which occurred during the prevalence of the other, required the same treatment that they did when they themselves were epidemic. Cases of relapsing fever that occur when typhus prevails need no wine, and cases of typhus fever that occur when relapsing fever is epidemic, need stimulating as much as they do when typhus is itself epidemic; just as sporadic cases of scarlet fever that occur during an epidemic of measles require the treatment fitted for scarlet fever, and the reverse.

"A second reason why such great powers in modifying the acute specific diseases were assigned to the epidemic constitution by the old observers, was, that variations in the symptoms resulting from intercurrent affections, induced by appreciable atmospheric changes, were not, from imperfections in the art of diagnosis, separated from the variations dependent on differences in the severity of the specific diseases themselves.

"3rdly. The third class of external circumstances which modify the acute specific diseases, are endemic influences, under which head I would include imperfect ventilation, overcrowding and want of drainage. The effect of these is to increase the severity of the general disease, to impress on it a typhoid type. A striking proof of this is afforded by the sudden change in the type of the symptoms often seen on removing the poor from their close-crowded rooms to the well-ventilated wards of an hospital."

(From the 'Association Medical Journal,' March 19, 1853.)

#### HISTORY OF A FEW CASES ILLUSTRATIVE OF THE USE OF THE FORCEPS IN DIFFICULT LABOUR.

This paper was originally read before the Medical Society of London. The cases are highly interesting, but we shall merely quote so much of the paper as illustrates the views of the author:

"Questions connected with the use of instruments in difficult labour are so embarrassing, and have given rise to such warm controversies, that any light which may be thrown upon them by individual experience is of value. With this object I have ventured to bring before the Medical Society a few cases of difficult labour which required instrumental aid, and which, it appears to me, illustrate some important points connected with this subject. One of these questions concerns the comparative merits of the crotchet and the forceps, as a means of delivery when the head is fixed in the brim of the ovate pelvis. Some practitioners do not hesitate to perforate the head in these cases; they consider that the safety of the patient requires it, and object strongly to the forceps as a dangerous instrument under such circumstances. I believe that these objections have no foundation in fact. On the contrary, I am inclined to the opinion that not only in these cases may the long forceps be safely used, but that even in some of those where the head has not entered the brim of the pelvis in consequence of disproportion, it may be made to do so by this means, or by the operation of turning the child. These observations apply exclusively to the ovate deformity of the pelvis, where the whole difficulty exists in the diminished conjugate measurement of the brim.

"Some years ago I met with a case which enlightened me very much on this question, and made me hesitate greatly as to the propriety of perforating the head of the



child when thus situated. A lady had been in labour of her twelfth child, each labour being more and more difficult. The head was above the brim, and so remained the whole night, apparently prevented from entering the pelvic cavity by want of space in the conjugate axis. I attempted to apply the long forceps, but, after several efforts, failed. No alternative seemed left to me but to perforate. I proceeded with great reluctance to the operation, and very fortunately pushed the head with the perforator from the brim towards the iliac fossa. The arm came down, and I immediately proceeded to turn the child, in which I completely succeeded, and delivered it alive."

After citing three cases Dr Murphy remarks:

"Taking these cases collectively, they seem to me to determine some of those questions that I would submit:—1st, Whether in the ovate deformity of the pelvis we are justified in perforating the head and destroying the child, when the head is fixed in the brim of the pelvis? This, I think, will be answered in the negative. 2ndly, When the head has not entered the brim of the pelvis, what amount of space in the conjugate axis will justify the attempt to save the child, either by the long forceps or by turning? I think we may do so if it exceed two and a half inches. The probability of saving it may be slight, but still it is by no means impossible; and as the necessity for destroying it is not proved in such cases, we are not justified in doing so."

Dr Murphy then treats of the subject of "impaction." He distinguishes two forms of impaction—one, "a slight deformity of a cordiform character—that is, the planes of the ischia may be pressed inwards sufficiently to prevent the rotation of the head;" the other when "the large head of a male child, much advanced in ossification, was wedged in the deeply-conical cavity of a perfectly unyielding pelvis." The first class of cases, according to his experience, are most frequently in London; the second class, in Dublin. Some cases are reported in illustration of the practice to be adopted, which is thus set forth:—

"These cases, to which I might add others of a similar character, convinced me that in these discussions about the comparative merits of the forceps and crotchet in difficult labours when the head was 'impacted,' we were not speaking of the same thing. When the head is impacted, because the pelvis is slightly distorted, the forceps may and should be used; but when the impaction is caused by the conical cavity of the masculine pelvis, it should be avoided. The former class of cases prevail here in a much greater degree than the latter; and, consequently, the operation of perforation should be very seldom performed. I have stated how it may be avoided in those cases, where it has been performed in consequence of want of space in the conjugate axis of the pelvis. I trust that I have now shown that it may also (with these few exceptions) be avoided when the head is fixed in the pelvic cavity. If this be granted me, an important corollary follows this conclusion; viz., that delays under such circumstances are always dangerous. If I am obliged to perforate, I delay the operation as long as possible, to avoid destroying the child; but if I think that it can be saved, the sooner the mother is delivered, consistently with her safety, the better. Hence, as soon as the disproportion is ascertained, and three or four hours are allowed, in order to estimate the power of the uterus, the forceps may be used—a longer delay exposes the patient to all the risks of inflammation. In fact, many of the bad effects of forceps operations arise from having recourse to this aid far too late, when the passages are inflamed. The action of the uterus is suspended, because inflammation is commencing in the tissues; the head of the child is allowed to remain in the same position for ten, twelve, even twenty-four hours; at length the forceps is applied, and produces perhaps a slough, and consequently a fistula; the perineum never escapes. Such unfortunate results might all be avoided by more timely interference."

"These facts may also show the importance of a more careful study of the peculiarities of the pelvis and their diagnostic characters. By this means only can we recognise the true character of the difficulty the moment it

presents itself. I know of no other way of discriminating cases, which require aid, from those which may be left to themselves. To decide such a question by time alone exposes the patient to all the risks to which allusion has been made. A previous knowledge of the cause of arrest is absolutely essential, in order to avoid unnecessary delay."

(From the 'Dublin Medical Press,' March 16, 1853.)

#### CASE OF FEMORAL HERNIA IN THE MALE, WITH ARTIFICIAL ANUS, FOLLOWED BY COMPLETE RECOVERY.

The above interesting case is reported by Dr Tabuteau, of Portarlington. We quote the more important portions:

"On Saturday, 18th, and the fifth day of strangulation, I was again summoned about two o'clock, when I found him in the following condition: The belly greatly swollen and tympanitic; the tumour doughy and painful; countenance anxious, and face bathed with a cold clammy sweat; jactitation; intellect wandering; stercoraceous and incessant vomiting; extremities cold, with a small, thready, intermitting pulse. I now stated I could do nothing; his family were willing to have the operation performed, but this I declined, assuring them it was too late; they however, now became as importunate as they were before obstinate, and begged I would give him a last chance. However disinclined to bring disrepute on operative surgery by an injudicious use of the knife, and really thinking I was only about to satisfy the feelings of the relatives, without the most vague idea of being of use, and feeling I could do no injury, I consented. At about four in the afternoon, accompanied by my friend Mr Lalor (then a pupil of the Richmond Hospital, and to whom I am indebted for taking many of the notes of this case), and also Dr Astell, whom I casually and fortunately met on my way to the house, the operation was undertaken by first (the preliminary steps of position, shaving, &c. &c., being attended to) making an incision over the entire tumour, in a line parallel to, and little inferior to Poupart's ligament, fully four inches long; a second incision was made in a T-shape from this, but very short, the first being considered sufficiently extensive. The different lamina of fascia being carefully divided, and the sac laid open, which latter step was very delicate, owing to the close contact of the hernia with the sac, and which contained about a teaspoonful of dark offensive fluid, the contents were laid bare; a knuckle of small intestine of a dark chocolate colour, with some minute black spots, greatly distended with gas. At this stage of the operation it was found quite impossible to reach the neck of the hernia, the gaseous distension was so great; and to enable me to do so, with the concurrence of the gentlemen present, I found it absolutely necessary to divide carefully the semilunar edge of Hey's ligament in front of the femoral vessels immediately above the entrance of the saphena vein into the femoral. This very unusual (I believe) cut enabled me to reach the neck, when the stricture was found in the common site, viz., Gimbernat's ligament. This, on a director, was freed, and the contents rapidly and almost of themselves, on emptying the gas, receded. The parts were lightly dressed, and the patient placed in bed. The first and almost immediate effects of the operation was a cessation of the vomiting; in other respects, during the evening, symptoms did not improve. He was ordered, however, a repetition of the calomel and opium; and I now, by finding the medicine in the house, discovered that what had been originally ordered had not been administered; this I mention casually, as I firmly believe our directions in rural practice are seldom attended to, not that I consider had they been, in the present instance, they would have been of much use."

"Wednesday, 22nd.—To-day intellect collected, especially when addressed, and quite tranquil; the intestine to-day lying in the bottom of the wound in a state of slough; belly less tender; pulse 70, and quite steady. Nourishment to be continued, the wound to be stuped, and a light poultice applied. In the evening, being somewhat restless, he had an anodyne draught."



"Thursday, 23rd.—The slough came away with some feculent matter; pulse 70; tongue clean; a desire for food, which was allowed with restriction. Medicine of all kind to be discontinued.

"Friday, 24th.—This day, with the exception of debility, and the establishment of an artificial anus (the feces passing off abundantly through the wound, and of a healthy character), the man appeared, under all the circumstances, remarkably well; and here, as a case of hernia, all interest in it ceased, and after a fortnight's watching, I began to consider what I was now to do for the distressing and loathsome result existing.

"I do not know whether every young surgeon is of the opinion I once was myself, namely, very anxious to do something heroic; and most assuredly had the above case come under my observation in early life, I would have been disposed to try some of the various plans I had read of, and some of which I had seen tried by men of character while a student, but having had some trifling opportunities of learning what Nature can do when not interfered with, or judiciously assisted, I was not in too great a hurry in the present instance; and bearing in mind the short and admirable paragraph in Mr Lawrence's work on the subject (and which I here take leave to insert for the reminding of those whose memory it may have escaped), I was content to be a quiet spectator: 'In accounting for the union of the divided ends of an intestine, the fact of their being connected to the surrounding parts by adhesions must be borne in mind. If the ends are near each other, and placed so that their axis would form one straight line, there is no difficulty in comprehending how they may be united by granulations. The circumstances are less favourable when the open extremities are more distant, and when they form an angle, and the prospect of union is diminished in proportion to the smallness of angle. As the uniting medium must consequently consist of granulations, the contraction subsequent to the process of cicatrization affects the diameter of the canal at this part. The appearances exhibited on dissection are such as this view of the process would lead us to expect, viz., adhesion of the gut to the abdominal parietes, diminution of its diameter, and a greater or smaller angle at its junction,' &c. &c. And again: 'Almost all the numerous instances of recovery from mortified hernia which are recorded in the annals of surgery, took place when the surgeon was contented to remain a quiet spectator of the process, without interfering with any artificial means of uniting the divided intestine.'

"Much to the same end tend Petit's observations: and if this isolated case have the effect of causing any young member of the profession to pause ere he have recourse to one of the various operations he may have been taught, as desirable or admissible, in his novitiate, the end of this communication will have been attained.

"For about three weeks after the establishment of the artificial anus in Hennesy—that is, after Thursday, the 23rd—the entire contents of the alimentary canal was discharged through the wound, none by the rectum. The man had a ravenous appetite, as an instance of which I may mention, that on one occasion, during the absence of his family, he literally got up and spread some ointment they left in his room on bread and ate it. The local treatment consisted of carefully-applied graduated compresses, at first slightly placed, until, after a period, as before stated, an evacuation partially took place through the rectum, when the compress and bandage were bound with more decision, to compel, as far as possible, the excrement to take its natural course.

"I was conversing with Hennesy," Dr Tabuteau says, "yesterday; he has been in perfect health and at moderate labour ever since the period of his ceasing to be under my immediate care, and I am not aware of his taking a single dose of medicine of any description."

ESSEX AND COLCHESTER HOSPITAL.—Mr Mercer has been elected house surgeon to this institution.

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XII. Vol. I. March 19, 1853.)—Mr G. J. Guthrie's Lectures on Some of the More Important Points in Surgery. Lecture XI (continued). (With an Engraving.) Dr Radcliffe on the Pathology of Affections allied to Epilepsy. Dr Watson on a Case of Rupture of the Uterus.—HOSPITAL REPORTS.—Guy's Hospital: Intestinal Obstruction for Ten Days; Death; Autopsy. St Bartholomew's Hospital: Medullary Cancer of three years and a half duration, extensively attached to the Dura Mater, and appearing externally; Operation; Death; Autopsy. King's College Hospital: Stabbing of the Chest with a Gimlet; Severe Symptoms, Recovery. Royal Free Hospital: Oblique Inguinal Hernia; Strangulation four Hours. Operation by Opening the Sac; Recovery from the Hernia; Rheumatic Fever; Discharge of Pus with the Urine: Death thirty-seven days after the Operation; Post-mortem.—REVIEWS.—On Diseases of Women, and of Ovarian Inflammation. By E. J. Tilt, M.D. The Modern Practice of Physic; exhibiting the Symptoms, Causes, Prognosis, Morbid Appearances, and Treatment of the Diseases of all Climates. By Robert Thomas, M.D. Eleventh Edition. By Algernon Frampton, M.D. The Dissector's Manual of Practical and Surgical Anatomy. By Erasmus Wilson, F.R.S. Second Edition.—LEADING ARTICLES.—Alterations in the Laws relating to Lunacy: Lord St Leonard's Bills. Public Asylums. The New Equitable Life Assurance Company and the Medical Profession. The Medical Officers of the Bishop Stortford Union. Bethlehem Hospital: Court of Common Council and Proceedings in Parliament. Registration of Births, Deaths, and Marriages in Ireland.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: Researches on the Pathology of Obstruction of the Veins, and the Nature and Proximate Cause of Phlegmasia Dolens. Medical Society of London: Dr Forbes Winslow's Address.

**Medical Times and Gazette.**—(No. CXLII. March 19, 1853.)—ORIGINAL LECTURES.—Dr W. Jenner's Lectures on the Acute Specific Diseases; being the Gulstonian Lectures: delivered at the Royal College of Physicians. Dr A. W. Hofmann's Course of Lectures (IV) on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain. (With Engravings.)—Scientific Lectures.—EDITORIAL ARTICLES.—The New Charter of the Royal College of Physicians. Income and Property-tax. Sanitary Reform. Enfranchisement of the University of London; Deputation to the Earl of Aberdeen. Memoir of Dr George Gregory. Memoir of Dr Charlesworth. Memoir of M. Orfila.—REVIEWS.—Lectures on the Nature and Treatment of Fever. By D. J. Corrigan, M.D.T.C.D., M.R.I.A. Sanitary Measures and their Results; being a Sequel to 'The History of Cholera in Exeter in 1832.' By Thomas Shapter, M.D. On the Local Application of a Benumbing or Congealing Temperature in Inflammatory, Painful, and Malignant Diseases. By James Arnott, M.D. An Essay on the Poison of the Cobra di Capello. By John Cockle, A.M., M.D., F.R.C.S.E. &c.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals.—Three Cases of Hemiplegia, produced by the Plugging of One of the Cerebral Arteries.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: A Further Account of Fatty Degeneration of the Placenta, and the Influence of this Disease in Producing Death of the Fœtus, Hæmorrhage, and Abortion; on Some Points of the Pathology and Treatment of Yellow Fever; New Galvanic Battery. Medical Society of London: Imperforate Anus; Aneurisms: Uterine Hydatids: On the Modus Operandi of Mercury in the Cure of Asiatic Cholera. The Abernethian Society of St Bartholomew's Hospital: Serous Apoplexy. Apothecaries' Hall: Preliminary Examination in Classics and Mathematics.

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- Near Sight, Aged Sight, Impaired Vision, and the Means of Assisting Sight. By Wm. White Cooper. 12mo, pp. 352, cloth, 7s. 6d.
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- Indian Races of North and South America: comprising an Account of the principal Aboriginal Races, a Description of their National Customs, &c. By C. De Wolff Brownell. 8vo, pp. 720, with chart.
- Homœopathy, an Attempt to state the Question with Fairness, and to Analyze the Relative Merits of the New and Old Schools of Medicine. By George Wyld. 8vo, pp. 64, sewed, 1s.
- The Domestic, Medical, and Surgical Guide, for the Nursery, the Cottage, and the Bush. Written at the request of Mrs Caroline Chisholm. By Jabez Hogg, M.R.C.S. With Advice for the Preservation of Health at Sea, and the Orders of the Government relating thereto. Crown 8vo, in wrapper, 1s., cloth, 1s. 6d.

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- On Lithotomy and Lithotripsy (with numerous woodcuts). By William Coulson. London: John Churchill.
- A Text Book of Physiology. By Dr G. Valentin. Translated and Edited from the third German Edition. By William Brinton, M.D. London: Henry Renshaw.
- An Account of Yellow Fever, as it occurred on board the R.M.S. ship "La Plata," in the month of November, 1852. By John Wiblin, Esq., and Alexander Harvey, M.D.

COMPULSORY VACCINATION.—There is a bill in the House of Lords, by which it is proposed that vaccination of children shall be compulsory.

## HOSPITAL REPORTS.

### KING'S COLLEGE HOSPITAL.

*Varicocele, treated by the Needles and Twisted Sutures.*

(Under the care of Mr PARTRIDGE.)

James Q——, aged twenty years, by trade a painter, was admitted June 21, 1852, into Albert ward, under the care of Mr Partridge, for varicocele of the left side of the scrotum. It has been lasting for three years, and is attributed to constantly standing at his occupation. The patient never suffered from constipation, nor wore any tight belt around the abdomen. The veins present the usual appearance, yielding to the touch the sensation of a bag of worms.

On the day of admission, Mr Partridge operated for the obliteration of the veins, by pinching up a piece of skin containing the diseased vessels, and passing two needles behind them; he then twisted a figure of eight suture around each needle, sufficiently tight to stop the circulation. The ends of the needles were cut off, and a piece of lint wrapped around each to protect the scrotum from injury. The patient was ordered to keep his bed, and the scrotum to be supported by a pillow.

On the third day after the operation, a slight effusion had taken place into the scrotum; to this cold water was applied.

On the sixth day, ulceration began to show itself, the needles were removed, and the sutures left; the effusion had considerably diminished.

On the eleventh day, the twisted sutures came off spontaneously by the effect of the ulcerating process; and on the twenty-first day after the operation, the wound was quite healed; the patient was ordered to wear a suspensory bandage, and was discharged.

### MIDDLESEX HOSPITAL.

*Fracture of the Thyroid Cartilage, immediate loss and gradual recovery of the Voice.*

(Under the care of Mr MOORE.)

T. B——, a robust man, aged forty, was admitted into the hospital March 29th, 1852. The patient worked at a timber-yard; and he stated that he had been standing on the top of a pile of timber, while another man below was passing some planks of mahogany up to him. As he stooped to catch hold of one of these, the plank struck against his throat, and he immediately found he was able to speak only in a whisper. On an examination of the throat, there was found to be complete absence of the prominence of the pomum Adami. The hyoid bone might be felt quite sound, and in its proper place; the two lateral halves of the thyroid cartilage might also be felt; but, instead of forming an acute angle with each other, they made a very obtuse one, the cartilage being flattened out. The crico-thyroid membrane was stretched. The examination caused considerable pain, and a sensation of choking. His voice, which he stated was naturally strong, was reduced to a husky whisper: respiration quiet. As attempts to replace the portions of the thyroid cartilage failed, but caused great pain, they were not persevered in; the patient was ordered to lie quietly, with a fomentation to his throat.

The next day he had no pain in his throat, except when he attempted to swallow his saliva. Some tenderness over the larynx. Respiration quite tranquil, can protrude his tongue freely. From this time the patient progressed without any unfavourable symptoms, and was discharged from the hospital a fortnight after admission. His voice was then husky, and scarcely stronger than a whisper. He could swallow well, but with some pain, and there remained a slight amount of tenderness on pressure. The portions of the thyroid cartilage were exactly in the same position as they were at the time of his admission.

The patient again came to the hospital last month having met with some slight accident. At this date (nearly nine



months after the original accident) he had recovered his voice so far as to be able to speak in a firm deep voice, which, he says, is precisely the same as it was before he met with the injury to his throat. He states, however, that after he has been speaking for long together, or after he has been calling out loudly, his voice becomes weak and husky, and occasionally quite leaves him. The portions of the thyroid cartilage are still flattened out as before described, and all the parts of the larynx, etc., are exactly in the same condition as they were when he was in the hospital.

In the above case, there is an example of a severe injury inflicted on the organ of voice, producing considerable alteration in the situation of various important parts of the larynx, ending in recovery and adaptation of the injured portions of that organ to the altered position of the remaining parts. The alterations produced by this fracture may be readily observed if a partially ossified larynx be removed from the dead subject, and the thyroid cartilage be fractured through its ridge. It will be then seen that when the two halves of the cartilage are flattened out so as to make the angle they form with one another an obtuse one, the crico-thyroid membrane becomes more tense, and the two ends of the thro-arytæoid ligaments approach one another. Now, on watching the vocal cords, it will be seen, that both these movements tend to render them lax. The effect on the thro-arytæoid will, of course be the same as on the vocal chords,—that is, the muscle will be rendered lax, and, therefore, incapable of further contraction.

The first effect, therefore, of the accident in question was to relax the vocal chords, to interfere with the action of the thro-arytæoid muscle, and to destroy the action of the crico-thyroid. This fully accounts for the immediate loss of voice after the accident; but the great interest of the case rests in the fact, that voice was recovered at the end of a few months. Hence the vocal chords must have become shorter, and the various muscles that have been spoken of adapted to the alterations in length they had been subjected to. All this had taken place in the course of a few months, so perfectly that the function of the organ was but little interfered with; and it is remarkable, that the voice as restored (if we can judge from the patient's own account) was not altered in pitch.

## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. XII.

#### THE ANGLO-YANKEE SARSAPARILLA.

Our attention has been lately so repeatedly invited to the so-called "United States Sarsaparilla," that, a few days since, we were induced to undertake an examination of the article. The revelations that had already reached our ears were of such a character, that no results that we might obtain could possibly surprise us. Our intention, therefore, was either to confirm or refute the statements that had been made to us by others. We entered on our task unprejudiced, however, by what we had heard; determining, like honest jurymen, to be led entirely by the evidence before us. The patrons of this "GREAT AND GOOD AMERICAN REMEDY" will, we hope, thank us for presenting them with the present paper. It may save them some money, and may be the means of adding a few years to their lives as well.

The liquids we examined were severally contained in two flat half-pint bottles, labelled "UNITED STATES SARSAPARILLA" and "UNITED STATES EXTRACT OF SARSAPARILLA," and were enclosed in cases bearing engravings of the fabled inventors of the nostrums. They were accompanied with the usual prospectuses and circulars, and exhibited altogether an imposing appearance. On examination, we found that they possessed neither the physical nor che-

mical characters of preparations of sarsaparilla. They resembled an infusion or decoction of some herbaceous matter, strongly sweetened with coarse brown sugar, and coloured and flavoured. That labelled "United States Sarsaparilla" was the sweeter and more agreeable of the two, and was disguised by the addition of a little tincture of guaiacum and oil of sassafras, and probably owed a portion of its odour to benzoin. The one labelled "United States Extract of Sarsaparilla" tasted much more disagreeable than the other and appeared to be flavoured with guaiacum only, and to have suffered from fermentation, which had probably been checked by the application of heat, before it was bottled. We do not believe that a *particle* of sarsaparilla ever entered into the composition of this article, nor, indeed, of either of the samples referred to in this paper. They contained traces of copper and of some other mineral matters, a portion of which was probably derived from the copper boilers and utensils used in their preparation, and the remainder added to them to prevent decomposition. They also contained some alcohol, but the smallness of the quantity induced the impression that it was the result of incipient fermentation, and not an intentional ingredient of the nostrum.

The name and qualities of the vegetable matter employed as the basis of these pseudo-preparations of sarsaparilla, we have not been able to determine; but the following communication from a correspondent, may throw some light on the subject:—

"I can inform you that this article is nothing more than the decoction of a common herb, a sort of 'Aralia' inhabiting the swamps and marshes of the United States.\* When cut up, it has very much the appearance of *Chaff*, but not the slightest resemblance either in character, colour or taste, to even the most inferior species of smilax. The decoction, or I may say, cabbage water, according to the taste in the first stage, is sweetened with a little sugar—flavoured with Benzoin, and finally preserved from decomposition by means of the *Bichloride of Mercury*. This constitutes the notorious Dr ———'s so called Sarsaparilla. From some New York papers, I see its analysis is nothing new, the Faculty of that city having long since condemned it, I have heard of several cases of deadly sickness, and other dangerous symptoms resulting from its use."

\* \* \* \*

"With the large sums and profits of the trade, they fit up the shops you see,—splendid paintings and every other dodge, to delude the unwary, and salivate her Majesty's subjects at large. Indeed, for imposition, heartlessness, and a villainous deception, I think it leaves your Lococks, your Holloways—and your Morisons completely in the shade."

So much for this "great and good American medicine," or rather "VILE IMPOSTURE." Brother Jonathan does nothing by halves—he "goes the whole hog," or, to use his own language, "goes a-head his own way." His advertisements, bills, circulars, are all "brought out" on the same system. Nothing in the small way suits him. He counts his "experience" by HALF CENTURIES, and the numbers of his pamphlets by MILLIONS. The copies of the *seventh* MILLION of the notorious Sarsaparilla Circular has only two notes of admiration following the marginal indication of the number issued. Another will be added on the advent of the first number of the real or supposed eleventh million. In like manner his medical patrons and testimonialists are not counted by dozens—their number is legion. He does not care for ordinary practitioners; their opinions are beneath his notice. He soars above THEM, and merely

\* The Araliaceæ are an order of Exogens differing chiefly from apiaceous (apium, parsley) or umbelliferous plants, in having more than two parts in their fruit. They form an unexpected transition from the Apiaceæ to the vitaceæ (vitis, a vine), and are commonest in hot latitudes. The Sarsaparilla on the contrary, is one of the Smilacæ, an endogenous plant with weak, trailing, twining stems. The word Sarsaparilla appears to be derived from—Zarza (Spanish), red, and parilla (Sp.), a little vine. Zarza also means a brier or bush. The properties of Sarsaparilla are not possessed by any of the Araliaceæ.



mentions the large body of "physicians" that have given him their "unqualified" support. He writes a testimonial for himself, and taking the 'Medical Directory' of the United States, appends the names of every physician it contains, and then modestly remarks:—"Now we undertake to say, there is not another instance on record that can exhibit the names of so many distinguished Physicians given in favour of a particular medicine. With this disinterested testimony, can there be anything more decisive or satisfactory as to the value of this medicine?" Another great hit is the assurance given to the ladies that "it is

#### THE GREAT FEMALE MEDICINE,

which has saved the lives of upwards of 400,000 females in the last ten years, giving them new, pure, and rich blood." Then we have woodcuts in abundance. Ugly wretches transformed into "perfect angels," only by "taking a few bottles of the sarsaparilla." Next come wholesale plagiaries on the unfortunate Morisons and the Hygeist, with such free use of certain worthies' names, as to induce the impression that they were agents for the sale of this Aqua Mirabilis. But enough of humbug and imposture, gild it and disguise it as thou wilt. Here is a summary of cures effected in a short time by this wonderful medicine. Reader, peruse and judge for thyself:—

"OVER 12,000 CASES OF RHEUMATISM AND GOUT,  
5,000 OF GENERAL DEBILITY,  
3,000 OF DROPSY, 7,000 OF PILES,  
75,000 OF SCROFULA AND SCORBUTIC DISEASES,  
90,000 OF LIVER COMPLAINTS, KIDNEY DISEASES,  
AND DISEASES OF THE BOWELS,  
40,000 FEMALE COMPLAINTS,"  
ETC. ETC.

#### HISTORY OF THE MEDICAL PROFESSION, AND ITS INFLUENCE ON PUBLIC HEALTH, IN ENGLAND. By WILLIAM FARR, ESQ., M.D., F.S.S. CHAPTER III. A.D. 1400—1711.

(Continued from Number XXXIV.)

It is said that he (Robt Talbot) combined bark with opium. The Jesuits' bark effectually contributed to the reformation of physic. Tartar emetic was discovered by Mynsicht, (1631): the properties of ipecacuanha were made generally known by Helvetius, in the year 1686; all these remedies were for many years excluded from the college pharmacopœias.

Greek medical works were translated in the sixteenth century into Latin; and nearly all the physical publications of the eighteenth century appeared in the latter language. The surgeons and the apothecaries wrote in English. Examples of the Latin and English style will be found in various parts of this article, as I have endeavoured to state facts in the language of the contemporary writers, where this was compatible with the course of the narrative. The following specimen of elegant adulation, and of Linacre's

latinity, is from his dedication of 'Galen de Sanitate tuenda' to Henry VIII \*

"Cum multi tibi quotidie Hearice regum clarissimè splendore, gloriaque nominis tui allecti, multa, quæ te variè oblectent, certatim afferant; alius generosos equos, alius insignes canes, alius aurum argentumve, sed quorum ingenii cujuspiam opus materiam superet; ego cum ejusmodi facultatibus minime abundem, nihil vel officio meo, vel professione dignius inveni, quam ut tibi studiorum meorum monumentum aliquod dicarem, quo fieret ut simul otii, quod per indulgentiam à justo tibi ministerio aliquando suffuror, ratio tibi constet; simul intelligas me non modo horis iis, quibus te presens fruor, sed etiam reliqui omnibus id pro viribus moliri, quod tibi aliquando gratum fore existimem."

None of the subsequent writers, except Caius, approached the Latin of the English translator. As has been seen, early translations were made from the Latin into the Anglo-Saxon; and John Halle tells the College of Surgeons (1565,) that the 'Chirurgia parva' of Lanfranc had been translated about 200 years before him into Saxon-English.† Andrew Borde, or after his own fashion, *Andreas Perforatus*, wrote the 'Breviarie of Health' in English, 1547. A passage in a small work by Caius is curious, as expressing his reasons for not writing in English.‡

"Sence that time," saysthe doctor, "diverse other thynges I have written, but with entente never to write in the Englishe tongue, partly because the commoditie of that which is so written passeth not the compasse of Englande, but remaineth enclosed within the seas, and partly because I thought that labour so taken should be halfe loste among them which sette not by learnyng. Thirdly for that I thought it beste to avoide the judgment of the multitude, for whome, in maters of learnyng, a man shall be forced to dissent in disproving that which they most approve—and approving that whiche they most disallowe. Fourthly, for that the common setting furthe and printing of every foolishe thyng in Englishe, both of phisicke unperfectly, and other matters indiscreetly diminishe the grace of thynges learned set furth in the same. But chiefly, because I wolde give none example or comforte to my countrie men (whom I wolde to be now, as heretofore they have bene, comparable in learnyng to men of other countries) to stonde onely in the Englishe tongue, but to leave the simplicitie of the same, and to procede further in many and diverse knowledges, both in tongues and sciences, at home and in universities, to the adournyng of the common welthe, better service of their kyng, and great pleasure and commoditie of their owne selves, to whate kinde of life so ever they shold applie them." (pp. 4, 5.)

\* A.D. 1517. † 'Chirurgica parva,' corrected by Hall, 1565.

‡ 'A Boke, or Counsell, against the disease commonly called the Sweate, or Sweatyng Syeknesse, made by John Caius, doctour in phisicke, 1552.'

(To be continued.)

#### TOXICOLOGY.

IN an early number of the 'MEDICAL CIRCULAR' it is intended to commence a series of papers on the above important subject in all its more useful bearings in connexion with the medical profession. The papers will embrace a full account of

#### POISONS

(their history, chemistry, effects, antidotes, and tests, together with the appearances presented on post-mortem examinations in cases of poisoning, the preparations of the antidotes, &c.).

The arrangement and condensation of the subject will be such as to render it suitable to the wants of the busy practitioner and to meet the emergencies which frequently occur.

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\*\* Communications to be addressed to the Editor, at the Office, 4 Adam street, Adelphi. It is particularly requested that the contributions to this journal be short and practical, and that the MS. be only on one side of the paper. Should any communication exceed in length one column, we cannot guarantee its insertion.



## BIOGRAPHICAL NOTICES.

## LAWSON CAPE, M.D.

Dr Lawson Cape was born the 6th December, 1807. His family came from Uldale in Cumberland. His father, Mr John Cape, married Catherine, the daughter of the Rev. Edmund Smyth, Rector of Great Linford, Bucks. Dr Cape was apprenticed in 1822, to Mr Terry of Northampton, one of the surgeons to the General Infirmary in that town. From thence he entered as a student at St Bartholomew's in 1827, under Abernethy, Earle, and other teachers at that time. He then studied for two years at Paris, under Dupuytren, Chomel, Lisfranc, Orfila, Cruveilhier, &c., and took degrees in the two faculties of letters and sciences at the Sorbonne. He then went for a year to Vienna and Heidelberg, and passed another year at Florence and the schools of Italy. Finally he finished his medical education at Edinburgh, where he took his degree in 1833. In 1835, he was made licentiate of the College of Physicians in London. The next year he was elected physician to the Royal Infirmary for Children, Waterloo bridge, and served that office till 1846, when the following appeared in the 'Times' and 'Morning Herald,' of the 6th March of that year.

"The Royal Infirmary for Children, Waterloo bridge road. Patron, the Queen. At a meeting of the committee of this institution, held in the board room, it was unanimously resolved, that the secretary do convey to Dr Lawson Cape the thanks of the gentlemen forming this committee, for the effective manner in which he has, during a series of years, performed the arduous duties of senior physician to this institution, benefiting the patients, alike by the exercise of his skill as by his pecuniary aid, and the introduction of several excellent benefactors to the charity," &c.

Dr Cape was appointed assistant physician to the General Lying-in Hospital, York road, Lambeth, in 1837, and full physician in 1844, which office he still holds. He was likewise appointed lecturer on Midwifery and the diseases of women and children, at St Thomas's Hospital Medical School, in 1837,—an appointment he held for more than ten years.

## RICHARD CHAMBERS, M.D.

Dr Richard Chambers, though one of the junior physicians of London, is rapidly growing into repute as a practical man. He is Senior Physician of the Royal Free Hospital, Physician to the Cancer Hospital and to the Blenheim street Dispensary. He is also a member of the London Medical and Harveian Societies, and of the Provincial Medical and Surgical Association. He took his degree at Edinburgh in the year 1838, and became a Licentiate of the Royal College of Physicians in 1849. He resides at 38 Wimpole street.

## WILLIAM FREDERICK CHAMBERS, M.D.

A biographical sketch of this gentleman has already appeared in the 'Medical Circular.'

## EDWARD JOHN CHANCE, ESQ.

It is a difficult thing for a young surgeon to make his way in this metropolis through the crowd of competitors who obstruct him at every step. A constant observation of the tendency of the times, and a vigilant look-out for every novelty likely to be useful towards the relief of suffering, are required to bring a man into conspicuity—unless, indeed, he be favoured with high influence, and become attached early to some leading hospital. In such a case, if he be not devoid of the ordinary share of talent and energy bestowed on mankind, his fortune is made. He floats serenely down with the current; and whether or not he take the lead of his fellows, depends to a great extent on his craft in navigation.

When a young surgeon is not possessed of these advantages, he must seek early and late for an opportunity of distinction. Some, patiently fagging with bent brows

under the shadow of the lamp, translate the masterpiece of a continental worthy, and hope to burst into repute under the warming influences and reflected glory of his name. Others seize upon some novelty in the surgical art, and by operating as often as they can find patients, and establishing a special infirmary, eventually work their way to a position and fortune. Some, again, purposeless and restless, trying many things and succeeding in nothing, plunge like drowning men in a heaving sea, come for a while to the surface to breathe, sink again, and in a short time disappear for ever. The hurrying wave of life passes over them, and no trace is left of their struggles, their aspirations, or their fate.

Surgical science is the gainer by these efforts. But for the young men the improvements in the modes of operative procedure would be but few. We scarcely remember any great advance upon the old methods being made except by the enterprise, and perhaps the necessity, of the rising aspirants for fame. At forty a man feels either disappointed or content; at fifty he settles into a grumbler, or soothes himself with the recollection of his past labours—a delight quickened by the livelier enjoyment of the fruits of his success. Beyond that age hope is exhausted: the future is a bugbear, the present a bore, and the past a dream. Of whom and what, the reader may ask, are these remarks *à propos*? Of the operation by the sub-cutaneous section, and the numerous advocates of the process.

Among these we find the name of Mr Chance. When this mode of operating was introduced, Mr Chance assisted to bring it into repute, and he became one of the Assistant Surgeons to the Royal Orthopædic Hospital. He retained this office for a considerable time, until some dispute arose in relation to a new election for Surgeon, when he retired. We do not intend to enter into the merits of this quarrel, for we do not pretend to be learned in board-room gossip. Mr Chance holds the office of Senior Surgeon to the Metropolitan Free Hospital, and Surgeon of the City Orthopædic Hospital—a good field for practice in his favourite line. He was formerly Surgeon to the Society for Diseases and Distortions of the Spine, Chest, and Hip, and Lecturer on Practical and Surgical Anatomy at the Hunterian School of Medicine. He is a Fellow of the Linnæan and Geological Societies, and was for many years Secretary to the late Westminster Medical Society.

Mr Chance passed the College of Surgeons in the year 1835, and became an Honorary Fellow when the Charter was granted in 1843. His literary labours are not numerous. In 1844 he published in the 'Lancet' the report of a "Case of enormous Urinary Abscess," and in 1846, in the same journal, a paper entitled "Remarkable Case of Abscess in the Heart, and Account of *Post-Mortem* Appearances, with Remarks." He resides at 59 Old Broad street, City.

## HENRY T. CHAPMAN, ESQ.

This gentleman is son and brother of Thomas Chapman, sen. and jun., whose names appear in our list of this day, and nephew of the late Sir John Chapman, of Windsor. He was a student at St Bartholomew's Hospital under Abernethy during the years 1825, '6, and '7, and spent the winter session of 1828-9 in Paris. In 1830 he was Mr Earle's House Surgeon at St Bartholomew's, and afterwards frequently assisted him in operations in private. In 1832 he published a work descriptive of the bandages and other apparatus employed in surgery, illustrated by an atlas of lithographed plates; and commenced practical demonstrations of the same upon a living model, which he carried on for ten years. In 1837 he visited Dr Stromeyer's establishment at Hanover, for the cure of deformities, passing some days *en route* at Hamburg, where he paid close attention to the arrangements of the new hospital, and to the surgical practice of Dr Fricke, and was elected a corresponding member of the Hamburg Medical Society. On his return he performed many successful operations for the cure of club-foot, the etiology and pathology of which he contributed to elucidate by a paper in the 'Lancet' for 1839. He furnished also the articles on that and other subjects for



the 'Cyclopædia of Surgery.' Mr Chapman was among the first in this country to test the value of cod-liver oil, and communicated a memoir on its utility in scrofula to the 'Pharmaceutical Journal' for 1841. In 1840 he was elected Surgeon to the St George's and St James's Dispensary, and lectured for three years on surgery at the School of Medicine adjoining St George's Hospital. He was elected an Honorary Fellow of the Royal College of Surgeons in 1843. In 1848 he published an essay on "The Treatment of Ulcers on the Leg without Confinement," a second edition of which has just appeared. In this essay he advocates the use of aqueous dressings—that is to say, watery solutions and preparations—in preference to topical applications of an unctuous kind, and proposes the substitution of *wet* straps of linen or calico for Baynton's plaster strapping, as possessing all the advantages without the disadvantages of Baynton's method.

J. CHAPMAN, ESQ.

MATTHEW J. CHAPMAN, ESQ.

BENTHAM CAUSAUBON CHANDLER, ESQ.

THOMAS CHANDLER, ESQ.

[*Vide* 'London Medical Directory,' 1853.]

J. CRAMER CHAPPELL, ESQ.

This gentleman is the son of the well-known music-seller in Bond-street. He pursued his professional studies at St George's Hospital, to which institution as well as to the Lock Hospital he became House Surgeon. He passed the College of Surgeons in the year 1839, and the Apothecaries' Society in 1842. He holds the office of Surgeon to the Royal Society of Female Musicians.

OCT. EDWARD P. CHARD, ESQ.

THOMAS CHARLES, ESQ.

EDWARD CHARLTON, M.D.

[*Vide* 'London Medical Directory,' 1853.]

WILLIAM M. F. CHATTERLEY, ESQ.

Mr Chatterley has bestowed much attention on the study of natural philosophy, and has given popular lectures on this subject. His knowledge in chemistry and the physical sciences generally he has sought to apply practically to the improvement of our industrial processes. He was formerly Lecturer on Natural Philosophy, Chemistry, and Mathematics at the City of London Institute in Aldersgate street, an establishment now closed. He passed the College of Surgeons in the year 1847.

Mr Chatterley is the author of a "Report of Agricultural Experiments chiefly with Saline Manures," which was read before the Chemical Society of London in 1842, and published in the following year in their 'Transactions.' He also contributed to the 'Lancet,' in 1852, papers "On the Removal of Taenia by Male Fern," and "On the Transmission and Preservation of Vaccine Lymph."

J. CHETTO, ESQ.

EDWARD C. CHEPMELL, ESQ.

RT. ROMLEY CHEYNE, ESQ.

PAUL CHILCOTE, ESQ.

GEORGE CHAPLIN CHILD, ESQ.

[*Vide* 'London Medical Directory,' 1853.]

THE PICKAXE *versus* THE 'LANCET.'—A surgeon, writing from the gold fields, says that he has discarded the lancet, and is now opening veins with a pickaxe.—'Punch.'

CHOLERA IN PARIS.—It has been announced that several cases of cholera have made their appearance, but no authentic report has yet been published.

## REVIEWS.

*Lectures on the Nature and Treatment of Fever.* By D. J. CORRIGAN, M.D.

These lectures are a re-publication from the pages of the 'Medical Gazette,' 'Medical Times,' and 'Dublin Hospital Gazette,' and the views they contain are now pretty generally known. Dr Corrigan is an opponent of the theory that typhus fever is symptomatic of inflammation of the follicles of the intestines. In his opinions on this subject he is not peculiar, though perhaps he is one of the ablest advocates of the doctrine that fever is essentially a primary disease. After adducing cases in illustration of his views, he says:

"The conclusion, then, at which we must arrive is, that fever, or the aggregation of functional derangements, to which we give the name of fever, is not dependent on any structural lesion whatever. But if it be not dependent on any structural lesion—if no structural lesion be necessarily present—if even, more than this, death will take place without any structural lesion whatever, the conclusion is inevitable, that fever is to be considered as a primary disease of function, having an existence independent of, and capable of proving fatal without, any local or structural lesion.

"Let us now, having laid down this groundwork, proceed to analyse fever,—to resolve it into its component parts. Let us, without laying down any hypothesis, or proceeding upon any theory, say what it is we observe when we look upon a case of fever. We observe all the most important vital functions simultaneously deranged, viz., cerebro-spinal functions; the nutritive functions, including assimilation, secretion, and excretion; and the function of circulation. Suppose these to be simultaneously and equally deranged, we have then before us, in these combined lesions of function, the component parts of an aggravated case of fever,—the lesion of the cerebro-spinal system, or what we may call the lesion of innervation, in prostration, want of sleep, delirium, or coma; the lesion of function of nutrition, in total want of appetite, dryness of skin or of tongue, morbid state of urine, &c.; the lesion of circulation, in lividity, maculae, and feebleness of pulse, &c. &c. We can at once understand how this simultaneous lesion of so many important functions must soon terminate in death. We see that even one of these lesions—that of the cerebral system—is sufficient of itself to cause death; of this we have an example in delirium tremens. We can, therefore, readily understand how the simultaneous derangement of several may prove fatal. Advancing a step farther, we can also comprehend how the proportions in which these vital functions are deranged may vary very much, and hence the impossibility of laying down a definition, or even a description of fever, which will be applicable to all cases.

"Each instance or case of fever will derive its distinguishing character from the function which appears to present the most marked deviation from health. Although it will hence follow that a definition of fever cannot be completed, still a most useful and practical comprehension of it, including its varieties, may be attained. All cases of fever will concur in this, that all are characterised by simultaneous disturbance of most of the great primary vital functions. The circulation is not much disturbed in one case; but then there is great disturbance of the function of innervation. In a second case the cerebral system and intellect are scarcely at all disturbed, but the circulation sinks rapidly. In the third case, the function of nutrition, including secretion and excretion, is arrested, or unduly excited; while in a fourth, the nervous, circulatory, and nutritive functions may be all overwhelmed together. Not only the proportionate degrees, but the order in which these functions are deranged, will vary. Thus, although it is evident that we cannot construct any definition that would include all these varieties, we can recognise in this analysis the foundation of that loose but really useful division of fevers into—brain fever, nervous fever, gastric or



bilious fever, typhus fever; each case deriving its specific name from the lesion of the function which is most prominently attacked."

Regarding continued fever as divisible into the two forms of synocha, inflammatory fever, and typhus, he subdivides the latter also into two forms: the first well marked in its onset "with a heavy congestive stage, somewhat resembling the cold stage of an ague; the second upon the onset of the fever is gradual or almost treacherous, its commencement being so insidious that there is often difficulty or an impossibility in saying at what precise time the fever commenced." These forms of fever are well described, and the author then points out the leading characteristics of typhus fever as modified by lesions of special organic functions. Throughout the work there are many admirable suggestions and cautions with respect to the treatment of fever. We cannot refrain from quoting the following judicious observations:

"I think that the inference will now naturally occur almost without observation on it, that you must not attack yourselves in practice to any particular dogma or line of treatment; but meet each lesion of function with its appropriate treatment; the principles that guide its application remaining steady, but the details necessarily varying; you must neither become exclusive adherents of treatment, by wine or by bark, by bleeding nor sudorifics, by purgatives nor diuretics; but ever bear in mind that each lesion of function has its own remedy, to be regulated in application and in degree by the lesion of function which it is intended to relieve. Guided by the same principles, recollect, that treatment is to be regulated not by the circumstance of its being the fifth, sixth, or tenth day of fever, but by the state of each particular function, day by day. Do not ask what is the day or stage of the fever on which any remedy is to be employed, but, what is the state of the function at the moment, to be combated at the particular time.

"One case of fever may require as much wine on the second day of its attack as another on the twentieth; and the bleeding or leeching that will not be borne in one case on the third day, will benefit another after a lapse of many days.

"This appears to me to be the fitting place to make a few observations on what are sometimes announced as specifics, or remedies of general application in fever. There have been many,—yeast and cold affusions, chlorine and quinine, have each in turn been highly lauded. There can be no such remedies. To suppose there could be such would be to claim that the same remedy had equal and opposite powers; that it would highly stimulate the function of circulation in one case, and depress it in another; that it would calm down an excited brain into sleep, and equally restore it from coma to wakefulness; that it was a remedy of universal power, equally applicable to lesions of all functions, and to such lesions, whether arising from increased action, debility, or mere excitement. If fever were a local disease, or even were it always a lesion of some particular function, and of the same kind, there might then be some one treatment or remedy peculiarly applicable, just as there is for some local affection: but with the lesion of function ever varying, not only as to the function itself, but as to degree, and as to kind, it is obvious that there can, as already observed, be no specific remedy. The last remedy of this class that has attracted attention is quinine, administered in large doses. I had an opportunity of observing a trial of it in the hands of Dr —, who was, I believe, the first to introduce it here from South America. I must class it with all the others that have preceded it, with this additional objection to it,—that it appears to me to produce occasionally great irritation of the mucous membrane, and to exert a very depressing effect upon the pulse. On its introduction, in the year 1850, I afforded every facility for testing its efficacy, transferring from myself altogether the management of cases selected for its exhibition."

A special lecture is given on the nature and treatment of dothinen enteritis, or typhoid fever, which is carefully distinguished from typhus. From beginning to end this little work is characterised by unusual perspicacity of observation,



MR GUTHRIE ON EMPYEMA.

*To the Editor of the 'Medical Circular.'*

SIR,—I was horrified on perceiving in the last Number of the 'Lancet' that Mr Guthrie, a Member of the Council of the College of Surgeons, and, still more, an *Examiner*, describes hydrothorax resulting from cardiac disease as a variety of empyema. If any student were ignorant enough to make such a mistake, it would be the bounden duty of his *Examiner* to reject him.

The editor ought to have known that it was scarcely necessary to go to the expense of printing in Greek type the derivation of empyema, when the illustrious lecturer informs us that an effusion of serum into the cavity of the thorax is merely a form of an effusion of *pūs*; and that the same name is applied to the disease, and to the operation intended for its relief. He might just as well say that ascites and paracentesis abdominis, were comprised under the same name.

The 'Lancet' must be wofully hard up when it admits nonsense of this kind, even though it emanate from a Member of the Council and an Examiner. STUDENS.

May the editor never have to pass under the ferula of Mr Guthrie.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MR HODGSON, F.R.S., PRESIDENT, IN THE CHAIR.

*On some Points of the Pathology and Treatment of Yellow Fever. By Croker Pennell, Physician to the Livramento Hospital, Rio de Janeiro. (Communicated by Dr Gull.)*

The chief feature of novelty in this communication was a pathological condition, which the author believed had been hitherto overlooked, and which, he thought, satisfactorily explained the suddenly fatal termination of the disease, even in cases where the prognosis had been, for the most part, favourable. The author remarked that it frequently happened that patients had been pronounced, even by experienced practitioners, to be free from danger, when, notwithstanding the most favourable indication of clean tongue, natural pulse, cool skin, and perfect intelligence, following one or more severe accessions of fever, the patient suddenly expired. The author's appointment to an hospital in Rio de Janeiro introduced him to a French physician, Dr Lacaille, who stated his conviction that, in the cases referred to, death was caused by the formation of fibrinous clots, either in the cavities of the heart, or in the large vessels leading thereto. The author's position enabled him to investigate this subject; and between February and May, in the year 1852, he made fifty post-mortem examinations of yellow fever patients, whose cases he had observed during life. A clot was found in each. The formation of this fibrinous clot could not be a post-mortem condition, as in each case in which it was found after death it had been diagnosed during life, and when the formation of the clot took place very rapidly, a rumbling or churning noise displaced the natural sounds of the heart; the patient, at the same time, suffered from oppressed breathing, and anxiety or sensation of weight at the præcordia. The impulse became defective, and the pulse contracted and small. The clot, when found, always existed in the right ventricle, or ventricle and auricle, and was usually accompanied by a smaller one in the left cardiac cavities. The cavity of the ventricle was sometimes almost wholly filled by it. It was generally more or less round, of a clear amber colour, of gelatinous appearance, very tough, and evidently fibrinous, but not laminated. The author stated that during life he had not discovered in these cases any other abnormal murmur than the churning sound already mentioned. That these clots constituted an important pathological condition, and were formed during life, was apparent from the following considerations:—First, he had found them as bloodless and as perfect within an hour of death as at any subsequent



period at which an examination might have been made. Secondly, he had diagnosed their existence several days before death in nearly a hundred cases, all of which, as predicted, proved fatal; and in fifty the post-mortem examination verified the diagnosis and demonstrated the clot. The author next referred to some other conditions observed in yellow fever, and alluded to the frequency of albuminous urine as a morbid symptom. The quality of the blood drawn during life, as indicated by the character of the clot, was mentioned. The buffy coat was frequently present, but the fibrine was seldom firm, and sometimes so soft as to resemble size. The author then offered some observations upon the probable origin of the yellow fever of Rio, as to whether it originated from marshy exhalations, atmospheric changes, or alterations in its electric tensions. Upon the subject of the treatment of this fever, looking from the tendency of the blood to deposit fibrinous masses, the highly albuminous urine, and the great excitement existing in the circulating system, the author determined to give bleeding a fair trial. As much as twelve or sixteen ounces were taken, three, four, or five times in the first forty-eight hours. Out of 146 cases that were bled, thirty-two died. The author believed that further experience was necessary to decide upon the advantage of this practice. To counteract the tendency in the blood to produce fibrinous formations, nitrate of potass was tried, but without any apparent benefit. The author thought the injection of medicated fluids into the veins worthy a trial in this intractable disease.

Dr COPLAND remarked that one of the most important symptoms of yellow fever, black vomit, had been wholly passed over by the author. No mention had been made of it, although, as well known, it constituted one of the most formidable features of the severe forms of the disease. It appeared to him that the author had confused together three separate descriptions of fever—viz., seasoning fever, intermittent fever, and true yellow fever. There was, however, in reality a wide difference between these diseases, both in their severity and the pathological changes which they brought about; and this difference of late years had been clearly pointed out by authors in their description of the diseases peculiar to tropical climates. He (Dr Copland) was at a loss to understand how the tendency of the blood to coagulate in the cardiac cavities during life could exist in conjunction with the profuse discharges from mucous surfaces so particularly adverted to by the author, and inasmuch as no mention whatever had been made in the author's reports of one of the most striking characteristics of yellow fever, it was, in his opinion, very questionable whether all the cases were genuine examples of that disease.

Dr BASHAM said the formation of the clots in the cavities of the heart during life constituted a feature of interest in the author's paper, if viewed in connexion with the changes in the nutrition of important organs described by Dr Senhouse Kirkes (in a paper read during a previous session of the Society), as consequent on the obstruction of large blood-vessels by fibrinous concretions washed from the valves of the heart. He thought the damage done to the nutrition of important organs, in the cases collected by the author, exemplified changes similar in some respects to those adverted to by Dr Kirkes.

The PRESIDENT remarked that Dr Kirkes, in his communication to the Society, adverted only to such concretions as had been formed on the valves of the heart, or on the lining membrane of its muscular wall, in consequence of inflammation—clots which were, in his (the President's) opinion, to be regarded as formed from effusions of fibrine from the vessels of an inflamed membrane, and were therefore not similar to those soft, gelatinous coagula which had been so especially adverted to by Dr Pennell, and which formed in the cavities of the heart or in the great vessels, from simple coagulation, independent of the existence of any inflammation.

The Society then adjourned.

#### NEW GALVANIC BATTERY.

After the President had left the chair, a very ingenious

galvanic battery was exhibited to the members of the Society by Mr Stringfellow, the inventor. Among the chief merits of this instrument may be considered its compactness and portability, as it is contained in a morocco case not larger than a lady's card case. It is a flat interrupted plate, composed of zinc and copper in a manner somewhat similar to Pulvermacher's galvanic chains. The battery is formed by a number of compound bars or plates arranged in a series, and its power may be graduated by the number of bars. Twenty-two bars thus combined will communicate a decided shock, and develop an unintermitting galvanic current, by the continued application of which cauterisation of the skin may be affected. Six bars furnish a current sufficiently powerful to decompose water, as may be seen by placing the conducting wires of the battery in communication with those of a decomposing bottle filled with water. Mr Wood, of St Bartholomew's Hospital, has ingeniously applied this decomposing power of the instrument to discover the presence of albumen in urine, and it constitutes a very beautiful and ready means of detecting it, even in highly acid urine, or in urine where the presence of a large quantity of urate of ammonia causes a precipitate of a non-albuminous character to be thrown down by nitric acid. The galvanic current evolved affords, moreover, an unintermittent stimulus, and this quality renders it available for physiological experiments, such as might be instituted to determine the properties of nerves or muscular structures. Pocket batteries may be constructed of sufficient power to restore suspended animation, whether resulting from asphyxia or other causes, and we think Mr Stringfellow's battery will be found a valuable and convenient instrument, both for therapeutical and chemical purposes in medicine.

#### THE MEDICAL SOCIETY OF LONDON.

DR FORBES WINSLOW, PRESIDENT, IN THE CHAIR.

The following is an abstract of Dr Forbes Winslow's address to the Society upon his assuming the Presidential chair:—

"Elected by your kind suffrages to the office of President of the Medical Society, it now devolves upon me, when entering upon the performance of my official duties to tender to the Fellows my warm and sincere acknowledgments for the high distinction they have thus conferred upon me. I should, indeed, prove myself unworthy of the honour, if I were not to entertain a lively appreciation of the kind feelings which have been manifested towards me in placing me in this chair. Can it be otherwise than gratifying to my mind to occupy the high position that has been sustained during the earlier period in the history of our society, by the truth-seeking, the philosophic Lettsom, the benevolent Fothergill, the universally esteemed and venerable Clutterbuck, and the

"Immortal Jenner, whose gigantic mind  
Brought life and health to nearly half mankind,"  
the shining lights of former epochs the distinguished physicians of the era in which they flourished? I maintain it to be no light distinction to be called upon by your kindness to succeed in this chair men who were respected and beloved by all, and revered as the great and noble benefactors of the human race. It is impossible to over-estimate or exaggerate the importance of a society like the one with which we have the honour to be associated. Apart from the great advantages resulting from the frequent union of medical men, producing a community of sentiment, exciting a spirit of honourable emulation, destroying all acerbity of feeling, it has other, and perhaps higher, claims to our consideration and support. We meet here for the promotion of one common object, viz., the noble and exalted pursuit of truth—to advance our knowledge of the most efficient means of arresting the march of disease, alleviating suffering, and promoting the duration of human life. This is not the arena for the mere display of the higher flights of oratory, or for the practice of the graces of elocution. We do not assemble here to prove how dexterously and easily we can trip up an adversary, or with what facility we can detect fallacies in



the argument of an opponent. We do not meet in this room, like counsel in a court of law, each with his separate brief and specific instructions, predetermined to enforce a particular line of argument, irrespectively of the truth of the cause or principles he is advocating. No! the discovery of the truth is the great, the exclusive, the ostensible object of our discussions; it is the sole bond of our union, the spirit of our fraternity, the common battle-ground upon which we unfurl our banner and take our stand." Dr Winslow then proceeded to speak of the retarding influence of "false facts" on the practice of medicine, of the proper mode of estimating the effects of drugs, of the errors into which those fall who, neglecting the principles of inductive and logical reasoning, allow themselves to be guided by mere empirical experience; and concluded: "I have ventured, gentlemen, thus cursorily to refer to one or two points of great interest connected with the legitimate object of our weekly associations in this room. I sincerely trust that, influenced by a love of philosophic truth, actuated by one noble purpose, combined for the promotion of one great object, pursuing the same rugged path, and all tending towards the same goal, it may be our happiness, at the close of an eventful and useful career, to glance retrospectively upon the past with feelings of honourable pride and pleasure. Again thanking you for the high distinction conferred upon me, I sincerely hope that, when the time has arrived for me to return into your hands the responsible office entrusted to my care, I may have the gratification of feeling that I have neither been neglectful of your interests nor have merited your displeasure."

#### STRAY LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

##### POPULAR HYGIENE.—NO. II.

"Air and exercise, sobriety and temperance, a mind at ease, and a good conscience, are the best preservatives of health and guardians of old age."—JOHNSON.

Certainly, it is often found that "Drs Diet, Quiet, and Merryman are the best physicians."\* As regards diet,

"If thou well observe

The rule of *not too much*, by temperance taught,  
In what thou eat'st and drink'st, seeking from thence  
Due nourishment, not gluttonous delight  
Till many years over thy head return,  
So may'st thou live till, like ripe fruit, thou drop  
Into thy mother's lap, or be with ease  
Gathered, not harshly pluck'd, in death mature."†

Old Parr, who attained the wonderful age of 153 years (ob. Nov. 14, 1635), had lived a very temperate and abstemious life. His chief rules were, "Keep your head cool by temperance, your feet warm by exercise; rise early, and go soon to bed; and if you are inclined to grow fat, keep your eyes open and your mouth shut." In other words, be moderate both in your diet and sleep. The contemporary writers about the time of Soerates attribute that philosopher's escape from the infection of the plague, though he resided all the time at Athens, where it was committing the greatest ravages, to the constant temperance that he observed. Being once asked, "in what true nobility consisted," he replied, "in temperance of mind and body."

"None but the good and temperate find  
Health both of body and of mind."

Jefferson, the eminent American statesman, among his ten "Rules of Life," has this one: "We never repent of having eaten too little." "By surfeiting many have perished, but he that taketh heed prolongeth life."‡

\* This old quaint saying is taken from the following distich in the 'Schole Salernitana':

"Si tibi deficiunt medici, medici tibi fiant  
Hæc tria; mens hilaris, requies, moderata dieta."

† Milton.

‡ Ecclesiastes.

Pindar opens one of his finest odes with "ἄριστον μὲν ὕδωρ," "water is the best." Armstrong, the poet-physician, says:

"Learn temperance, friend, and hear without disdain  
The choice of water. Thus the Coan sage\*  
Opined, and thus the learn'd in every school.  
Nothing like simple element dilutes  
The food, or gives the chyle so soon to flow;  
But where the stomach, indolent and cold,  
Toys with its duty, animate with wine."

"Take a little wine," says St Paul, "for thy stomach's sake and thy manifold infirmities" "Good wine," indeed, "needs no bush," and "is a good familiar creature, if it be well used;"† but "every inordinate cup is unblessed, and the ingredient is a devil."‡ Old Homer tells us, in Pope's version,

"The weary find new strength in generous wine;"

still, "strong liquors are better for physic than for food, for cordials than for common use;" and with Milton we may well exclaim,

"O madness, to think use of strongest wines  
And strongest drinks our chief support of health!"

and yet

"We curse not wine, the vile excess we blame."§

With Cassius we cry out, "O that men should put an enemy into their mouths to steal away their brains!" or with Cæsar,

"'Tis monstrous labour when I wash my brain,  
And it grows fouler."||

As regards the benefit to health from exercise and pure air, and from active exertion and toil of some sort or other, for the highest as well as for the lowest of us, we find various "good maxims, which are never out of season." Though "in the sweat of thy brow shalt thou eat bread," was a portion of the penal consequences of the Fall, yet the infliction was only suited to our physical requirements. The learned old divine, Barrow, remarks, "We were designed for industry in our first happy state, and upon our lapse thence were further doomed to it, as the sole remedy of our needs and the inconveniences to which we became exposed." Thus, Milton makes Adam say,

"On me the curse aslope

Glanc'd on the ground; with labour I must earn  
My bread: what harm? Idleness had been worse."

"Employment, which Galen calls 'Nature's physician,' is so essential to human happiness, that indolence is justly considered the mother of misery."

"From labour health, from health contentment springs;  
Contentment opes the source of every joy."¶

"Physic," observes Addison, "for the most part is nothing else but a substitute for exercise and temperance."\*\*

"Come hither, ye that press your beds of down  
And sleep not; see him sweating o'er his bread  
Before he eats it. 'Tis the primal curse,  
But softened into merey, made the pledge  
Of cheerful days and nights without a groan."††

"Think not, ye candidates for health,  
That aught can gain the wished-for prize;  
Or pill, or potion, power, or wealth,  
But temperance and exercise."

But though there is no need, if we can avoid it, of "making a toil of a pleasure," or of overtaking our powers, either of body or of mind, yet we often see that the perfectly "idle folks have the most labour"—hence their *ennui*, "tædium vitæ," and difficulty in killing time. "Sloth, by hating labour and trouble, doth by hating incur them." "In labore quies: Labor ipse voluptas." Rarely indeed are the rich and luxurious—

\* Hippocrates.

† Shakespeare.

‡ Ibid.

§ Armstrong.

¶ See also Proverbs xxiii, 32.

¶ Beattie's 'Minstrel.'

\*\* See the 'Spectator,' Nos. 105 and 195.

†† Cowper's 'Task.'



"As fast lock'd up in sleep as guiltless labour,  
When it lies starkly in the traveller's bones.\*"

Their lot, on the other head, is too commonly that of being "stretch'd on the rack of a too easy couch." "Exercise and temperance," says Rousseau, "are the two best physicians in the world;" but, as Lord Bacon remarks, "men ought to beware that they use not exercise and spare diet both; but if much exercise, a plentiful diet; if a sparing diet, little exercise." To persons of sedentary occupations, or of studious habits, the following judicious advice of Cicero is especially applicable:—"Habenda ratio valetudinis; interdum exercitationibus modicis, tantum cibi et potionis adhibendum, ut reficiantur vires, non opprimantur."

Those whose occupations are of a kind to require them to be almost constantly in the open air, more particularly in the pure atmosphere of the country, are highly favoured compared with the health-destroying lot of the poor artisan "in populous cities pent," exposed to all the "pericula mille seva nobis." Of the former it may be said, "They have no other doctor but the fresh air, and that such an one as never drives them to the apothecary."† In truth, compared with such a mediciner, "the most sovereign prescription in Galen is but empiricist, and of no better report than a horse-drench.‡" Or, even should some occasional ache or ailment, since "when the wind is in the east, 'tis neither good for man nor beast;" and then, "the rheumatic diseases do abound," give the sturdy countryman a hint that he is at least mortal, instead of at once flying to the doctor's drugs, he often finds that "the labour we delight in physics pain."§ Thus Dryden tells us, in oft-quoted lines:—

"The first physicians by Debauch were made,  
Excess began, and Sloth maintains the trade.  
By chase our long-lived fathers earned their food,  
Toil strung the nerves, and purified the blood.  
Better to hunt in fields for health unbought,  
Than fee the doctor for the nauseous draught.  
The wise for cure on exercise depend—  
God never made his work for man to mend."

The same poet also says:—

"He 'scapes the best who, nature to repair,  
Draws physic from the fields in draughts of vital air."

*Quacks described by Rhazes*, (ob. A.D. 932, æt. 80).—Dr Freind, in his 'History of Physick,' (vol. ii, pp. 65-9), gives this ancient Arabian physician's description of the medical impostors of his day, from which a passage or two may be quoted. Rhazes begins his chapter thus:—"There are so many little arts used by mountebanks and pretenders to physick, that an entire treatise, had I a mind to write one, would not contain them; but their impudence and daring boldness are equal to the guilt and inward conviction they have of tormenting and putting persons to pain in their last hours, for no reason at all," (saving, of course, filthy lucre). After enumerating some of the impositions practised, most of which are of a very similar kind to the present ingenious method of extracting any number of the roots of corns, at a guinea a root, Rhazes goes on to say:—"Many things of this nature do they get out, which these impostors with great dexterity have put in; tending many times to the endangering the health of their patients, and often ending in the death of them. Such counterfeits could not pass with discerning men, but that they did not dream of any fallacies, and made no doubt of the skill of those whom they employed, till at last when they suspect, or rather look more narrowly into their operations, the cheat is discovered. Therefore, no wise men ought to trust their lives in their hands, nor take any more of their medicines, which have proved so fatal to many."

Dr Freind remarks on the above:—"This last description here given by Rhazes plainly shows how much Quacks have prevailed in all ages, and almost in the same instances, he has painted this set of men to the life, and had he lived in our days he might have found subjects enough who would have resembled the picture he has here drawn."

\* Shakespeare. † South. ‡ Shakespeare. § Ibid.

## OUR NOTE BOOK.

*On the Glands of the Mucous Membrane of the Human Stomach.*  
By Dr A. ECKER.

From the careful examination of the stomach of several suicides, Ecker gives the following statement concerning the gastric glands. In almost the whole of the stomach are merely simple cylindrical glands  $\frac{1}{2}$  to  $\frac{3}{4}$ " long and 1-50" thick, going in a straight line through the mucous membrane, ending in a clublike swelling, very rarely exhibiting a division of the blind end. They contain round and angular cells, of a diameter of 0.017 to 0.020mm with a nucleus composed of larger granules; towards the open end are seen more developed cells, towards the blind one, more nuclei and granular matter. At the *cardiac end*, besides these simple glands, other glandular follicles are situated, the blind end of which is divided and pouched; their contents are the same as just described, except that more fat-granules are seen towards the blind end. Near the *pyloric orifice* he constantly found, besides the simple, also *acinous glands*, deciding by this against Frerichs ('Wagner's Handwörterbuch,' iii. 748) and Kölliker ('Mikroskop.-Anatom.' vol. ii. pp. 139 and 149), in favour of Bischoff ('Müller's Archives,' 1838, p. 515). We observe, therefore, no abrupt change in the structure of adjacent parts of the intestinal tube, but only a gradual one, single acinous glands being situated in the mucous membrane of the oesophagus, and a larger quantity of them in the duodenum.—'Henle's and Pfeufer's Zeitschrift,' f. ration. Medicin., 1852, vol. ii. p. 243.

*The Crystals of Carbonate of Lime in Urinary Sediments.*  
By G. SIEGMUND.

In the sediment often found in urine of guinea-pigs, crystals, which chemical analysis prove to be carbonate of lime, are seen of the following forms: little rods, isolated or crossing each other at right angles, or grouped rosette-like, rods with nobby ends, and globules, two of which are often united by a rod. These last crystals are dumb-bells and they lead the author into a discussion on the dumb-bell crystals of Golding Bird and others, from which he concludes that about dumb-bell crystals there is nothing *specific*—i. e., that it indicates no special chemical body, but may be formed by many substances. Returning to the dumb-bell and other crystals of the carbonate of lime in the urine of the guinea-pig, and the horse, the author traces, with great care, all modifications to their fundamental form, the rhombohedron, and to various combinations of this. The typical form of dumb-bells is constituted by two opposed rhombohedra; the rod-shaped crystals (whose structure can be best made out when they are large) are formed by two rhombohedra joining in the direction of their main axis, and having the interspace filled up by new deposition, which goes on until the origin of the form may be undiscernible, and from the two rhombohedra a six-sided prism may arise. The mode of formation of these crystals and of the dumb-bells is, therefore, almost the same, and almost all the crystals of carbonate of lime can be thus referred to modifications of the rhomb. We must refer to this interesting paper for the full details, for the diagrams to illustrate the scheme, and for the representations of the various crystals as actually seen.—'Virchow's Archives,' Band iv. Heft 4, p. 505.

*The Uræmic Hypothesis of Frerichs.* By G. Zimmermann.

The author criticises with great keenness the late statement of Frerichs, that the phenomena of the so-called urinary intoxication are owing to decomposed urea. The arguments against this view are chiefly drawn from an analysis in Frerichs's own observations, which are shown to be very incomplete.

THE COLLEGE LECTURES.—Professor Owen has commenced his annual course of lectures in the new theatre of the Royal College of Surgeons.



## THE UNIVERSITY OF LONDON.

## DEPUTATION TO THE EARL OF ABERDEEN.

On Wednesday a very numerous and influential deputation, consisting principally of members of the learned professions, waited upon the Earl of Aberdeen, at his official residence in Downing street, for the purpose of submitting to his lordship the claims of the University of London to representation in Parliament.

His LORDSHIP having briefly apologised for the absence of Lord John Russell, who had left town,

Mr Heywood, M.P. introduced the deputation. The case of the University was then explained in an able memorial read by Dr Foster. The claim was then enforced by Mr Thornely, M.P.; Dr Milner, graduate of Cambridge; Dr Billing and Dr Roget, members of the Senate; the Rev. Dr Harris, the Rev. Dr Angus, Dr J. A. Wilson, and Dr Black.

The Earl of ABERDEEN said—I have no hesitation in acknowledging the very strong claims you have urged for the favourable consideration of the object you may have in view; and I readily admit that the constituency afforded by the University of London is such a one as it would be most agreeable to the government to organize. You will not, perhaps, expect me to give a final answer to-day, but I assure you that, so far from throwing cold water on the subject—as was hinted at by one of the deputation—I do, in the most sincere and warmest manner possible, assure you that the matter will be taken under the most serious consideration of the government. I do not say this as mere words of course, but I beg you to believe that such will positively be the case.

This declaration of the Prime Minister, and the marked and emphatic manner in which it was delivered, was received with evident gratification by the deputation, which, after the usual courtesies, withdrew.

## Obituary.

March 13.—M. ORFILA, at Paris, after a severe illness, aged seventy. This distinguished physician and toxicologist was born at Mahon, in Spain, in 1783, but was naturalised in France in the early part of the reign of Louis Philippe. In 1805 M. Orfila went to sea in a merchant-vessel, and it was intended by his friends that he should enter the navy, but he had already a strong inclination for the Medical Profession, and suddenly abandoned the sea and went to Valencia to study medicine. As a student he greatly distinguished himself, and carried off the first prize in physics and chemistry. A favourable report having been made of his studies to the Junta of Barcelona, that body resolved to send him to Paris, to study the natural sciences and a sum of 1,500*fr.* per annum was voted to him for that purpose. He went to Paris in 1807, and had hardly been there ten months when war broke out between France and Spain. He was thus deprived of pecuniary resources for continuing his studies, but he had fortunately an uncle established at Marseilles, who agreed to provide him with 1,500*fr.* per annum until he should obtain the diploma of Doctor in Medicine, when this allowance was to cease. M. Orfila passed a brilliant examination, and obtained his diploma. Having no longer any funds at his command, he opened a course of lectures in chemistry, which was well attended, and furnished him with the means of support. Some of the most eminent men of the present day were among his pupils; among them may be mentioned M. Jules Cloquet, M. Becard, sen., and M. Edwards. The reputation of M. Orfila continued to increase, and, in 1816, he was appointed one of the physicians of Louis XVIII. He was next elected a Professor of the Faculty of Legal Medicine, and in 1823, was chosen to fill the Chair of Chemistry, having already been elected a member of the Academy of Medicine. The Revolution of 1830 opened to M. Orfila a new era of distinctions. He was successively elected Dean of the Faculty, member of the Council General of Hospitals, and member of the Council-General of the Department. After he had re-

ceived his letters of naturalisation he was appointed a member of the Council of Public Instruction, and was successively named chevalier and officer and commander of the Legion of Honour. In cases of poisoning, where much depended on the medical evidence, he was invariably called upon by the Courts of Assize. The scientific reputation of M. Orfila may be said to have commenced in 1814, with his 'Treatise on Poisons; or, General Toxicology.' Before the appearance of Orfila's work, Toxicology had few cultivators, no teachers in the schools, and little claim to be regarded as a science: now, it is zealously studied in all countries, taught in every school, and so simplified by the labours of many eminent men, as to be practically available, by every educated practitioner in the detection of crime, and in the preservation of life. The next works published by him, which acquired European reputation, were the 'Elements of Legal Medicine,' and 'Lessons on Legal Medicine,' which went through several editions; he was also the author of many other works of almost equal celebrity. During the whole of the reign of Louis Philippe, M. Orfila remained at the head of the Faculty of Medicine, but after the revolution of February the Provisional Government revoked his functions. M. Orfila suffered for some time before his death from phthisis, and had long been a severe mental sufferer from the affliction caused by the illness of his son, who had become epileptic, and so affected in mind, that it was found necessary to place him in a maison de santé. But though his health was so much impaired, it was not generally supposed his brilliant career would be so soon and suddenly terminated. He was able to dine with the Parisian Medical Society on the 26th of February, and on the 4th inst. lectured, in comparative health and spirits, before as numerous an audience as had assembled around him for many years. Since that time, however, we have observed notices of his bad state of health in the French papers; but we have likewise repeatedly seen it mentioned in them that his life was not supposed to be in danger. It now appears, however, that his friends and physicians, Chomel, Andral, and Rostan, had despaired of him some days before his death, and that this was carefully concealed from the newspapers, as the illustrious invalid insisted upon reading what the daily journals contained regarding his health. The funeral obsequies were performed on Monday, the 14th, with great pomp, in the church of St Sulpice. Nearly the whole of the 20th battalion of the National Guard were present, to render military honour to the deceased, as Grand Officer of the Legion of Honour. The church was crowded; and amidst the vast congregation were the greater part of the members of the faculty and Academy of Medicine, and the Academy of Sciences. Many of the high public functionaries were also present. The cords of the pall were held by MM. P. Dubois, Berard, Dubois d'Amiens, and De Bussy. After the religious ceremony, the body was conveyed to the cemetery of Mount Parnasse, followed by an immense line of mourners. Thus terminated the career of one of the greatest and most distinguished members of the medical profession. The kindness of heart and urbanity of manners of Orfila have been felt, we doubt not, by many of our readers; and few will join more sincerely with our colleagues in France, in deploring his loss, and in reverently embalming his memory with the recollection of his scientific achievements and his social virtues, than those Englishmen who have studied medicine in Paris during the last twenty five years. M. Orfila has bestowed a large portion of his ample fortune upon objects connected with the advancement of medical science, and the encouragement of those who labour in that sacred cause.

13.—RICHARD S. LEGGATT, Esq., at Eastry, Kent, aged 67. In practice prior to 1815; and for some time past 'retired.'

Lately.— — EASTALL, Assistant-Surgeon at Bengal.

— — CRAGIE, M.D., Surgeon at Calcutta.

— JOHN QUIN, Esq., M.R.C.S., Eng., at Belfast.

— M. ZAFFLE, one of the most distinguished students of the Paris Hospitals, fell a victim, last week, to purulent infection, the result of a wound received during dissection.



## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 11th inst.:—John Allison, Penrith, Cumberland; Robert W. Beaumont, Royal Navy; G. O. Baillie, Hon. East India Company's Service; William Evans, Ystradyfodwg, Glamorganshire; Walter Moses Gibaut, Army, Jersey; Robert Grundy, St Helen's, Lancashire; John Baker Greene, Dublin; Charles James Herbert, Bedworth, Warwickshire; John Shephard, Erpingham, Norfolk; George Scudamore, Melbourne, Australia; Charles Augustus Shiel, Clonmel, Tipperary; John Thomas Younger, Newcastle-upon-Tyne.

**NEW FELLOWS.**—The following Members of the College were admitted to the fellowship, by election, at a Meeting of the Council, on the 10th inst.:—A. B. Barnes, Manor place, Chelsea; diploma of membership, dated Jan. 27, 1826. F. C. Batt, Abergavenny; May 22, 1835. W. Bevan, Ardwick, Manchester; Feb. 28, 1834. G. Birmingham, Morton villas, Kentish-town; June 26, 1829. J. Brewer, Newport, Monmouth; April 1, 1825. J. H. Brooks, Henley-on-Thames; June 2, 1826. R. Broadbent, Altrincham; May 3, 1816. A. Buchanan, Commercial road East; March 5, 1830. E. F. Dehane, Wolverhampton; Jan. 26, 1827. E. W. Duffin, Langham place; Dec. 24, 1830. R. J. Farrants, Regent terrace, City road; Dec. 7, 1832. T. M. Hammond, Manor terrace, Brixton; Aug. 6, 1819. J. Hargraves, Tunbridge Wells; Oct. 31, 1833. W. Harvey, Soho square; Sept. 3, 1839. J. Hilliard, Hon. E.I.C.S., Bengal Presidency. J. Holroyde, Halifax, Yorkshire; March 2, 1830. H. Jepson, Hampton; Dec. 3, 1819. J. T. Mitchell, Percy place, Clapham road; Nov. 3, 1820. C. R. Nicoll, Grenadier Guards; May 26, 1837. W. B. Parkes, Great Marlborough street; July 25, 1836. J. Phillips, Bridgnorth; Jan. 31, 1834. W. Rowland, Wrexham; Feb. 15, 1833. W. M. Trousdale, West Butterwich, Lincoln; Oct. 27, 1837. At the same meeting, Messrs. W. G. Goady, a member of the Royal College of Surgeons, Ireland, May 23, 1837, and G. H. Love, a Licentiate of the Royal College of Surgeons, Edinburgh, March 19, 1850, were admitted *ad eundem* members of the Royal College of Surgeons of England.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 10th March, 1853:—Joseph Robert Wm. Howarth Blake, Birmingham; Thomas Collins Blanchard, Malvern; Thomas Chaplin, Lewes, Sussex; John James Ely, Chatham, Kent; William Henry Hay, Bridport; Alexander Piozzi Leak, Over, Cheshire; Edward Sword Morley, Blackburn; Marten Perry, Ledbury; Frederick Arthur Willington, Birmingham. Names of gentlemen who passed the Preliminary Examination in Classics and Mathematics, on March 16, 1853:—Josiah Allen, Kidderminster; George Barker, London; E. A. Bennett, Whalley; J. Brickwell, Sawbridgeworth; G. B. Brown, London; Albert Buchanan, London; S. E. R. Butler, London; Alfred Carter, London; W. L. J. Cooley, Wrexham; G. W. Daniell, Blandford; E. Septimus Earle, London; — Fleischmann, Stafford; Samuel J. Fox, Falmouth; W. C. Gaffney, Buntingford; E. H. Galton, London; C. Green, Brixham; G. J. Harries, Bath; C. H. Harvey, London; R. L. B. Head, Falmouth; N. F. Heale, Kingsbridge; F. R. Hogg, London; F. S. Hore, Clifton; E. L. Ince, London; M. P. James, Hackney; S. T. Jephcott, Birmingham; G. J. Jephson, Hampton; Wm. Kirk, Hedon, Yorkshire; A. M. M'Dougal, London; H. P. Major, Hungerford; R. S. Newington, Gondhurst; James Oliver, London; H. H. Parry, Stonehouse; Henry C. Pepper, Martock; J. M. Percival, Scilly Islands; J. R. Pottle, London; John Rand, Great Boddau; Frederick Reed, London; James Roberts, Truro; R. Shuttleworth, London; Francis Simpson, York; T. G. Skardon, London; W. A. Smith, Aylsham; H. Tracey, Dartmouth; H. F. Tuck,

London; R. W. T. Waddell, Stafford; W. D. Ware Barnstaple; J. D. Ward, York; E. G. Weston, Salop; A. Whitefield, Barnstaple; C. Williams, Carnarvon.

**THE WEST INDIES.**—By the latest advices we learn, that during the time the 'Thames' has been on her outward and homeward passages, and her stay in the West Indies, there have occurred on board, among the crew and passengers, from intermittent fever, thirty-six cases; remittent fever, 102 cases; yellow fever, twenty-five cases; five deaths on board, and three sent on shore. The first case of the latter which occurred was on the 20th of October, and the last on the 28th of December. The last death from yellow fever took place on the 18th of December. The total number of deaths on board her Majesty's steam-frigate *Dauntless* is stated to be ninety-nine, officers and men. Mr Wells, surgeon of the Royal mail steamer *Derwent*, died from yellow fever just as the *Thames* left St Thomas. Pratique was given to the *Thames* immediately on her arrival in Southampton Water, by Mr Wiblin, the Medical Superintendent of Quarantine. Some fatal cases of fever had occurred at Panama, but the cessation of the long rains, and the setting in of the healthy north winds, encouraged a hope that the epidemic would soon disappear. The usual intermittent fevers were prevalent at Navy Bay. Fever had almost entirely disappeared at Barbadoes and St Thomas's. Some cases of cholera had appeared in Barbadoes. At Martinique and Guadalupe, where the epidemic had made such fearful ravages, particularly among the French troops, it had entirely ceased. At St Vincent the fever had broken out, and several deaths had occurred. There had been one death among the troops, and there were six bad cases among them when the *Thames* left, on the 31st of January. The late Governor, Sir J. Campbell, was among the first that was carried off by the epidemic. The inhabitants were much alarmed, but the strong trade winds about setting in were expected to have a beneficial effect and arrest the progress of the disease. Yellow fever in Demerara was on the decline. In reference to British Guiana, the 'Royal Gazette' says:—"Fever, in a malignant form, still prevails, and strange enough to say, other diseases, as they approach a fatal termination, assume the type of yellow fever. The authorities appear at last roused to the necessity for action. The epidemic, from whatever cause arising, is no doubt increased in virulence by the unwholesome state of the atmosphere. No efficient means have yet been taken either to drain or cleanse a city affording singular facilities for having both done cheaply."

**APPLICATION OF A CURIOUS PHYSIOLOGICAL DISCOVERY.**—M. Roulin has lately speculated on what might be the consequences of administering coloured articles of food to silkworms just before spinning their cocoons. His first experiments were conducted with indigo, which he mixed in certain proportions with the mulberry-leaves serving the worms for food. The result of this treatment was successful,—he obtained blue cocoons. Prosecuting still further his experiments, he sought a red colouring matter, capable of being eaten by the silkworms without injury resulting. He had some difficulty to find such a colouring matter at first, but eventually alighted on the *Bignonia chica*. Small portions of this plant having been added to the mulberry-leaves, the silkworms consumed the mixture and produced red-coloured silk. In this manner the experimenter, who is still prosecuting his researches, hopes to obtain silk as secreted by the worm of many other colours.

**FOTHERGILLIAN MEDAL.**—The Fothergillian Gold Medal for the best Essay on wounds and other injuries to the abdomen, has been awarded to Alfred Poland, Esq., Assistant-surgeon to Guy's Hospital.

**THE STOMACH-PUMP A PUNISHMENT.**—All persons found drunk in the streets of Clonmel are sent to gaol, and there subjected to the operation of the stomach-pump, for which the apothecary is paid 7s. 6d. in each case.

**VACCINATION.**—A deputation on the subject of the Vaccination Extension Bill, including Dr Babington, Mr Marson, and Mr Grainger, had an interview on Saturday last with Viscount Palmerston.



**MEDICAL BENEVOLENT COLLEGE.**—We have much pleasure in stating that the proceeds resulting from the Bishop of London's able advocacy of the claims of the College on Sunday last, in Trinity Church, St Marylebone, amounted to 85%. His Lordship, in speaking of the casualties to which medical men are daily exposed while exercising their onerous duties, alluded to the lamented death of the late Dr Manson, in evidence also of the public services of the profession, and of the necessity of establishing such an Institution for the amelioration of the distress so often consequent upon premature widowhood and orphanage.

**PARISIAN MEDICAL SOCIETY.**—The annual dinner of the members of this Society took place on Saturday the 26th February, at Véfour's Restaurant, 82 Palais Royal. Upwards of forty gentlemen were present, and among the company several of the leading members of the profession in Paris, including MM. Orfila, Ricord, Nelaton, Valleix, Bricne de Boismont, and Verdeil, with members of the American, German, Spanish, and Italian schools. Of the non-professional gentlemen present, General Williamson may be mentioned. Dr Harley, the President, officiated as chairman.

**SINGULAR CASE OF HYDROPHOBIA.**—Last Christmas, Anne Turner, aged seven, and residing at Birkenhead, was bitten by a dog, which was subsequently killed. No bad symptoms betrayed themselves until lately, when upon her mother coughing, the child screamed and became ill. Medical gentlemen were instantly called in, who, suspecting the character of the disease, blew upon the body at the distance of six feet, which caused her to renew her screams; yet she had no delirium, nor objection to liquids, and her memory was good. A few days before her death, her motions were dark and foetid, her manner foolish, and sometimes she became rather furious, threatening to injure and bite her parents. At length death released her from her sufferings. —Abridged from a local paper.

## NOTICES TO CORRESPONDENTS.

**A GENERAL PRACTITIONER (Kingsland).**—The point in question is not determined by statute, but by the decision of the judges. Since, however, the county courts have come into operation, the judgments have been so various that it is difficult to advise you on the matter. If the sum be worth the trouble, there is no reason why you should not try the cause.

**VINDEX.**—The honour of the profession is sullied when the herb-doctor, and the regularly qualified practitioner are placed on the same footing in a court of law. A surgeon in Cornwall, Mr Pascoe, was convicted of manslaughter for administering sayine, on evidence, in our opinion of a very doubtful character, while an agent of Coffin's is let off, because he was so utterly ignorant that he could not possibly know whether he was doing right or wrong. Absolute ignorance is therefore a qualification for practising physic; but imperfect knowledge renders a man liable to be consigned to the hulks or a penitentiary.

**T.O.W.**—The physiological miracle of which you speak is an absurdity. You must apply to a mesmerist for an explanation. It was most probably due to clairvoyance.

**SPES.**—St Thomas's. 2nd: The appointment is in the hands of the Government.

**M.R.C.S. (Eng.)**—The books are not allowed to be removed. The library of the college is a very good one; but it is difficult for a practical man to avail himself of its advantages, as it closes at four o'clock, p.m., in the winter. It ought to be open during the evening, so that members might have an opportunity of going to consult works at a time when they were released from their more urgent duties. The expense of another officer would be but a mere trifle compared with the advantages the arrangement would afford.

**JUVENIS.**—Your article is not suited for publication. Read Quekett's 'Histology.'

**W.S.**—It is very difficult to diagnose aneurism under the circumstances stated. The event was no fault of yours, and we think that the remark of your professional brother was invidious and unfair. Let us remember that in Liston's case, all the great stethoscopists of the day, Drs Latham, Williams, Stokes, Forbes, Watson, &c., were unable to detect the cause of his sufferings; and it was only the day before his death that the keen sagacity of Sir B. Brodie pronounced the disease to be aneurism! So much for the solemn pretensions of your friend the stethoscopist! If you will draw up a clear and concise account of the case we shall be happy to give it insertion.

**OLD PARR (Crane court).**—The device will not answer; it is too barefaced a puff. Though we may wink we are not going to sleep.

**M.R.C.S. and L.A.C.**—We are confidently of opinion that a sensible and steady young surgeon could do well in Australia. The last accounts state that the influenza is prevailing over the whole colony. The report justifies a remark of ours made some months ago, that however fine the climate, disease would creep amongst the population, and make work for the doctor. The people crowded together in small, ill-ventilated, and undrained habitations, and exposed to every vicissitude of weather, and the rigours of daily labour at the "diggings," will generate disease. They enjoy no immunity from the penalties due to improvidence and the contempt of the laws of our being.

**MR B. JONES.**—Chloroform is not inflammable. Why don't you try? It combines with alcohol and ether, but not with water.

**AN EYE WITNESS.**—The subject is not of sufficient importance to merit publication.

**S.B.**—Opinions are much divided with respect to the utility of Symes' operation. If you have had the best advice in town and you get worse, we do not think that you would encounter any very serious risk in undergoing the operation. It is not, however, within our province to advise. Consult Mr Fergusson, the Professor of King's College.

**ESCUAPIUS.**—You and your friend are too foolish fellows. Wagers are nonsensical things; try an experiment, and if neither of you have skill enough to do it, study and learn. You will find this more to your profit than winning your friend's money by wager: or perchance losing your own.

**MR MOORE.**—We cannot explain it. The rapid fatality of the poison when applied to the cuticle is to us a mystery. The subject is worthy of your research.

**AN ANATOMIST.**—We believe that Gannal's process for the preservation of organic tissues consisted of alum and arsenic. Thibert's preparations were some of the finest things of the kind we ever saw. We do not know the composition. The museum is, we believe, dispersed.

**INQUIRER.**—Dr Chowne was a candidate, but he had already filled the office several times. Dr Forbes Winslow was elected by a majority of fourteen votes.

**ANTI-QUACK.**—Your letter shall be handed to the writer. The Post-office Order has been received.

**MR JOHN M. STRACHAN.**—Your suggestion is impracticable within the limits of the work. The List of the College of Surgeons alone is a large octavo volume, as also that of the Apothecaries' Society, and the Registers of some of the licensing bodies are scarcely less voluminous. Your plan would involve the necessity of a work three times the size of the present 'Directory,' and of course three times the price.

**X.**—1st: You are entitled to the appellation of surgeon. 2nd: The magistrates' document is derogatory to your character, and renders the gentleman signing it liable to an action for defamation; but you have allowed the matter to rest too long.

### *To the Editor of the 'Medical Circular.'*

**SIR,**—I am anxious, in common with several of my professional acquaintances, to do all I can to render your valuable 'Directory' as correct as possible. With this feeling, I beg to direct your attention to the circumstance that Hugh Hastings, 8 Cambray, Cheltenham, is stated in page 436 of the 'Directory' to be M.D., B.A., St Andrew's. Yet in the St Andrew's Calendar, no Hugh Hastings appears, either in the list of Doctors of Medicine or of Bachelors of Arts. —I am, &c.,  
F R.S.

[Unless Hugh Hastings can produce documentary evidence of the qualifications impeached in this note, they will be omitted in future editions of the 'Directory'.]

**VINDICATOR.**—In denouncing the extravagance and pretensions of the New Equitable, we do no more than our duty to our professional brethren. It is preposterous to uphold such a concern as prosperous, when it is notorious that shares are hawked about and are positively unsaleable! Dr Robert Lee sold shares for which he had paid 100*l.*, for 33*l.* 15*s.*!! We know that he would have given them away, if he could at the same time have transferred his liability.

**DR BURNETT's** communication was received too late for insertion in this number: it shall appear in our next.

**DR NELSON.**—Not having received an authorisation from Dr Wright to carry out an investigation in the manner proposed, we intend to publish your explanatory letter in our next number. We feel it more incumbent on us to do so, inasmuch as if Dr Wright does not possess the qualifications impugned, the Editors of the 'London and Provincial Medical Directory' have been deceived.

**M.R.C.S. (Westminster).**—The custom is not infrequent, but it is one "more honoured in the breach than in the observance."

**AN ETHNOLOGIST.**—The 'Ethnological Journal' did not continue in existence more than twelve months. The editor's articles were learned and acute, but too free-thinking to suit the general taste. Deville's collection of crania has been lately sold.

**MR WILLIAMS.**—1st: Walton's work, recently reviewed in our journal, is the best. 2nd: Todd and Bowman's.

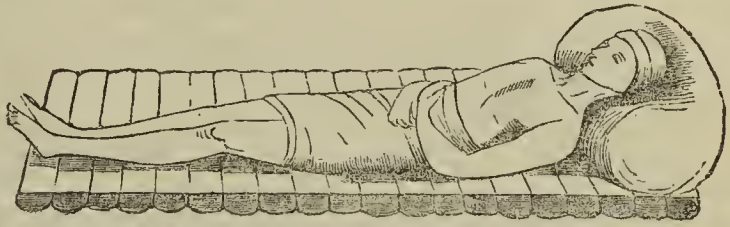
**PATER.**—Clinical instruction is practically conducted at the University College Hospital by Dr Parkes. He holds examinations of the cases under his care, and otherwise bestows special attention on this department. Mr Erichsen, the Professor of Surgery, is an able operator.



## MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

(See 'THE LANCET,' Jan. 25, 1851.)



**CUSHIONS for BED-SORES**—Whether threatened with Sloughing, or in which Sloughing has taken place, Fractures, Diseased Joints, Ulcerated Cartilages, Coldness of the Stomach, Pain in the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gouty and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive and all bed-ridden Patients. They are simply placed on an ordinary mattress, and covered with two or three blankets and a sheet as an ordinary bed.

For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.  
BROWN'S CANTHARIDINE BLISTERING TISSUE.

PREPARED FROM PURE CANTHARIDINE.

### An Elegant Preparation, Vesicating in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores.

It has received the sanction and commendation of the most eminent Practitioners in the kingdom.—In Tin Cases, containing twelve feet, 6s. 6d.; and small Cases, of six square feet, 3s. 6d. each.

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An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the 'New York Journal of Medicine.'  
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"Accompanying this article is a very simple and neat dressing."

From the 'Medical Examiner and Record of Medical Science,' for May 1850, published in Philadelphia.

"We have received from Mr Geo. D. Phelps, of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of stranguary.

ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr T. B. Brown, Druggist.

Prepared by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42 ANNAL TERRACE, VAUXHALL BRIDGE ROAD, LONDON; and sold by the Sole Consignee, Mr William Bailey, Wolverhampton, and all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

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## Hospital Sulphate of Quinine, Pure

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EDWARD HERRING,

for the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

It was originally introduced for the use of Hospitals, Dispensaries, and Public Charities; but its PURITY and GREAT REDUCTION in PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the processes of manufacture will therefore be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each, capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

JACOB HULLE, jun., Proprietor,

Chemical Works, Trinity street, Southwark, London.

October 23, 1852,

## Scarlett's Portable Invalid Soup.—

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## For Varicose Veins and Weakness.

SURGICAL ELASTIC STOCKINGS and KNEE-CAPS on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging; likewise, a Strong, Low priced Article for Hospitals and the Working Classes; ELASTIC NET CORSETS of the same beautiful fabric; ABDOMINAL SUPPORTING BELTS, for both sexes; those for ladies' use before and after accouchement are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices, on application, and the articles sent by post, from the Manufacturers,

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—We continue to supply the Faculty with this fine Spirit at the low price of 18s. by the Single Gallon, or at 17s. 6d. for Two Gallons and upwards. Flasks (Basketed Jars), 1s. per gallon. Cash on delivery.

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## New Truss for Hernia.—F. Wal-

TTERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cycloidal enema Syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16 Moorgate street, City.



## Pure and Healthy Leeches.—

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Established upwards of Forty Years.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his

EXTRACT of INDIAN HEMP,

Prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible: also to his

LIQUOR TARAXACI and MEDICINAL EXTRACTS,

Prepared from the fresh plant (Hyoscyamus Niger, Conium Maculatum, Atrop. Belladonna, Crotalaria Umbellatus, &c.) all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (Egle Marmelos), now being so much recommended for dysentery and diarrhoea.

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THE BEST FOOD FOR CHILDREN, INVALIDS, AND OTHERS.

PATRONISED BY THE QUEEN,

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making superior Barley Water in Fifteen Minutes, has not only obtained the patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light Food for Infants, Children, and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS form another Diet universally esteemed for making a superior Gruel in Fifteen Minutes—light for supper—and alternately with the Patent Barley is an excellent Food for Children and Invalids, being particularly recommended by the Faculty as the purest and best Preparations of the kind extant, and far preferable to the Embden Groats.

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Vapour, Sulphur, and Harrowgate Baths, 3s. 6d. each—3 for 21s. Hot Air, Mercurial, and other dry Fumigating Baths, 5s. each—6 for 21s.

Portable Warm Baths sent out within ten miles of London.—Single Bath (with hot linen, &c.), within one mile of Argyll place, 5s.; every additional mile, 1s. extra.

An idea may be formed of the capacity of these Establishments when it is stated that upon their erection and completion upwards of 30,000l. has been expended, and that at each place one hundred Baths can be given in an hour.

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AND  
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No. 39.

WEDNESDAY, MARCH 30, 1853.

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## The Medical Circular.

WEDNESDAY, MARCH 30, 1853.

### THE VACCINATION BILL.

NOTICES have appeared in the newspapers to the effect that Lord Lyttelton's new Vaccination Bill will make it compulsory on all medical practitioners to vaccinate every child that may be brought to them, and that they will be allowed for this service only such small fees as are now prescribed under existing acts. We perceive that one of our contemporaries has adopted this view of the measure, and if it should be ascertained to be correct, this bill will prove one of the most unwarrantable aggressions on the rights of private practitioners that was ever attempted by any Government. The presumed interference is so obviously unjust, that we can scarcely believe in the possibility of such a design. The bill says that the parent or custodian of a child shall, within a period of six months and seven months respectively, take "the said child to the *medical officer or practitioner* appointed according to the provisions of the first recited act, or to some other duly qualified practitioner, for the purpose of being vaccinated; and the said *medical officer or practitioner* shall, and he is hereby required thereupon, or as soon after as it may conveniently and properly be done, to vaccinate the said child, *without fee or reward*, other than is provided for by the said recited acts." Now the words "medical officer or practitioner" printed in italics, in the last division of the sentence quoted, have been supposed to designate the medical officer and *private* practitioner, and that therefore the private practitioner would be required to vaccinate a child for the wretched poor-law allowance of one shilling and sixpence, and be also required, under subsequent provisions, to write sundry certificates, for which he would get *nothing*!

We think there is a probability that this opinion is erroneous. The words "medical officer or practitioner" seem to us to have a reference rather to the same words in the first division of the sentence quoted, and to apply exclusively to the "medical officer or practitioner" appointed under an existing act. Whether we are right or wrong, the bill is so ambiguously worded that explanations on the nature and extent of its provisions should be sought from the proposer of the measure, immediately that it is brought into the House of Commons, and care taken that its provisions shall not abridge the fees now usually given for vaccination by private practitioners.

The seventh clause of the bill seems, however, to indicate a more sinister design than we are disposed to credit. By this provision it is required, in case of a child becoming sick after vaccination, that "the medical officer *and* practitioner (*here the copulative conjunction is employed*) who vaccinated the said child shall attend upon and prescribe for the

said child during such sickness or indisposition, and *furnish it with such medicines* as may be necessary for its recovery, *without fee or reward*, other than is provided for by the above first-mentioned act." What does this mean? The phraseology of the former clauses is departed from, and the whole bill is rendered obscure. Such a bungling piece of legislation is a disgrace to its concoctors, and yet, unintelligible, and possibly iniquitous, as it is, it will become law unless the profession are on the alert, and point out to the Home Secretary its objectionable provisions.

A general system of vaccination is greatly needed, and none would rejoice more than ourselves at its realisation, but we cannot for that object consent to any scheme that would violate the rights and independence of private practitioners. We shall revert to this subject hereafter.

### THE NEW LAW OF LUNACY, AND ITS RELATION TO THE MEDICAL PROFESSION.

WE owe a duty to the profession to give an opinion on every act of parliament proposed which either directly or indirectly affects its members; we shall now, therefore, call the attention of our readers to the Bill for the Government of County Asylums.

The most important clause of this Bill is the 55th section, which allows *any* officer to be the superintendent. Such a provision appears, on its very face, most unjust to our profession and injurious to the poor lunatic. All persons who have had experience in the management of the insane have agreed that the various officers in asylums for the insane should be under the direction of the resident physician or surgeon. In one asylum where such is not the case we find that the patients are supported, clothed, and officered for 5s. 3d. per week, the dietary for that period consisting only of 184 ounces of solid food. The average number of cures is necessarily low and the mortality high.

Which are the asylums where the improvement of the insane has most advanced, and which have led the way to all the great ameliorations in their condition? Those in which such men as Gardiner Hill, Conolly, and Gaskell have had the chief authority. Look at those asylums which now deservedly stand high in the estimation of the public in England! In each we find that the medical officer is the presiding genius.

Take again those Irish asylums in which there is no medical superintendent, and what comparison do they bear to those presided over by Drs Stewart, Flynn, Corbet, &c.? Or, if we select those in Scotland, presided over by Dr Browne of Dumfries, Dr Skae of Morningside, and many others of the same standing and superiority, we shall find the medical officer is at the head of the asylum.

This subject is adverted to in an able article in the 'Psychological Journal,' by Dr Forbes Winslow, with reference to the management of Bethlehem Hospital in 1852. He says, "Those of our readers who are conversant with



the nature of insanity will not need to be reminded that the *classification, employment, and amusements* of lunatics, and the other influences embraced under the term 'moral treatment,' constitute the entire duty of the physician. What is embraced under the Bethlehem definition of 'medical treatment' is comparatively unimportant as an agent of cure. It is unnecessary to say that the conduct of the moral treatment of the insane demands a far more profound, scientific, and practical knowledge than does the mere administration of the remedies of the Pharmacopœia."

We trust, then, that Lord St Leonard's will deem it prudent to alter this injurious clause.

#### MEDICAL REFORM.

A NUMEROUS deputation from the Provincial Association, accompanied by several members of Parliament, have recently had an interview with the Home Secretary, relative to the measure proposed by the association for the reconstruction of the profession. Sir Charles Hastings introduced the deputation, and having explained the principles of the Bill, stated that it had received the approval of the London College of Physicians and the Edinburgh colleges, and a considerable number of the members of the profession. Other gentlemen having addressed the Minister,—

Lord PALMERSTON said that he was deeply impressed with the subject which had been brought before his notice by the deputation, affecting, as it did, not only the interests of the public, but those of a most highly educated and important profession. Many attempts had been made to legislate on it, but without success. When out of office, some years since, he had been requested to take up the subject, but had declined to do so, on account of the discordant opinions then entertained by the medical profession. Now, however, a different feeling seemed to prevail, and a great approach towards unanimity had evidently been made, as was manifest from the importance and varied character of the deputation. He should give his best attention to the measure that had been laid before him; and if there was a good prospect of bringing it to a satisfactory settlement—and he thought he saw now such an opportunity—he should feel it his duty to bring it before Parliament, in conjunction with his colleagues, as a Government measure, and to carry it out with energy. His lordship added that he should take an early opportunity of communicating with the secretary, Mr Hastings, on the subject.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.**—The Annual Dinner of this Society is advertised to be held at the Freemasons' Tavern, on Saturday, April 2. So useful a Society should be well supported.

**SURREY MEDICAL BENEVOLENT SOCIETY.**—At a meeting of this Society, held at Reigate on the 16th of March, it was determined to subscribe, from the funds of the Society, 2,000*l.* towards the endowment of the Medical Benevolent College, on condition that the Surrey Medical Society should have the perpetual right of nomination to certain exhibitions in the school. The Surrey Medical Society was originally established to relieve the wants of the widows and children of its members, and it has appeared to the promoters of the Society that they could not more effectually secure the objects desired than by obtaining for the children of members, at a cheap rate, the excellent education which they will receive in the Medical Benevolent College.

## Mirror

OF

### PERIODICAL LITERATURE.

(From the 'Lancet,' March 19, 1853.)

#### ON THE PATHOLOGY OF AFFECTIONS ALLIED TO EPILEPSY.

Dr Radcliffe endeavours to show in this paper that "all muscular disorders," i. e. spasmodic and convulsive affections, are dependent on a deficiency of the stimulus supplied to those organs by the nerves and blood. He remarks:

"In order to arrive at the knowledge of the real nature of the several affections allied to epilepsy, we now proceed to examine the condition of the vascular, nervous, and muscular symptoms in, and the nature of the causes operating upon, these affections.

"1. What, then, is the condition of the *vascular system*?

"1. In ordinary tremulousness, in palsied shaking, in mercurial tremor, and in choreic agitation, the circulatory powers are always depressed. A flushed face and a bounding pulse are never present. So also with the tremulous movements before and after fever. Rigor is coincident with a sense of coldness, a feeble pulse, a sunken countenance, a corrugated skin; subsultus, with a circulation faltering on the very verge of stagnation. Nor is this coincidence accidental. It is not—because the rigors disappear as the system rallies, and cease when the pulse and heat return. It is not—because they reappear in the form of subsultus when the feverish turmoil is past, and death at hand.

"2. In convulsion the real state of the circulation is more masked than in tremulousness. It is so in hysteric convulsions. In an immense number of these cases the circulation is in a state of syncope, or virtually so; but is this the rule? Is the pulse never excited? So far as we know—never. Fluttering there may be, and often is, and this fluttering may be confounded with excitement, and called by the same name, but there is never true excitement. Convulsion and collapse, and not convulsion and fever go together; but we leave this question in abeyance for the present.

"The state of the circulation in the convulsion of hydrophobia, may be well illustrated by three or four recent cases, which are taken without selection merely because they are the latest on record. One of these happened about twelve months ago, and was reported to the Newcastle and Gateshead Pathological Society by Mr Heath. The patient was a carpenter, and the symptoms those of the ordinary disease. The pulse during the convulsion was quick and concentrated. The meaning attached to this last term, however, is not explained; but that it was not either full or hard is to be inferred from the fact, that the countenance at the time was anxious and drenched in perspiration, and the hands tremulous and cold. Another case fell under the notice of Dr Sandwith, of Beverley, and is reported by him in the 'Provincial Medical and Surgical Journal.' The patient was a tanner, in his forty-third year. He had been bled freely before Dr Sandwith saw him, and, in addition to this had lost a large quantity of blood, in consequence of the bandage having slipped from the opening in the vein. He was in a state of extreme debility; his face pale; his skin drenched in cold and clammy moisture; his pupils completely dilated; his breathing hurried; his pulse 120, thready, and vermicular; his spasms violent and constant. The absence of fever and any increase of animal heat is particularly mentioned, and insisted upon as a fact common to hysteria, mania, and tetanus, and some quotations from Drs Beddoes and Currie are adduced in corroboration of this point. A third case occurred under the eye of my brother, at Hunslet, near Leeds; and the patient here is described as an 'ill-fed, over-worked, lank, pallid boy, residing in a miserable hovel, in a neighbourhood the unhealthy character of which was indicated at the time by numerous cases of carbuncle, phagedenic ulcer and typhus.' He had no perceptible pulse at the wrist during the height of the malady; his skin was cool and damp; his respiration panting and



irregular; his countenance anxious and livid. The last case we shall mention is reported at considerable length in the 'Edinburgh Monthly Journal of Medical Science' for August, 1852, by Dr Lawrie of Glasgow. In this case 'the pulse was 150, regular but not strong'—but evidently stronger than in the three former cases. There was, however, far less convulsive disturbance than in them, and the symptoms are said to have been more like those of acute hysteria than anything else. 'The globus and incessant tossing,' says Dr Lawrie, 'were well marked; but although the desire to move was irresistible, the movements had no appearance of being involuntary or associated with insensibility.' The fuller state of the pulse, therefore, in no way disagrees with the previous evidence, but rather tends to confirm it.

"There is no particular evidence upon the state of the circulation in the convulsion of tarantism; but a pretty correct inference may be drawn from the fact, that this affection had many points of correspondence with hysteria or chorea convulsion, as well as from the strong presumption that many so-called cases of tarantism were in reality cases of hysteria or chorea.

"The condition of the vascular system in the convulsions of fevers or inflammations is in no way obscure. These convulsions appear in the initial cold stage, or in that of final prostration, and never during the height of the disorder. They appear only when that cold stage is unusually severe, as in cases of malignant small-pox or puerperal fever, or when that final prostration is rapidly deepening into actual dissolution. They disappear with unfailing regularity whenever the system rallies, whether this be in the ordinary course after the incipient collapse, or in returning health after the fever. It is so also with the convulsions of the fevers or febrile affections of childhood. They take the place of rigor or of subsultus, and invariably avoid the hot stage. So again in the inflammations of childhood, they occur before and after, but never during the hot stage. In inflammation of the brain, for example, the malady frequently commences in convulsions; after this, the system rallies, inflammation is developed, oppression follows, then prostration, and when this is deep enough, convulsions return to close the scene. In the inflammatory irritation of teething, the little patient is in a state of hectic exhaustion—now cold, now hot—the skin dusky, and the pulse scarcely perceptible, when the convulsion happens. The great source of error in all these cases is the double-meaning of the words fever and inflammation, each of which includes two diametrically opposite conditions of the vascular system—collapse and excitement. It is this double-meaning which has contributed more than anything else to confuse the true knowledge of muscular pathology, for if, discarding these words, care had been taken to note whether the phenomena in question were coincident with collapse or excitement, we should long ago have been rid of much obscurity and perplexity in these matters.

"The state of the circulation in the convulsions of death, and particularly of death by hæmorrhage, is manifestly one of the lowest conceivable depression. The blood escapes from the vessels until they are well-nigh empty, or the vital heat is chilled by commencing death; these are the changes which have come over the circulation under these circumstances.

"In the great majority of instances, therefore, convulsion is coincident with, and dependent upon, the very reverse of vascular activity; and, this being the case, we must claim the benefit of the doubt in any individual case in which doubt may exist, as in some forms of hysterical convulsion."

The paper contains some other interesting observations on the subject.

#### ON A CASE OF RUPTURE OF THE UTERUS.

Dr J. Watson of Ashted, reports the following case:—

"S. L.—, aged twenty-eight, a single woman, had been slightly indisposed for some days. During the last few hours she had complained of pain in the abdomen, and sickness. These symptoms becoming suddenly aggravated, I

was sent for on the evening of February 14, 1853. My assistant returned with the messenger, and found her *in articulo mortis*.

"On post-mortem inspection, (by coroner's precept,) the exterior of the body appeared plump, but universally pallid, and the deceased was about seven months advanced in pregnancy. On opening the abdomen, the cavity of the peritonæum contained from two to three quarts of blood, a huge clot covering all the abdominal contents. On removing this, the uterus was seen to reach midway between the umbilicus and ensiform cartilage, and was found ruptured in its fundus to the extent of four inches, the edges of the wound being an inch and a half asunder. The placenta, lying in contact with the fundus, was exposed by the rent, and prevented the escape of the uterine contents into the peritonæum. On carefully examining the texture of the uterus, I found it to be no thicker than a sheet of writing-paper for at least a distance of two inches around the ruptured part. The liquor amnii was entire, and the fetus *in situ*, the breech presenting. Pressing against the thinned portion of the uterus just noticed lay the head of the fetus, made additionally prominent by its having the right hand and the feet, side by side, resting upon it. All the other organs in the body were healthy, and the stomach contained chyme."

(From the 'Lancet,' March 26, 1853.)

#### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

We quote the following summary of conclusions on the subject of wounds of the chest, from Mr Guthrie's valuable lectures:

"a. All incised or punctured wounds of the chest should be closed as quickly as possible, by a continuous suture through the skin only, and a compress supported by adhesive plasters, the patients being afterwards placed on the wounded side—a precept which is absolute only with respect to *incised* wounds, capable of being united by suture in the manner directed.

"b. As soon as the presence of even a serous fluid in the chest is ascertained to be in sufficient quantity to compress the lung, a counter-opening should be made in the place of election for its evacuation by the trocar and canula, which may be afterwards enlarged; unless the re-opening of the wound should be thought preferable, which will not be the case unless it should be low in the chest.

"c. If blood flows freely from a small opening, the wound should be enlarged, so as to show whether it does or does not flow from within the cavity. If it evidently proceed from a vessel external to the cavity, that vessel must be secured by torsion or by a ligature applied on it, all the other methods recommended being simply surgical absurdities.

"d. If blood flow from within the chest, in a manner likely to endanger life, the wound should be instantly closed; but as the loss of a reasonable quantity of blood in such cases, say from two to three pounds, will be beneficial rather than otherwise, this closure may be delayed until syncope takes place, or until a further loss of blood appears unadvisable.

"e. If the wound in the chest have ceased to bleed, although a quantity of blood is manifestly effused into the cavity of the pleura, the wound may be left open, although lightly covered, for a few hours, if the effused or extravasated blood should seem likely to be evacuated from it, when aided by position; but as soon as this evacuation appears to have been effected, or cannot be accomplished, the wound should be closed. It must be borne in mind that the extravasation which does take place is usually less than is generally supposed—a point which auscultation will in all probability disclose.

"f. If the cavity of the pleura is full of blood, and the oppression of breathing and the distress are so great as to place the life of the patient in immediate danger from suffocation, the wound should be re-opened, if it have been



closed, or freely enlarged, if small, to such extent as will allow of a clear evacuation of the effused blood. It has been supposed that in such a case the lung does not sufficiently collapse, and the bleeding is therefore continued because the vessel cannot contract; but that the lung will collapse under pressure of the air, unless prevented by previously-formed adhesions, when the hæmorrhage may possibly cease; instances of which are said to have taken place, and the practice should therefore be borne in mind."

YELLOW FEVER, AS IT OCCURRED ON BOARD R.M.  
STEAMER, "LA PLATA."

Mr T. Bacon Phillips, the Surgeon of this ship, publishes this account of the disease. He says:—

"It has of late years been the opinion of many that the individuals composing the family or zymotic diseases are one and the same in a pathological point of view, but only modified by circumstances. Two of the cases I am about to record will be interesting from the fact that, by the rapid reduction of the modifying agent, temperature, one disease was substituted for another—namely, typhus for yellow fever.

"I have never left this wharf (and I have done so some twenty times) without finding some few sporadic cases of fever a few days after getting to sea. In the whole of the West Indies it would be impossible to find a situation where the localising conditions of miasma were so apparent as at this spot. It is situated in a small bay or inlet, surrounded by high and precipitous rocks, so placed as to prevent the doctor (as the seabreeze is so justly called) paying his daily visit. In a space of six or seven acres are deposited some 15,000 or 20,000 tons of coal; this is also made the receptacle for the excretions of 400 negroes. It is within twenty yards of the ship. An engineer, of ten years' experience in the West Indies, tells me he always dreads taking in coal that has been wetted by rain; for he invariably noticed that it was followed by sickness amongst the men in the engine department. That coal, by some means, is a localising cause, is evident from the circumstance that steamers suffer more from epidemics than other vessels—witness the *Eclair*, *Devastation*, *La Plata*, &c. Several of the colliers at the wharf, discharging coal at the time we were there, had lost nearly all hands from the epidemic, whilst other vessels in the same harbour, lying out beyond the influence of the wharf, and not colliers, were perfectly free from disease. I remember also when I was at Rio Janeiro, during the epidemic of yellow fever, that the owner of the slaves at the wharf at which we coaled, lost a large proportion of them, and that there also colliers were great sufferers; likewise at Demerara, that two colliers, lying close by us, lost several hands from yellow fever, whilst the other shipping was free from sickness. Again, it is a well-known fact how frequently typhus exists on board the colliers trading between Newcastle and the Thames. The *La Plata* was occupied five days and some few hours coaling. During the whole of the time she was lying alongside the wharf; and thus every one on board had frequent communication with the shore, which afforded numerous opportunities for the crew bringing spirits, &c., on board, thereby furnishing one of the principal predisposing causes of disease. The day after arriving in harbour, the commander had occasion to perform the funeral service on shore, during which he was obliged to stand over an open grave, his head being uncovered and exposed to the vertical sun.

"The day before leaving for England, I received on board nineteen invalids; seven from the R.M.S. *Great Western*, eight from the *Thames*, one from the *Esk*, and three from H.M.S. *Highflyer*. Their invaliding papers stated them to be, for the most part, convalescent from bilious remittent fever. I had the fore-part of the lower deck assigned to me for the sick; four cabins, fitted with four bunks or bed-places each. From its situation being below water-mark, when the ship is first at sea it is impossible to have any ventilation from her ports. Here, in a space of about twenty feet by fifteen, ten invalids, with twelve Germans who formed the band, slept. It is worthy of remark

that these latter continued to sleep and feed in close proximity for the first five days, and that not one contracted the disease."

After giving a tabulated statement of the sick, Mr Phillips thus concludes his observations:

"It will be seen how impossible it is, by the foregoing statement, to find those most exposed to contagion suffering. On the contrary, those engaged about the persons of the sick enjoyed, with but one exception, complete immunity; this was the engineers' servant, whose case, without doubt, was produced by the impure state of the atmosphere of the cabin, in which he spent a large portion of his time. It will be well, by way of contrast, to notice the effect produced on the health of those about the person of the commander in his sickness, from the sanitary measures, adopted by my order, being carried into effect—namely, a free current of air allowed to pass through the cabin, by having the three ports open, and the immediate removal of the excretions. There were constantly with him his personal servant, my servant frequently, the chief officer, and chief engineer, paying him hourly visits, and myself, who was frequently by his side. Two hours before he died, he expressed a desire to be removed below. Agreeably to this wish, I had him taken into a passenger's cabin, where he died. Here again were the passengers in this part of the ship exposed to contagion, if such existed.

"So pressed was I for time, that I used to take my hurried meal in the saloon, containing fifty or sixty people, without changing my clothes. I also visited the cabins of sick ladies in the same state; yet in no one instance did I communicate the disease.

"It has been shown that Cases 1, 4, and 6 had the disease when they joined the ship; while Cases 7, 8, 10, and 13 were suffering from constitutional disturbance, which rendered them highly susceptible to endemic disease; and that Cases 2 and 3 arose from over-exertion and unusual mental and bodily fatigue, in an atmosphere impregnated with the disease. In Cases 12 and 13 the patients were unusually susceptible of febrile influence, their vital energy diminished, and their power of resisting disease considerably reduced, by breathing a foul atmosphere, from want of ventilation and other causes. Case 9, a man with broken constitution, returning to England to gain strength. This leaves us only Cases 11, 14, and 15, in all of which there was only a mild form of the disease.

"The disease, as it occurred on board the *La Plata*, does not, at all events, prove the contagion of yellow fever; nor does it, to my mind, fully prove the contrary. The time of the epidemic furnishes too few cases, from which to draw clear and definite conclusions. In the West Indies and Brazil, where the disease is endemic and periodically epidemic, the opinion of all classes is, without a dissenting voice, that the disease is not contagious; and my experience does not furnish me with a sufficient proof of its contagious qualities to warrant my adopting the doctrine of contagion."

(From the 'Medical Times and Gazette,' March 26th, 1853.)

LECTURES ON THE ACUTE SPECIFIC DISEASES.

The following observations on Typhoid Fever, and Relapsing Fever in Dr Jenner's Lectures, exhibit much discrimination:—

"*Typhoid Fever*.—The cases of typhoid fever met with in practice may be grouped under the following heads:—The typical, the mild, the grave, and the insidious, simulative, or latent.

"Time permits me only to sketch the last; and this I shall do at some length, because I believe the cases included in it are often misunderstood.

"The insidious, simulative, or latent variety of typhoid fever usually commences most gradually, the patient being altogether unable to say on what day he first felt unwell; nay, sometimes he cannot fix within a week or ten days the outset of his illness; rarely is he able to say what the first symptoms from which he suffered were. He seeks aid from



the physician because he feels 'poorly;' he deferred seeking aid before, because 'he hoped to shake it off.' His bowels have been, he says, somewhat 'out of order,' his head has ached a little, and perhaps he has had trifling cough. He thinks he must have caught cold. Now and then, one or other of the symptoms mentioned are especially complained of. Less commonly, pain in the limbs and back are troublesome. The patient has not given up his ordinary employment, but he feels, as he describes it, 'not up to it.' He lies in bed as late in the morning as his occupations permit him; when he rises, feels weary and fatigued, and at night scarcely able to undress himself. His appetite is lost; more or less diarrhoea is usually present; sometimes, however, the bowels are constipated. The tongue is often large, pale, and but slightly furred. It is generally somewhat tremulous. If the case be not understood, the patient gradually growing less able to exert himself, ceases to leave the house, or, if he still goes out, it is for a short period only. The greater part of the day he spends in bed or on a couch. At night he is restless, and disturbed by thirst and a sense of heat,—'eaten up by fever,' as he calls it.

"In this state, if the case go on favourably, the patient continues one day better and another worse, but always losing flesh for about a month, and then he begins to mend, and after another week or two feels pretty well.

"For many years some of these cases puzzled me much. A pulse somewhat quickened only, a tongue not greatly differing from that of health, and no marked heat of skin, trifling frontal headache, a little sonorous râle, and slight irregularity of the bowels, seemed local ailments altogether insignificant, and yet the patient continued ill, and often appeared worse to his friends than to me, for they saw him at all times, I only when he was aroused to exertion. I have supposed the case to go on well; but in some instances it terminates fatally by hæmorrhage from the bowels, or perforation of the intestine, and then the patient dies in a few days, to the surprise of those who have watched the progress of the case.

"In these latent cases, the physician has often but to be aware of the possible nature of the illness to detect it. The confirmation follows immediately on the suspicion; for, if the surface of the abdomen and thorax be carefully examined, in a large number of cases, the rose spots, which, when well marked, are as characteristic of typhoid fever as are the small-pox pustules of small-pox, may be detected.

"But in a certain proportion of cases, on the most careful search, not the trace of a spot can be seen.

"Still the diagnosis may usually be made with certainty. The conjunction of frontal headache with diarrhoea is rarely observed except in cases of typhoid fever; and, if to these symptoms be added a sense of weakness disproportioned to that which might be occasioned by the diarrhoea, trifling sonorous râle, with a want of steadiness in directing or keeping up, even for a short time, trifling muscular effort, *e. g.*, a little unsteadiness of the tongue when fully protruded, a little wavering of the hand when the arm is extended,—the diagnosis of typhoid fever may be considered absolute, even though the heart's beats be scarcely quickened, the tongue be moist and almost clean, and the patient able to leave his room for the greater part of the day. Ordinarily, in the cases of which I am speaking, the abdomen is somewhat more resonant than natural, a little "blown," as it is called; and gurgling, on careful manipulation, may be detected in the right iliac fossa; the splenic dulness, too, is extensive.

"In some cases which commence as the one I have just sketched, after sixteen or seventeen days have elapsed, the febrile symptoms become more marked, and in a few days the tongue is brown, sordes collect about the teeth, and prostration is considerable; then the disease is said to run into typhus fever.

"In other cases cough and sonorous râle are the most prominent symptoms, and then the patient may be supposed to be labouring under a mild but protracted form of bronchitis. A fourth set of cases, from the presence of redness of the tip and edges of the tongue, and the marked cha-

racter of the intestinal disorder, are called by some 'mild gastric fever,' or 'muco-enteritis.'

"While, in a fifth set, the symptoms are so trifling that the patient and his friends resort for an explanation of his illness to those English disorders, a bad cold or an attack of the bile, while the medical attendant sees protracted influenza, irritative dyspepsia, or error in diet."

"*Relapsing Fever.*—In relapsing Fever the most common deviation from its type is produced by a functional disorder of the liver, which manifests itself by jaundice. I never saw jaundice in typhus or typhoid fevers, though this drawing of the ileum of a soldier, belonging to a native regiment at Sierra Leone, renders it probable that in some countries jaundice does occur in typhoid fever, and also that cases of that disease are confounded, under such circumstances, with yellow fever.

"The hue of the skin when jaundice occurs in relapsing fever varies from slight sallowness to intense yellowness. At the same time that the skin is yellow, and bile is present in the urine, the stools contain an abundance of bile, and if death occur the gall-bladder is found full, and the cystic and common ducts pervious. Doubtless, some of the cases known in practice as jaundice from hepatic congestion, are in reality cases of relapsing fever, and a suspicion of this should always cross the mind when a patient is suddenly seized with febrile symptoms and yellowness of the skin, the stools being at the same time dark coloured. In relapsing fever epigastric tenderness is often a prominent symptom. In the second variety of relapsing fever there are lividity and coldness of the surface; a feeble and frequent pulse; delirium of a low type; drowsiness, unconsciousness, and rapid death from asthenia. Jaundice may or may not be present in these cases."

#### CASES OF HÆMORRHAGE AFTER DELIVERY, ACCOMPANIED BY SEVERE AFTER-PAINS.

The author of this paper, Dr Ramsbotham, is an advocate for the introduction of the hand in these cases and removing the coagula. We will quote two cases with the writer's remarks:—

"Case 1.—On February 2nd, 1833, at five a.m., I was sent for to Mrs S. aged 32, in the neighbourhood of Drury-lane. She had been in labour of her first child for two days, the membranes having broke on the first accession of pains; and she had been rather officiously treated, for her attendant had exhausted his stock of ergot, had given her a considerable quantity of gin and water; she had taken two large doses of laudanum; and he had been rubbing some extract of conium on the cervix uteri; he was about to bleed her when I arrived; I found her walking about the room, unable to sit from the pressure of the child's head, looking weary. She had not slept for two nights, but the pulse was under 90, and there was no indication of exhaustion. The os uteri was not quite dilated, though the head was low in the pelvis; the scalp was puffy and swollen; the vagina and perinæum very rigid; and the pains were frequent and irritating. I ordered her a little effervescent medicine, and directed that she should be kept quiet on the bed, and that the external parts should be fomented. At two p.m. I ascertained that the pains had been much more natural and efficient since the meddling practice had been discontinued: the os uteri was entirely dilated, the vagina much more lax, and the head extending the perinæum. The child was born at three. The placenta was expelled naturally in fifteen minutes, but the uterus soon relaxed, and a quantity of blood collected within its cavity. Pressure and cold caused it to contract; still there was a draining of coloured serum going on, and the uterus was acting at intervals very strongly, with much pain. After waiting nearly half an hour, without any relief to the symptoms, during which time she became rather faint, I introduced my hand fully into the uterine cavity, and removed four or five ounces of firm, fibrinous coagula. The draining then ceased, as did the pains also, and she soon went to sleep. It was necessary to introduce the catheter once the next day; but she recovered perfectly well.



"Case 2.—On April 27, 1833, at two p.m., I was requested to see a patient of the Royal Maternity Charity, who had been delivered of her first child by one of the midwives about two hours before, after an ordinary labour. The placenta came away without assistance, in less than half an hour; but the uterus relaxed and she flooded much. The midwife had used cold applications and compression of the viscera; and although these means had produced strong contraction, attended by unusual pains, they had not put a stop to the discharge. The patient was complaining of acute suffering each time the uterus acted, was faint, pale, and in a state of jactitation. I therefore introduced my hand at once into the cavity, and took away a mass of firm coagula, the size of a man's fist. The violent pains ceased immediately; the bleeding was stayed; and, after experiencing for a few days a pulsating pain in the head, she gradually recovered.

"In all these cases, as well as some others that I shall detail hereafter, there was a draining of blood going on at the same time that the uterus was firm and comparatively small, and, while the after-pains were frequent and powerful,—a condition of things usually described as being incompatible with dangerous hæmorrhage. In all there was a considerable quantity of heavy, tough coagula within the cavity, and in all the pain ceased immediately the uterus was emptied, the discharge being almost entirely put a stop to equally speedily.

"The pain is no doubt produced by ineffectual attempts on the part of the uterus to expel the offending mass within its cavity; and the very efforts set up for this purpose, rather retard than further its escape; for, by compressing the coagula so powerfully, the more fluid parts are squeezed out, the firmer remaining behind; and the fibrinous clot thus left clings with such tenacity to the uterine walls as to be almost as difficult of separation by the unaided uterine contractions, as a piece of adherent placenta itself would be. Hence the necessity for the manual removal; hence, also, the sudden cessation of the hæmorrhage, and of the intolerable pains consequent on that measure being adopted."

(From the 'Association Medical Journal,' March 25, 1853.)

#### ON DISTICHIASIS.

Mr Hayes Walton makes the following remarks on this subject:—

"Distichiasis, from *dis*, twice, and *στίχας*, a row (one of the many pedantic words that yet obscure the writings devoted to diseases of the eye), is usually employed to signify that a second, or supplemental, row of cilia, or eyelashes exists; but the correctness of this, as a pathological state, I dispute. The matter is not devoid of practical interest, and this I purpose to show in a subsequent communication on the treatment of certain affections of the eyelids.

"I maintain that the supposed new row consists of the natural cilia merely displaced; and that the idea of super-added eyelashes is an error, which arises out of the normal yet irregular disposition of the manner in which they are set on the lid, and which becomes very apparent when the extremities of those which are more internal are turned inwards and away from those which are most external. The deception is still greater, when abortive cilia supplant those along the inner margin of the eyelid, and grow without any curve, but straight, and incline rather towards the eyeball than in any other direction. I have observed examples of abortive eyelashes growing inwards, nearly at a right angle to the tarsal cartilage. Of the truth of the assertion of the irregular disposition alluded to, any one may convince himself by selecting for experiment a healthy eyelid, separating the most internal of the eyelashes with a probe, and producing the so-called distichiasis. This is, in fact, what is done by disease, and is effected in three ways—by the agglutination of some of the cilia with lachrymal secretions, in certain affections of the conjunctiva, or of the Meibomian glands, in consequence of which they are turned against the

eyeball; by long-continued malposition in inversion of the eyelid; and, most frequently of all, by disease of the edge of the eyelid, producing pathological changes in the dense fibro-cellular tissue that surround the hair follicles, and perhaps also by changes in the follicles themselves. A case, remarkably illustrative of the last clause, came under my notice at the Central London Ophthalmic Hospital. A lad was brought there with chronic inflammation of the upper eyelid, of three years' duration, by which the edge of the lid was considerably thickened, and the eyelashes separated into two distinct rows. Several months afterwards, when all traces of preternatural vascularity had ceased, and the eyelid had nearly recovered its natural size, the duplex arrangement of the cilia was no longer apparent.

"So far as I am aware, there are not any physiological facts that at all support the theory of hair being developed after foetal life; that is, there is not on the surface of the body any secondary formation of hair follicles, these being of primary existence. The appearance of hair on parts apparently devoid of it, after the application of blisters, or the accession of increased vascular action, has been often advanced in proof of the secondary creation; but this argument is quite demolished by the fact that the entire surface of the body, with the exception of the palms of the hands and the soles of the feet, is thickly set with hair follicles; and by the deduction from this fact, that when hair is so accidentally developed, the phenomenon must be ascribed to hyper-nutrition of normal germs.

"Those who contend for the existence of distichiasis, but cannot overcome the fact of there being no secondary creation of hair, declare that the irregular eyelashes, although proceeding from old hair follicles, perforate the lid more internally than natural. This cannot be, unless the hair pass through the tarsal cartilage (a supposition that is manifestly absurd); for the most internal of the eyelashes, as every one who has dissected the eyelids minutely, knows, issue as close as it is possible by the side of the cartilage."

(From the 'Dublin Medical Press,' March 23, 1853.)

#### TWO CASES OF RETENTION OF URINE FROM A RARE AND UNCOMMON MECHANICAL CAUSE.

Dr Toler reported these cases to the Surgical Society of Ireland. The case has been alluded to by Dr Fleming, in the 'Dublin Journal,' recently reviewed in our "Mirror." Other gentlemen had seen similar cases. The following is the report:—

"Mary Carney, a girl of 13, was brought to my house, May 4, 1848, by her mother, who stated she had not micturated for twenty-four hours, and that she had been under the charge of a dispensary doctor for some days, who had repeatedly visited her, prescribed medicine for her, and ordered a warm bath; but finding her daughter suffering a great deal, and latterly becoming stupid and continually slumbering, she became frightened, and brought her to me. I found the bladder much distended, she complained of not being able to micturate, and if I ceased speaking to her she became lethargic. On examination I found the vagina completely occluded by a firm membrane, which was attached to the inferior part and sides of the orifice of the vagina, but had free edge above; it had grown up until it completely covered the meatus urinarius, and thus prevented the egress of a drop of urine. I at once passed a director between the membrane and the pubis, and divided it downwards, so as to free the urethra and orifice of the vagina at the same time. She passed a quantity of urine and appeared relieved. I directed her mother to keep a candle between the divided edges for a few days. I was obliged to draw off her urine twice a day for three or four days, the bladder having lost its power of expulsion from over-distension.

"The other case was Anne Machen, aged 12, who was brought to me by her mother, April 19, 1849. She stated that she perceived her daughter frequently sitting down to



urinate, that she would only make a few drops at a time, and would cry with pain in doing so. I found the bladder distended, and having had the experience of the former case, I suspected that the same malformation existed, and on examination found the very same kind of membrane occluding the vagina and extending upwards, so as almost to completely obstruct the meatus urinarius. I easily divided it, as in the former case, by passing a director between the free edge above and the pubis, and cutting downwards, so as to free the meatus urinarius and orifice of the vagina at the same time; I gave her same directions as in the case above recited, and she rapidly recovered.

"Now, I consider these cases as highly instructive, as the first would soon have proved fatal from the blood being poisoned by the retention of urea in the circulation, if she had not been relieved by an operation, the cause of the retention having escaped the notice of the medical person who visited her; and the second case was rapidly approaching the same state. So that in all cases of retention of urine in the female which cannot be satisfactorily accounted for, the existence of such a membrane should be looked for, and if found, the patient can be quickly and easily relieved by a simple operation."

## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XIII. Vol. I. March 26, 1853.)—Mr G. J. Guthrie's Lectures (XII) on Some of the More Important Points in Surgery. Dr Tyler Smith's Lectures on the Diseases of Women; delivered at St Mary's Hospital: The Pathology and Treatment of Leucorrhœa, based on the Microscopical Anatomy of the Os and Cervix Uteri. (With Engravings.) Dr Hamilton Roe's Clinical Lecture on Scarlet Fever; delivered at Westminster Hospital. Mr T. Bacon Phillips on the Yellow Fever, as it occurred on board the R.M. steamer La Plata, on her Homeward Voyage from St Thomas', West Indies, in the month of November last.—**HOSPITAL REPORTS.**—London Hospital: Perforating Wound of the Thigh, implicating the Femoral Artery and Vein; Secondary Hæmorrhage on the Tenth Day; Ligature of the Superficial and deep Femoral Arteries; Transverse Section of the Injured Femoral Vein; Gangrene of the Leg; Death; Autopsy. St George's Hospital: Autoplastic Operation on the Face; Vesico-vaginal Fistula. St Mary's Hospital: Vesico-vaginal Fistula after Confinement; Two Operations: the first unsuccessful, the second reducing the Opening to very small Dimensions. Royal Free Hospital: Femoral Hernia; Strangulated three days; Operation; Sac opened; Recovery; Complete Obliteration of the Hernial Tumour. Femoral Hernia; Strangulated ten days; Operation; Disease of the Heart; Death; Post-mortem.—**REVIEWS.**—Results of the System of Separate Confinement as administered at the Pentonville Prison. By John T. Burt, B.A., Assistant-Chaplain. Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, M.D., F.R.S.—**LEADING ARTICLES.**—The Income-Tax: the Iniquity of the present Assessment of Professional Incomes. Intramural Interment and its Dangers. Militia Surgeons. Prosecution of Qualified Practitioners. Medical Reform: Deputation to Lord Palmerston.—**MEDICAL SOCIETIES.**—Medical Society of London: Lactagogues and Emmenagogues.

**Medical Times and Gazette.**—(No. CXLIII. March 26, 1853.)—**ORIGINAL LECTURES.**—Dr W. Jenner's Lectures on the Acute Specific Diseases; being the Gultonian Lectures: delivered at the Royal College of Physicians. Dr Boon Hayes's Lectures (V) on Histological Anatomy and Microscopical Manipulation. (With Engravings.)—**ORIGINAL COMMUNICATIONS.**—Dr Francis H. Ramsbotham's Cases of Hæmorrhage after Delivery, accompanied by Severe After-pains; with Remarks.—**HOSPITAL REPORTS.**—St Thomas's Hospital: Schirrus Cancer of the Skin and Liver following the Removal of an Innocent Tumour from the Breast. The London Hospital: Diffused Schirrus Cancer of the Breast; Excision; Recovery. Middlesex Hospital: Schirrus of the Breast; illustrating the Unusual Duration of the Disease. City of London Hospital for Diseases of the Chest: Schirrus of the Breast; Multiple Cancer of the Skin; Deposits in the Lungs, producing all the Symptoms of Phthisis; Autopsy.—**EDITORIAL ARTICLES.**—Medical Reform. The Out-Patients at Hospitals. The Vacant Examinership at the University of London. Farewell Address of Dr Todd on his Resignation of the Professorship of Physiology at King's College, March 21st, 1853.—**PROVINCIAL CORRESPONDENCE.**—Scotland: Medical Doings in the North.—**REPORTS OF SOCIETIES.**—Royal Medical and Chirurgical Society: Researches on the Pathology of Obstruction of the Veins, and the Nature and Proximate Cause of Phlegmasia Dolens. Medical Society of London: Psychotherapeia; Engorgement of the Mamma, followed by Formation of Milk; Sub-acute Inflammation in the Uterus in Virgin Females: its Symptoms, Diagnosis, and Treatment. Epidemiological Society: Scarlet Fever. Laws of the Hull Medical Protection Association.

**Association Medical Journal.**—(No. XII. March 25, 1853.)—**LEADING ARTICLES.**—The Relations of the College of

Surgeons of England to the Medical Profession. Lord Lyttelton's Vaccination Bill. Medical Reform Bill.—**ORIGINAL COMMUNICATIONS.**—Dr Murphy's Lettsomian Lectures. I. First Stage of Labour: Importance in the Practice of Midwifery of a Competent Medical Education. Dr John Rose Cormack on Galactagogue and Emmenagogue Effects of Warm and Stimulating Applications to the Mammae. Mr Haynes Walton on Distichiasis. Dr W. Viner Beadle on a New Kind of Catheter made of Vulcanised India Rubber. Dr Spencer Thomson's Case of Malformation and Complicated Disease of the Urinary Organs. Dr Archibald Cockburn's Case of Glanders in a Female; with Remarks on the Transmission of the Disease from the Horse to the Human Subject.—**BIBLIOGRAPHICAL NOTICES.**—Bird (Golding, M.D.), on Urinary Deposits: their Diagnosis, Pathology, and Therapeutic Indications. Coulson on Lithotomy and Lithotripsy.—**REPORT OF SOCIETIES.**—Royal Medical and Chirurgical Society: Dr F. Mackenzie on Pathology of Obstruction of the Veins, and the Nature and Proximate Cause of Phlegmasia Dolens. Mr T. Garlike on a Case of Gangræna Senilis treated successfully by Amputation of the Thigh high up. Mr J. Toynbee on the Practicability of Ascertaining the Permeability of the Eustachian Tube without the aid of the Catheter.—**ASSOCIATION INTELLIGENCE.**—Medical Reform Bill: Deputation to Lord Palmerston.

**Dublin Medical Press.**—(No. DCCXLII. Vol. XXIX, March 23, 1853.)—**PROCEEDINGS OF SOCIETIES.**—Surgical Society of Ireland: Mr J. Toler on Two Cases of Retention of Urine from a rare and uncommon Mechanical Cause. New York Pathological Society: Strangulated Scrotal Hernia, with Cæcum in Hernial Sac; Case of Acute Nephritis; Cancer of Kidney, with Bronchitis and Emphysema; Case of Abscess of the Brain.—**SELECTIONS FROM MEDICAL JOURNALS.**—Certain Phenomena resulting from the Detachment of Cardiac Fibrinous Concretions. Dislocation of Femur reduced by Dr Reid's Method. An Account of Two Cases of Poisoning with Carbonic Acid in Remarkable Circumstances. Poisoning with Tartar Emetic successfully treated with Green Tea and Tannin.—**REVIEWS.**—Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M.—**LEADING ARTICLES.**—Medical Monopoly. Medical Life in London. The Medical Charities; Important Note. Solemn Reprimand by the Poor-law Board. Libellous Advertising. Curiosities of Medical Evidence.

## BOOK RECEIVED FOR REVIEW.

Practical Observations on the Treatment of Club Foot, &c., 2nd edit. By John Lizars. Edinburgh: W. A. Lizars. London: S. Highley.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

*Intestinal Obstruction for Ten Days. Death; Autopsy.*

(Under the Care of DR BABINGTON and MR BIRKETT.)

George P—, aged fifty-eight, an agricultural labourer, of rather emaciated appearance, and somewhat unhealthy, sallow complexion, residing at Southend, Bromley, was admitted into Job's ward, No. 13, under the care of Dr Babington, on the 16th of February, 1853. The patient is married, of temperate habits, and has six children, all of whom are healthy. His father and mother died many years since: the cause of death is unknown to him.

The man states that he has for many years suffered from rupture on the right side, for which he has worn a truss; in spite of this, the bowel has frequently come down, but was always returned by himself without any surgical assistance. About twenty years before his present admission, the patient had an attack of jaundice, and a short time afterwards, one of inflammation of the bowels. Since that period his health has been extremely good, until a twelvemonth ago, when he suffered from diarrhoea, accompanied by sickness and pain over the abdomen. The looseness of the bowels soon ceased, but the pain and sickness continued, the latter recurring daily, generally a short time after taking food. The man's appetite has lately fallen off, and he has lost flesh. His bowels have been lately irregular—sometimes loose, at others costive. Defecation is not attended with any difficulty, nor has he observed his motions to be compressed or flattened. The painful symptoms became much aggravated about two months before the present examination, and obliged him to seek for medical advice, but he derived but little benefit from the treatment.

When admitted, the patient complained of a dull, aching



pain over the whole surface of the abdomen, most severe in the right hypochondriac region, and below the umbilicus, where there was some degree of tenderness on pressure, a constant feeling of nausea and frequent vomiting recurring generally within two or three hours after taking food; there was also a disagreeable taste in his mouth, and entire loss of appetite. The bowels had not been open for *a week*, and the abdomen was found slightly distended, although not very tympanitic. On surveying the abdomen, a swelling, of the size of a hen's egg, was observed in the right inguinal region, which swelling appeared to contain principally fluid, as the greater part of its contents could be readily returned into the abdomen, although the tumour descended again immediately the pressure was removed. The right testicle was distinguishable, but atrophied; and nothing like intestine could be felt in the scrotum or inguinal canal. There was a slight tendency to umbilical hernia, for which a compress and bandage were applied. The skin was rather dry, but cool; pulse 90, regular; tongue slightly furred at the base and centre; respiration easy; no cough; urine small in quantity, specific gravity 1017, not albuminous; physical signs of chest normal. A drachm of sulphate of magnesia, in an ounce of infusion of roses, to be taken three times a day.

Second day.—The patient slept pretty well, but he has no appetite; the sickness has not returned since admission; pulse 100; tongue moist, but furred; skin cool; abdomen slightly tender on pressure over the seat of pain, which still continued; bowels not opened. Mr Cock examined the swelling in the inguinal region, but could not detect any intestine in the old hernial sac. An enema with soap was ordered, and calomel and opium, one grain of each, every fourth hour.

Third day.—The man slept very badly; pain in abdomen more severe, and there is some tympanitis and fulness on the right side. He has been very sick, and retched a good deal, but did not vomit. As no relief was obtained from the injection and opium, Mr Cock and Mr Birkett thought it justifiable to explore the hernial sac, deeming it possible that a portion of intestine might be entangled at the internal abdominal ring. Accordingly, two P.M., Mr Birkett proceeded to operate in the usual way for oblique inguinal hernia. On dividing the external coverings, he found the atrophied right testicle immediately below and adherent to the old hernial sac; the latter was much thickened, and, on opening it, some fluid escaped; the sac was otherwise empty. The internal ring was large. Mr Birkett passed his finger through it, and felt the small intestine lying against the ring, much distended, but quite free from any constriction. Such being the state of parts, the edges of the wound were brought together by sutures, lint was applied, and the patient taken to his bed. He bore the operation with remarkable fortitude, took some brandy and one grain of opium immediately afterwards, and was ordered a soap enema to be at once administered, one grain of opium every fourth hour, and four ounces of brandy.—Nine P.M.: Much in the same state; abdomen rather more tender on pressure, and the tympanitis has increased; pulse 115, rather hard; urine small in quantity, high coloured; skin hot and dry; tongue furred; mouth parched. The patient complains of thirst and occasional retching, but has not vomited; he passed a little flatus, but the enema has had no further effect. Mr Birkett now made a careful examination of the rectum, but could find no cause of obstruction therein. This bowel contained only a few scybala, which were readily removed by an injection of salt and water, thrown through a tube introduced nearly twelve inches up the intestine. No evacuation was, however, produced.

Fourth day.—Has passed a very restless night, the pain in the abdomen is more severe; tympanitis considerable, especially over the cæcum and ascending colon, which latter can be felt somewhat distended, the transverse and descending portions being less prominent; tenderness of surface of abdomen increased; hiccough came on this morning, and is now a distressing symptom. About ten A.M. the poor man vomited a large quantity of fluid, with a most characteristic fæcal odour; and this recurred twice during the morning.

Believing the seat of obstruction to exist at a point somewhere between the superior termination of the ascending colon and the sigmoid flexure, Messrs Cooper, Cock, and Birkett were now consulted by Dr Babington as to the propriety of opening the ascending colon in the right lumbar region. On placing the patient in the prone posture, and carefully manipulating in the region of the ascending colon, that intestine could not be felt with sufficient clearness, nor was it distended to that degree to justify an operation. The opium was therefore continued. The patient took the drug at four P.M., and the vomiting did not recur till eight o'clock, when he brought up a large quantity of fluid, having all the appearance and odour of fluid fæces.—Nine P.M.: Hiccough continues; abdomen not so tender as in the morning, but a good deal distended; pulse 120, very feeble; tongue furred; skin cool. Another enema was administered, but with no effect; one grain of opium was now given every second hour, and the brandy continued.

Fifth day: Sinking; features pinched and contracted; surface of body cool, and bedewed with a clammy perspiration; tongue furred; pulse 130, hardly perceptible; hiccough constant, vomiting frequent, and abdomen distended. The poor fellow takes his brandy with difficulty. He remained in this state till ten P.M., when he died, five days after admission, and ten days from the last alvine evacuation.

*Post-mortem examination, sixteen hours after death.*—External appearance: Body a good deal emaciated, with marks of the recent operation for inguinal hernia on right side. Thorax: Right lung healthy; surface of left lung studded with numerous small black bodies, not larger than small shot; substance of the lung healthy, heart likewise sound. Abdomen: Traces of recent peritonitis. The surface of the intestines had a greasy feel and a dull appearance; lymph had been thrown out, and caused partial adhesions, most abundant about flexure of colon. Numerous small tubercles, apparently carcinomatous, were found in the great omentum, resembling mesenteric glands in appearance. The small intestines were greatly distended with fluid fæces, as was also the cæcum and ascending colon. The transverse arch and descending portion of the same bowel, as well as the rectum, contained nothing but a little flatus and a few small scybala. The stricture existed in the right flexure of the colon, exactly where the ascending portion joins the transverse, and not in the sigmoid flexure, as we stated in a former allusion to this case (*Lancet*, vol. i, 1853, p. 102). The obstruction was caused by a contraction of the peritonæal coat and a growth within the bowel composed of numerous vascular villi, covered with columnar epithelium, having the character of what has been called by the German pathologists, "zottenkrebs," or villous cancer. The ilio-cæcal valve was contracted in size, but patulous; its mucous membrane much thickened, and covered with points of commencing ulceration. The rest of the intestines were healthy, as well as the other abdominal viscera.

## ON THE NATURE AND TREATMENT OF DEFORMITIES.

BY CHARLES VERRAL, Esq., M.R.C.S.,

(No. X.)

DEFORMITIES OF THE KNEE-JOINT.

(Continued from p. 186.)

Having at the conclusion of my last communication detailed the curative process to be adopted for the alleviation or recovery of a patient afflicted with the more simple forms of deformity of the knee-joint in the flexed position, it now behoves me to say a few words on the subject of the treatment of that affection as it is met with in its more severe and aggravated type.

I have already stated that cases of this deformity are occasionally—I might almost say frequently—met with, in which the joint is so rigidly fixed in its malposition that not



a semblance of motion can be detected, even upon the most minute examination; cases, in fact, where complete ankylosis appears to have annihilated all hope of amelioration. In such instances as these, and indeed in some others yet less severe, it must be very evident that, in order to afford a chance of relieving the deformity, the mechanical means required must be of a far more powerful description than that already alluded to. Where, then, the case partakes of this advanced character, the following plan of treatment will be found quite adequate to the production of any degree of benefit that the deformed limb may admit of.

In the first place, there is a foundation or framework of wood, extending from the pelvis to a considerable distance below the situation of the *os calcis*. To this frame is attached a foot-piece, which travels either up or down the board in a longitudinal slot, or groove. On either side of this frame, corresponding to the position of the knee, are two wooden uprights, or posts, with a transverse piece connecting them at their upper extremities, which cross-piece is hinged so as to admit of its being lifted up for the purpose of putting in or withdrawing the limb to be operated on. In the centre of this transverse portion is a powerful screw-pad, which, when the leg has been secured in the apparatus, is destined for the purpose of descending over and producing pressure upon the deformed articulation.

The limb is now carefully bandaged in its whole extent, and the wooden framework placed beneath it: the foot is firmly secured to the foot-board, the knee being placed between the above-mentioned uprights, and the transverse dortion closed down and fastened. This done, the screw—the pad of which is soft and even-surfaced—is gently turned until it is brought into contact with the condyles of the femur, when such an amount of pressure is applied as the surgeon may deem advisable. I need scarcely say that at first the force exercised should be but of the mildest nature. As by degrees the force is augmented, the knee will be found to yield, the foot running down in the longitudinal groove before alluded to.

Such, then, is the instrument which I employ for the removal of severe deformity of the knee-joint in the flexed, or angular, position. As already stated, a steady perseverance with it will result in producing the utmost amount of benefit that these extreme and frequently intractable cases will admit of. It occasionally happens that a satisfactory progress is abruptly terminated by the rigid opposition of adhesive bands within the joint. In such instances, as already stated, it is a justifiable practice to attempt the rupture of these adhesions, because it is scarcely possible to render the limb of the patient more useless or inconvenient than it is at present. Should the patient be found willing to submit to this treatment, the same instrument already described should be employed, only more powerfully than hitherto, when in all probability both the eye and ear of the surgeon will have ample evidence of the adhesive bands being torn through. I need scarcely say that it would be advisable to put the patient under the influence of chloroform. If, during the treatment, it should be found that the contracted condition of the hamstring muscles offers any very serious degree of opposition to the removal of the deformity, they should be divided in the manner already detailed.

I need not here delay to speak of the after-treatment of these cases—when, in fact, the limb has been brought into position—having already alluded to that matter when treating of the management of the less complicated cases. I shall now, therefore, at once proceed to the consideration of a deformity the very opposite to that just concluded; namely, deformity, or rather fixture, of the knee-joint in the straight or extended position, otherwise called “stiff knee.”

*Stiff knee* is a far less common, and although occasionally utterly beyond the reach of human aid, a far less severe and unsightly deformity than that last spoken of; because even in its most aggravated degree, where restoration has become a matter of impossibility, the individual has still a useful limb whereon to stand and perform locomotion.

Stiff knee is a non-congenital deformity, and as far as my

observation extends, I may state that it is exclusively of this character. True it is, that I have heard and read of congenital cases; but as yet, no opportunity has arisen to myself whereby to confirm this statement.

It would be superfluous to delay by detailing the symptoms of this unmistakable affection. The straight, stiff, inflexible limb at once points out its true character.

As regards the causes from which this malady is found to originate, it may be stated that they are generally, if not invariably, of an inflammatory nature—an inflammation which may have resulted either from mechanical injury to the joint, from disease in the articulation, from long exposure to excessive cold, and not infrequently from acute rheumatism.

Very many of the cases which have resulted from the foregoing causes have become irremediable, owing to the intervention of ankylosis, when of course it is useless to attempt treatment. There is still another class, however, which affords a much greater prospect of recovery. Such is that which embraces those cases that have resulted from the treatment, or, more correctly, maltreatment of deformity of the knee-joint in the flexed position. About twelve months ago a young lady was brought to me with a perfectly extended and immoveable right knee, whilst the left was flexible only to a very small degree. Some time previously to my first seeing her, she had been under treatment for slight flexion of both knees, of which she gradually became relieved. Her legs were then encased in supports, which she was ordered to wear night and day without ever taking them off. The consequence was that, from the long continuance of the extended posture, the knees became fixed in that position until the possibility of bending them was quite gone. I lost no time in putting this case under the treatment to be spoken of immediately, by means of which her complete recovery was gradually brought about.

The treatment to be employed for the reduction of this deformity consists, as a general rule, in mechanical means only. More rarely, however, the surgical art may be required in assistance.

The instrument I have used with complete success is composed of a tin splint, placed upon the under side of the thigh and leg, extending from four to six inches above and below the articulation of the knee, having a joint corresponding with the situation of the knee-joint, which is influenced by means of a male and female screw. This splint is well secured to the limb to be operated upon, by means of broad padded straps passing over the tibia and femur. The screw is then gradually worked, and the instrument actuated thereby, until the articulation has been thrown into its normal degree of flexion. When this point has been attained, the limb should be well exercised every day—swinging it to and fro, from extension to flexion, and *vice versa*, so as to perfect and render easy the natural motions of the joint. I have said it is occasionally necessary to operate in these cases. The muscle that will require section is the lower extremity of the rectus femoris. In order to perform this operation, an assistant should be directed to attempt to flex the leg, when great tension of the muscle will be produced. The surgeon should now introduce his knife close to the inner edge, about two inches above the patella; and when he has passed the blade deep enough, should depress the handle, and carry the knife on beneath the muscle until he has reached the outer margin. The cutting edge should then be turned upon the muscle, and it should be divided transversely, from below upwards. After the operation, carefully dress the puncture; keep the limb at rest in its deformed position for the space of four or five days, at the end of which time the mechanical means may again be employed, care being taken to avoid undue violence. I would add, that justifiable as this operation may be in some rare cases, every means should be tried for the recovery of the case before it is resorted to.

Having now touched upon the principal deformities of the knee-joint, I shall in my next proceed to consider contractions of the hip-joint.



## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. XIII.

#### KAYE'S WORSDELL'S VEGETABLE RESTORATIVE PILLS.

Mr John Kaye, of Dalton Hall, Huddersfield, and St John's wood park, London, is another of the numerous fraternity of universal nostrum-mongers who, by masquerading before the public as a priest of Hygeia, has acquired for himself the more agreeable position of a favoured worshipper of the golden Plutus. Indeed, by "throwing" truth "to the dogs," and selling his physic to the public,—by an enormous amount of advertising and printing,—by reckless assertions, positive assurances, undeviating perseverance, a steam-power "cure" manufactory, and "high-pressure" mendacity, his pills have insinuated their way into the shops of every vender of patent medicines—from John O'Groat's House to the Land's End. With truth it may be said that this nostrum "has become (*one of*) the most extensively established family (*quack*) medicines of the present day." Mr Kaye now indulges himself in the self-complacent smile, and exhibits no disposition to recal "the days o' auld lang syne." He may now sit down with his compeers in quackery, without the dread of being sneered at for doing things "in the small way." He has passed the bridge that separates plebeian "bolus selling" from gentlemanly charlatanship. Mr Kaye has purchased an escutcheon and a crest, and modestly writes "Esquire" after his name.

Mr Kaye commences his address to the public with the laconic sentence

"STUDY YOUR HEALTH;"

and after some verbose sentences and paragraphs advises every one "to take the business (of his health) into his own hands."

"FIRST, the *causes of disease* must be ascertained." (The reader need not, however, trouble himself on this point, as Mr Kaye has done it for him.)

"All diseases spring from impurities and obstructions of the system."

"SECONDLY, the most *efficient* means of cure *must* be applied. The only *radical cure* for all disorders is the *purification of the blood*. This is the remedy now recommended to you." Than which, "it can be demonstrated, there is none so simple, safe, and salutary." "Let not this bold announcement *startle* you. *Be assured there is no form of disease that can assail the human constitution, but has been successfully met by these pills.*" "HAVE MIRACLES CEASED?"

\* \* \* "It is surely not too much to say that *miracles have not ceased!*"\* After this we cannot possibly feel surprised at hearing that these pills are—*restorative, tonic, aperient, diaphoretic, &c. &c.*, and besides curing "ALL PAINS

\* Kaye's Sheet Almanack, Col. I, and Book Almanack, p. 18.

AND DISEASES," *brace and invigorate* the body; at the same time that a pleasing serenity is imparted to the mind, so that (those who take them) can engage in the various duties of life and business with pleasure and cheerfulness." (We wonder whether they would convert scolding spouses into cheerful and pleasant companions.)

Mr Kaye remarks in the "*directions*" accompanying his pills, "that some persons may feel startled at taking *so great a number* of pills as he recommends, and may even fear injury may ensue; but all such apprehensions are perfectly groundless, as the pills being *purely VEGETABLE* are HARMLESS." Yet only two lines from this sentence he adds—the pills "in some cases occasion sickness and disorders," (griping, &c.) We may here inform the non-medical reader, that many of the most energetic medicines and the most virulent poisons, (compared to which arsenic itself is harmless), are *vegetable* productions; but to this point we shall refer in a future number.

The composition of Kaye's Worsdell's pills, greatly resembles that of the *Pilulæ Gambogiæ Compositæ* of the Pharmacopœia. They are an active drastic purgative, and in large doses, *far from safe*. In this respect they may be compared to Morison's No. 2 pills, to which we have already referred at page 25 of this volume.\*

#### KAYE'S INFANT'S PRESERVATIVE.

This nostrum, like the last, emanates from No. 80 Fleet street. It belongs to that dangerous class of palatable and soothing cordials, so largely given by anxious mothers and careless nurses to children at the present day, and against the use of which the public has been so often cautioned. The dangerous character of this medicine is evidenced by the doses in which it is directed to be given during the early periods of Infancy—viz., two, three, or more drops. Besides its other properties, it is slightly aperient and antacid. The proprietor endeavours to attract attention by heading his circulars with engravings representing the anxiety of a mother at the sickness of her child, to which he appends the pretty sentences: "*The Mother's Blessing.*" "*The Nurse's Friend.*" "SAVE MY CHILD," &c.

#### ANDERSON'S SCOT'S PILLS.

(See also page 188.)

The following is given as a copy of the form for these pills, said to be taken from that in the chapel of the Rolls. It may be remarked, however, that it does not exactly represent the "Anderson's Scot's Pills" of the present day:

"Take one ounce of Socotrine aloes, quarter of an ounce of best myrrh, one drachm of saffron, pounded separately, very fine; then mix them in an earthen pipkin with one spoonful of water and one of sweet oil, over a slow fire, till all melted, and make up in common sized pills."

\* R. Powdered aloes, gamboge, and ginger, equal parts; beat into a mass with syrup or treacle, and divide into 2½ grain pills. There are about 4½ dozen in each 1s. 1½d. box. The dose, as given in the directions, is from 2 to 8 pills (or even 10 to 12) daily. We suspect the presence of a very small quantity of diaphoretic or tartarised antimony in the above pills.

## NOTICE.

### OUR BIOGRAPHICAL SKETCHES

Having proved a most attractive feature of the Journal, it is our intention, so soon as a sufficient number shall be collected, to reprint them in a separate volume, so that the important facts they contain may be recorded in a permanent form, and a book of useful and interesting reading provided for the profession.

## TOXICOLOGY.

IN an early number of the 'MEDICAL CIRCULAR' it is intended to commence a series of papers on the above important subject in all its more useful bearings in connexion with the medical profession. The papers will embrace a full account of

### POISONS

(their history, chemistry, effects, antidotes, and tests, together with the appearances presented on *post-mortem* examinations in cases of poisoning, the preparations of the antidotes, &c.).

The arrangement and condensation of the subject will be such as to render it suitable to the wants of the busy practitioner and to meet the emergencies which frequently occur.





PORTRAIT OF JOHN GAY, ESQ.

*(From a Daguerreotype by Beard.)*

## BIOGRAPHICAL NOTICES.

### JOHN GAY, ESQ.

Quitting the purlieus of St Mary's Hospital, and skirting the metropolis from west to north, we arrive at the Gray's Inn road, in which we discover a low brick building with plain square bastions, and without a single window to permit a glance at the not very cheerful thoroughfare. This unattractive structure might be easily mistaken, and doubtless very often has, for its near neighbour, the House of Correction. It is the "Royal Free Hospital." The subject of our sketch is principal surgeon to this institution, and, considering the disadvantages presented by being connected with an hospital of its character, has attained a degree of celebrity of which many other surgeons in high places might feel proud. Nothing but genius of a high order for the practice of surgery, would have enabled Mr Gay to force himself into conspicuity despite so many obstacles; and that

he really possesses this inventive faculty the following outline of his career will demonstrate.

Mr Gay was born in the town of Wellington, in Somerset. After serving an apprenticeship there with Mr Bridge, —a gentleman whose professional attainments and career have gained for him a wide-spread and honourable reputation,—Mr Gay entered at St Bartholomew's Hospital, where he served for three seasons as clinical clerk under Dr Latham, and attended diligently the surgical practice principally of Mr Lawrence, by whom he was ultimately rewarded with the first prize given in that institution for attainments in surgical knowledge. After qualifying himself for practice, by passing the College and Hall, he commenced in London as a consulting surgeon, —a step the boldness of which, considering his entire want of connexions in the metropolis, we are almost



inclined to regard as unjustifiably rash. His first anxiety was to ally himself with some public institution, and he declared himself a candidate for the first that offered an opportunity. This happened to be the Royal Free Hospital, at that time (in the year 1836) a petty institution in Greville street, known as the Free Hospital. The office of surgeon became vacant, a spirited competition took place between Mr Alexander Ure and himself, and the decision in Mr Gay's favour determined his future course. From this time Mr Gay entered with his whole heart upon his professional pursuits; and finding, with the increase of accommodation that has since taken place in the hospital of his adoption, a field of observation and experience just adapted to his purposes, he has sought no other, but endeavoured to the best of his abilities to advance the science of surgery by the means there placed at his disposal. Since that period the institution has enlarged its boundaries, and most of the great operations of surgery have been performed with success within its walls. It is not too much to say, that the position this hospital has assumed is almost solely owing to the exertions of Mr Gay. But for the repute which this gentleman has gained by his surgical successes, this institution would have been unknown. Unlike many other surgeons, he is not indebted to the hospital for his celebrity; on the contrary, the hospital owes everything as a surgical arena to his skill and enterprise.

Mr Gay has been a contributor to the various journals. In the year 1841-42 considerable attention was in this country drawn to the subject of curvature of the spine, and its treatment by division of the muscular structures on the concave side of the curve. In order to discourage this practice, Mr Gay read a paper at a meeting of the Hunterian Society, detailing an account of a dissection which he made of a case which came under his observation, and showing "that the intervertebral cartilages (in protracted cases) along the whole course of the curve become thinned in its concave and thickened on its convex side, apparently the result of interstitial absorption and deposition; and that they consequently retain no power of resilience to aid, or passive elasticity to permit, the restoration of the column to its normal shape in the event of other obstacles being removed (as by the cutting through of muscular masses bearing on the deformed spine)." Mr Gay found that even the division of the sacro lumbar fascia was of no use in restoring the column to the rectilinear state; in short, that the obstacle was mechanical and structural. See the 'Lancet' and 'Medical Times' for December 1841, and the 'British and Foreign Quarterly' for April 1842. From this time the practice fell into desuetude.

In 1842 Mr Gay read another paper at the Hunterian Society, on the "Obliteration of Hernial Sacs in certain cases, by the introduction of liut or charpie to them after the operation for strangulation, and thus inducing adhesive inflammation in the contiguous surface of the Sac." In this paper Mr Gay insisted upon the little comparative danger that was to be apprehended from peritonitis in wounds or injuries of the peritoneum, a doctrine rather startling at that period—not so startling now.

In 1844, after the recital, in hospital reports, of several successful cases, Mr Gay brought forward a method of treating "Gonorrhœal orchitis by means of narcotics." An interesting detail of a *post-mortem* examination of a testicle suffering from an attack of this disease is given, in which—amongst the usual pathological appearances—the following was found to be the condition of the cord:—The sheath and the tissues of the cord were exceedingly congested and œdematous, as far as the external ring; at which point the cord appeared gripped by the ring, so that above it was of its normal size, the transition from one state to the other being abrupt. In the treatment of these cases Mr Gay makes use of a strong aperient at first, and follows it up by large doses of tincture of henbane,—thirty minims to 3ij every six hours, directing the patient to use cold applications to the part, and not objecting at the same time to apply a mild nitrate of silver solution to the congested mucous membrane of the urethra. This method of treating

these cases has proved eminently successful. Papers on the subject are to be found in the first volume of the 'Lancet' for 1844, and in Dr James Johnson's 'Medico-Chirurgical Review' for the same year.

In 1845, Mr Gay drew the attention of the profession in this country to the subject of the frequent failures to detect a stone in the bladder; and in addition to the causes of such failure given by Mr Coulson in his excellent chapter on Lithotomy, brought forward another, in his opinion the most frequent, viz., *the employment of too large a sound*. There is a report of some cases of stone operated upon by him at the Royal Free Hospital, in the 'Lancet,' for 1845, vol. 1st, page 508.

To avoid this difficulty Mr Gay devised a new sound, and those now in use, with a modification afterwards made by Mr Fergusson—the bulbous beak—owe their origin to that suggested by Mr Gay.

In 1847, Mr Gay turned his attention to the subject of hernia, especially in reference to the operation usually performed for its relief when strangled. It occurred to him that the operation as he had witnessed it, and as generally performed, involved more extensive incisions and cautious dissections than were really necessary, in order to release the neck of a hernia from its strangulating band; and that the dread of this proceeding—of itself severe and dangerous—lay at the foundation of the delay so constantly the cause of the fatal termination of these cases. In pursuance of these reflections his attention was naturally given to that especial form of the complaint known as crural hernia. After making a great number of cautious dissections of the parts, and collecting together what information he could procure bearing on the anatomy, pathology, and surgery of this subject, Mr Gay, at the suggestion of Mr Aston Key, and also of the late Mr Callaway, brought out his work 'On Femoral Rupture,' in the latter end of the year 1848. Its appearance excited a large amount of attention; and its subsequent history affords a rather amusing as well as important episode, on the 'Art and Mystery of Reviewing.' The 'Lancet,' 'Medical Times,' 'London Journal of Medicine,' and 'Braithwaite and Ranking's Retrospect,' gave very flattering notices of this work. The 'Monthly Journal of Medical Science' for February 1849, contained an elaborate article, with the initials "J. S."

The 'Quarterly,' however, came out with a most unfriendly article, attempting at the outset to throw discredit on the author's assertions, with respect to the opportunities he had enjoyed of satisfying himself of the correctness of his anatomical details; and afterwards stated broadly that the whole production was just such as any tyro could have produced. This article, on account of the charge of untruth, most *warily* made by the reviewer, gave rise to a warm "paper war," in which Dr Carpenter and Mr Luke took part against Mr Gay. The latter demanded that a writer, although anonymous, who made a charge so flagrant against another, was bound if called upon to substantiate his allegations or to give his name. That was refused; and Dr Carpenter affirmed that the review had been approved of before its publication by a London Hospital Surgeon, distinguished in this particular branch of surgery. Mr Gay, after making the necessary inquiries, *publicly* denied the truth of this statement, and thus, after calling in vain for Dr Carpenter's explanation, this tilt with the reviewers terminated. This affair gave the profession a little insight into the system of reviewing in the 'Old Quarterly,' and probably among other inconvenient disclosures, led to the recent rule of placing the names of the reviewers at the foot of their articles.

The work has, however, since been subjected to tests more severe than those applied to the "critical" period of its existence. Mr Hancock took up the doctrine to which Mr Gay's work was favourable, viz., that of operating *without* opening the sac; and, in a well-written and extremely elaborate treatise\* which he published in 1849, opposed Mr Gay's views, and boldly asserted that it is safer in all cases

\* Hancock on Hernia, 8vo.



of strangulated hernia to open the sac. Practical men were during this time engaged in several of the hospitals, as well as in private practice, in testing the value of the new method of operating; and now many of them, including Mr Lloyd, of Bartholomew's, and Professor Fergusson, have acknowledged its superiority over the old method, and make use of it on almost all occasions. Professor Fergusson has again and again, with that grace and liberality which have ever marked his conduct towards his surgical brethren, called the attention of the profession to its advantages.

Mr Gay's improvement as an operative procedure having received the sanction, and been adopted into the practice of some of our leading English surgeons, we are pleased also to be able to adduce the testimony of Dr Deville, one of the most distinguished French anatomists, in favour of the profound research and advanced scientific views manifested in the work. This gentleman has reviewed the work in a series of articles in the 'Gazette des Hospitiaux,' occupying a great portion of eight numbers in the months of November and December, 1852. These articles form a series of elevated as well as severe criticisms, having mainly the purpose of proving the very important point, insisted on by French anatomists and surgeons, that the seat of stricture in cases of crural hernia is most commonly found in the cribriform fascia.\*

Mr Gay has continued to give a considerable portion of his attention to the subject of hernia. In an article on 'Obstructed Hernia,' with cases, which appeared in the 'Edinburgh Monthly Journal' for March, 1849, he brought under the notice of the profession a subject which has been ably treated by Mr Stephens. In this article we are told that obstinate constipation, low vital powers, an old and irreducible hernia, in an unusually flaccid and painless state, are the positive indications of an obstructed hernia; that these symptoms are fearfully insidious and full of peril; and that when they occur no delay whatever should be allowed to take place, but the sac should be opened, and, if possible, the bowel relieved from its perilous position by breaking up the adhesions which are invariably found to exist between it and contiguous parts, and the patient's powers supported by stimuli. In a recent contribution, 'On the Surgery of Rupture,' to the 'Lancet,' Mr Gay has insisted on the necessity of basing *modern* hernial practice on *modern* pathology, and not on that pathology which was current a century and more ago, and of abolishing almost entirely the use of the taxis.

In other branches of surgery Mr Gay has also endeavoured to advance its usefulness. In the year 1850 he was the first to revive the operation of paraceutesis vesicæ, which had been long condemned, almost to entire proscription. In the "Mirror of Surgery"—'Lancet,' 1850, vol. ii, p. 59, cases are given in which he performed this operation with very marked success. The cases selected were those in which temporary retention of urine was produced by the effects of cold or debauch upon an old stricture. Instead of making persistent and painful attempts to force a passage, *viis naturalibus*, as the causes of final obstruction were of a temporary character, and amenable to mild treatment, Mr Gay preferred relieving the bladder from the distress and danger occasioned by over distention, by tapping it through the rectum, to leaving that relief to nature's efforts or to any other course. The results of this treatment in these cases were of the happiest kind, and such as to justify him in recommending this plan of treatment to his professional brethren. He believes the time will come, and that shortly, when the perineal section will be very rarely performed, and the puncture per rectum for this class of cases be, so far as temporary measures are concerned, the *rule* of practice. He could not, however, give his concurrence to the practice afterwards brought forward by Mr Cock, at the Medico-Chirurgical Society, of puncturing the bladder in all cases of formidable stricture, and keeping the passage open whilst means were made use of for dilating the stricture.

A fatal case of retention from impervious stricture, in the following year, was the occasion for a severe attack on Mr Gay by Mr Syme, in the 'Edinburgh Monthly Journal.' This attack gave rise to a series of recriminating letters, which appeared in the 'Medical Times' and 'Lancet.' Mr Syme was rude and Mr Gay decisive, and the affair ended by the withdrawal of Mr Syme from the contest.

In this year Mr Gay followed in the footsteps of Mr Fergusson in advocating the peculiar mode which that gentleman originated of operating in cases of cleft palate, and confirmed that distinguished professor's views by treating several cases following with complete success. These cases formed the subject of a very able paper on "Cleft Palate," by Mr Lane, formerly a pupil of Mr Gay, and now the meritorious resident medical officer at the Royal Free Hospital, which was read at a meeting of the Abernethian Society, in February, 1851, and has since been published amongst its 'Transactions.' The operations for cleft palate were confined almost exclusively to those cases in which the cleft was limited to the soft palate; but during the past year Mr Gay has applied it to other cases—those in which the cleft extends itself through the bony palate, and even through the maxillary bone. In such cases he proposed to unite the soft palate throughout; but, in order to do so, suggested, and successfully practised, a transverse incision, in addition to the operation of Mr Fergusson, whereby the flaps of the soft palate are freed from their connexion with the bony palate, and at liberty to unite in the mesial line. He proposes this incision also in cases of *cleft through the soft palate only*, where the tension is considerable, as a means of avoiding those apertures which often follow Mr Fergusson's operation, and impair its utility. An obturator is made to supply the remaining aperture in the hard palate, where Mr Avery's plan of filling it up, or another plan devised by Mr Gay, viz., that of bringing down a portion of the septum narium for that purpose, are not feasible. For cases illustrative of this plan of treatment see 'Lancet,' 1853.

During the latter end of the year 1851 (see 'Lancet,' 'Medical Times,' 'Medical Circular,' 'Ranking and Braithwaite,' of that period), Mr Gay laid before the profession, through a paper read at the Medical Society of London, some cases illustrative of a new method of treating diseased joints "in extremis," by free incision into their cavities, and inducing by these means a cure by ankylosis.

The principles on which Mr Gay founded his views of this method of treatment are, that the diseases in question are in every respect analogous to those of similar structures in other parts of the body, and that custom has assigned them to amputation and resection simply on account of their happening to be associated with joints. A carious, ulcerated, or decayed portion of bone, or the inflammation of or *innocent* morbid changes in serous sacs in parts of the body independent of joints, would not, excepting under extreme conditions, justify such extreme measures. Why then should such measures be adopted in case these same structures become similarly diseased when forming the constituent elements of a joint? Mr Gay insisted that amputation in the generality of such cases is unnecessary; and that resection, as at present practised, is an unphilosophical mode of proceeding. He says that the danger known to follow upon wounds into healthy joints, does not follow the same wounds to joints so altered by disease as to have lost altogether their distinctive character, and to have become little more than large abscesses. He looks forward with much interest to the general and more accurate application of these principles as a means of materially modifying the treatment of diseased joints, and of saving many a limb.

A novel plan of treating certain ulcers, which for the most part appear about the lower part of the leg, has recently been practised by Mr Gay. In this form of ulcer (generally extensive) the process of reparation goes on to a certain point, and beyond that, remedial means appear to be of no effect; and in case of the patient's walking about, the sore reopens to its full extent. Looking at the well-known fact that sores contract as they cicatrise, Mr Gay has been led to attribute the failure of these sores to heal completely to the tension

\* These articles have been since published in the form of a *brochure*, which is, we believe, in progress of translation.



of the new cicatrix on the neighbouring tissues, and to these latter refusing to yield any further to the traction thus exerted upon them. Under such circumstances, he makes an incision through the skin and fascia in the sound structures, close adjoining the cicatrix, and parallel with the long axis of the limb. The further yielding which this incision allows to the sore in its process of cicatrization, is all that is necessary for its completion.

Mr Gay is a Fellow of the Medico-Chirurgical Society; a Member and one of the Council of the Pathological Society, to whose 'Transactions' he has been a frequent contributor from its commencement; a Fellow of the London Medical as well as of the Abernethian Society. He has also had the honour of being elected a Member of the "Verein fuer Heildekunde" of Berlin.

Besides his appointment to the Royal Free Hospital, Mr Gay holds the office of surgeon to two assurance offices, the Provident Clerks' and the Kent Mutual.

Mr Gay has eminent qualities for success in life. As a surgeon, he is accurate in his diagnosis, a first-rate anatomist, and a ready, bold, and skilful operator; as a man, he is frank, cordial, and generous, and his manners engaging and sincere. He is deserving of the highest success, and we believe that he is moving rapidly towards its attainment.

He resides at No. 10 Finsbury place south.

## MEDICAL NOTES AND QUERIES.

### NOTE.

SIR,—Seeing a paragraph in your last 'Circular' describing a cod-liver oil manufactory, I am induced to forward you a receipt furnished me by an Assistant to a wholesale druggist for making a surreptitious cod-liver oil.

Yours, &c., THOMAS BROWN.

Castle Donnington, March 23, 1853.

### FICTITIOUS OL. JECORI ASELLI.

Take twenty-five gallons of seal oil, eight ounces of iodide of potassium; pour upon them thirteen and a-half pounds of lime well slacked, and one pound of nitric acid; let these ingredients stand twelve hours, and then filter.

## CORRESPONDENCE.

### THE MEMOIR OF DR FORBES WINSLOW.

*To the Editor of the 'Medical Circular.'*

Sir,—It at all times affords me pleasure to read any public notice commendatory of a professional brother, and I have been not a little pleased in running over, from time to time, the short biographical sketches contained in your journal, to find there has been in them throughout a very laudable desire to write boldly and honestly what you considered worthy of record, whether in the private or professional life of the individuals. I have great reason to believe that in the course you have thus pursued hitherto, your desire has, at least, been to give all their due; while you have especially enlarged on the characters of those whom you very properly thought had not received their due amount of praise at the hand of the public. For such acts of justice I most gladly commend you, but you will agree with me that, in giving these notices from time to time, you cannot justify any attempt to raise the reputation of one individual at the expense of others, without the exercise of the most cautious judgment. I am sure, therefore, you will receive the remarks I am about to make upon your biographical notice of Dr Forbes Winslow's career as justifiable; and I cannot help thinking, if you allow that notice to remain unqualified, you will seriously injure the reputation your journal still retains for impartiality and strict truth.

Space obliges me to confine my observations to two of the most important points alluded to in that notice. First, you state, "that the veterans connected with his own speciality,

not only offered him no assistance, but actually disparaged his praiseworthy efforts to establish a 'British Journal of Psychological Medicine.'" Secondly, you say that he has set a noble example, regardless of all personal considerations, of residing with his family in two private establishments for the treatment of the insane. Now first let me tell you, that in the Doctor's advertisement in the first number of his journal, in alluding to the assistance that his professional brethren at that early period had afforded him, he makes the following remark:—"We therefore cheerfully invite their co-operation; and have great satisfaction in stating, that we have been already favoured with contributions from many of the most eminent members of the profession." I well recollect at that time (1848) conversing with several of my professional brothers on the subject, and the impression left on my mind was, that the journal would be supported by them.

The question then naturally arises, why was the Doctor so abruptly deserted? To answer this question correctly you must take all the circumstances into consideration. You have to bear in mind, that shortly before this period the Doctor had opened a private establishment for the cure of the insane; that he was also connected with the establishment at Earls Court; that he very shortly after this undertook the management and control of a third establishment, for the reception and treatment of children affected with mental diseases. Now when it is remembered that these establishments were amply and fully set forth on the covers of the 'Psychological,' it is almost impossible to avoid the inference that the journal was not published out of pure philanthropy; and there was sufficient cause to explain why those who would have supported it under other circumstances, now thought it better to withhold their contributions.

If the Doctor had considered the "struggles of the 'Psychological Journal'" at a period anterior to his becoming identified with any private establishment for the cure of the insane, or if his interests had never been mixed up with any such institutions, there is little doubt we should have seen few of our professional brothers "standing aloof with folded arms during such a struggle."

But apart from these considerations, there are circumstances connected with the views advocated by the 'Psychological Journal' sufficient to explain, without any uncharitable inference, why the veterans connected with his own speciality found it out of their power to support the journal. You have too rapidly jumped to the conclusion that, because the Doctor rejoices in a brother who is a Master in Lunacy, and on that account is often called upon for his professional opinion in cases brought before his brother's tribunal, that, therefore, the Doctor's opinion must be the only correct one. I can only say, that in common with a great many others, I hold views very different from the Doctor, and I have confidence in the belief that if my views were acted upon in the disposal of many civil and criminal cases, a very large amount of suffering and sorrow would have been averted; but I must go on to consider the second point I wish to set your mind right upon, in connexion with your biographical sketch. So far from having set a noble example to those engaged in similar avocations, I can only say I should be very sorry, as a Christian man, to follow Dr Winslow's steps; and it certainly is due to many noble and benevolent physicians in this country with less ostentation, and with far higher attainments than the Doctor can ever hope to reach, to say that they have faithfully carried out the principles which he professes to do in a more questionable manner. There is nothing we are so ready to deny to mortals as ubiquity; in common parlance we say a man cannot be in two places at once, we believe so without thinking it worth while to prove anything so self-evident. You say the Doctor has set a noble example to those engaged in similar avocations to his. Pray can you tell me how I can set about to take up my residence in two or three places at once? Can I divide my personal identity, and be at one and the same time resident in London and in Hammersmith? How can the Doctor be resident proprietor simultaneously of Sussex House, Brandenburg House, and of a house in Albemarle



street. But he leads the public to believe so, and your own words imply very much the same meaning, though a little reflection will tell you he cannot do such impossibilities. You say that the Doctor has resided with his family at Hammersmith, but you omitted to state that his family did not reside at Sussex House. You say that for ten years he has never dined when at home or spent an evening apart from his patients. This may appear at first sight an enormous sacrifice of domestic happiness—a noble devotion to a great and good cause; but it entirely depends upon the answer given to this question—How often did the Doctor dine at home? If you set about to inquire you will find there are many physicians in this country who have made a similar sacrifice. For myself I can conscientiously say, that I have for the last fourteen years constantly dined with some of my patients, and the whole amount of my absence during that time at dinner might be comprehended in a few days. The truth is Dr Winslow knows better than you do how impossible it would be, in these days, to be a successful proprietor of a Lunatic Asylum, and live at the same time at the corner of some fashionable square in London. How does he surmount the difficulty? Instead of making his visits as those of the old school were accustomed to do for half an hour, or an hour, in the middle of the day, he adopts a new plan more in keeping with the spirit of the age; he drives down to Sussex House to dinner, making a reservation for evening engagements at medical societies, conversaciones, &c. But I have said enough, I hope, to convince you that all is not gold that glitters.

I am, Sir, your faithful Servant,

C. M. BURNETT.

Westbrook House, Alton, Hants.

#### FICTITIOUS TITLES.

To the Editors of the 'Medical Directory' and 'Medical Circular.'

GENTLEMEN.—In the last number of your 'Circular' (March 9th) I find you have published a letter which is headed an "Answer to Dr Nelson," but which all intelligent readers will perceive is no answer at all.\* Its verbiage, however, just as when he wrote on my Ovarian case under another name (*vide* 'Lancet' for December, 1851, and January, 1852) is very characteristic of the writer—like the tale told by Shakespeare's idiot, "full of sound and fury, signifying nothing." His personal abuse of myself I can afford to treat again with perfect equanimity.

In regard to the "scores of persons" who have seen his diplomas, one can only exclaim in the language of Parliament "Name! name!"—and his reference to the story of going before the hospital committee with the manufactured testimonial is very unfortunate for himself, inasmuch as that proceeding has long been sought to be buried in oblivion by the one party, while it has been turned into infinite ridicule and caricature by the other. The extra question of personal identity (which he himself now broaches) is a difficult subject to handle, and I pass it by; but certainly any of my brother graduates of Edinburgh would feel startled at the appearance of one of their body handing an account of his medical exploits to people in the streets, and laying the same upon shopkeepers' counters, wherein he described the municipal patrons of Alma Mater as being arrayed in "purple" robes.

I shall now give my version of these transactions as briefly as possible. This Samuel Wright, LL.D. D.C.L., and soon, was long ago accused of having written infamous anonymous letters against me; and, in defence, his counsel pleaded the unlikelihood of any one possessing such high literary and scientific honours being capable of such despicable acts. This seemed plausible enough, until a doubt of their reality was mooted, and then, upon inquiry, the various universities, &c., were forced to repudiate them, as you will observe by the documents placed in your hands. Seeing now that his

titles were treated with contempt, he fell back upon certain private acquaintance, and succeeded in inducing them to sign the "affirmation" of belief to which he alludes, with which, actually taking the initiative, he went privately before the weekly board of the Queen's Hospital, as they were concluding their day's proceedings, and thus took them by surprise. They would not, however, enter into the matter as a committee, though, individually, they listened with civility to what he chose to say. A friend of my own did then, certainly, remark that "he had given himself very unnecessary trouble;" but he meant thereby that it would have been far easier for the complainant to have produced his diplomas, &c., than to have had this "sheepskin," as he called it, engrossed and emblazoned, and to have gone about with it from door to door, for ten or twelve days, soliciting signatures, which, after all, were of no legal import. Hearing of this extraordinary proceeding, I went before the board on the following week, and requested that the complainant should be confronted with me in their presence; but, while receiving me courteously, they declined to interfere, on the ground that they had already answered him to the same effect, and because they viewed the question as extra-mural. So much for this negative decision, which he represents as a "deliberative and discriminative acceptance of proofs," &c. I considered it as an unfortunate manifestation of indifference to our common professional honour, though the neutrality might be well meant, and I therefore declined to act with this person as a colleague on these express grounds. In this wise the matter lay smouldering for twelve months, until I was forced to speak out as I have now done by the repetition of these fictions once more in your 'Directory.'

Thus do I dispose of his various digressions, and now come to the marrow and kernel of the case. It is, indeed, a simple question of truth or falsehood, which could be settled by any one really possessing the titles, in one moment, as I may say. But this pseudo D.C.L. (which distinguished appellation emanates from Oxford alone) seems to be most lamentably blind to the gravity of his present position, and to forget that he is now arraigned before the bar of an honourable and learned profession, who will, as a body, support that only which is just and true, and who cannot submit to be treated with that kind of flippancy with which he might have entertained a promiscuous roll of over-goodnatured acquaintance, as he wandered from one to another, and begged their signatures to a vague certificate of character.

Allow me to remind you once more, in detail, that the titles, &c., appended by himself to his name in your 'Directory,' in the 'Calendar' of the Queen's College here, and in newspapers, &c., are LL.D. and D.C.L., M.A., F.B.S., Interim Professor of Pathology in the University of Edinburgh, Honorary Member of the Medical Society of Aberdeen, Honorary Fellow of the Physiological Society of Montpellier, Honorary Fellow of the Metaphysical Society of Glasgow, Corresponding Honorary Fellow of the Imperial Society of Physicians at Vienna. Author of 'Treatises,' translated into French, Italian, German, Dutch, and Latin, &c. &c. These, like the renowned Baron Spolasko, are what he chooses to call "a few of his designations."

For myself, I require no reference on the subject, as I possess positive proofs of the impostures; but if this person feels himself aggrieved, and wishes to satisfy you and the profession, he must meet these points one by one categorically; not by any appeal to private unprofessional connexions, or by wandering into scurrilous declamation, but by a public and direct reference to the university, college, and other official authorities, who must of necessity have been concerned in them, if they had any real existence.

As to his promised silence for the future, that concerns himself and not me; but if he does violate the prudent resolution, and stand forth again, let him be prepared with positive proofs, and not give himself, as before, so much "very unnecessary trouble." Why he should have rushed up to Birmingham, after an absence of several months, simply to date his flippant epistle from this place, and then as suddenly disappear again, is best known to himself; but unless it was done for the purpose of hoodwinking the "pro-

\* We alone are responsible for the heading.—ED. 'MED. CIRCULAR.'



fession in general" at a distance (which, perhaps, has always been the "object he had in view"), it would seem only one more example of his fondness for "very unnecessary trouble."

I must confess myself, in conclusion, a most "unhappy man" as compared with him who professes to "smile" at such weighty matters touching himself; but still I am not so very "unhappy" as to envy such smiles; nor yet so far gone in "infatuation" or "eccentricity" as to mistake bombast and buffoonery for learning and wit.

I remain, Gentlemen, yours, most obediently,

D. NELSON, M.D. Edin.

9 Colmore row, Birmingham, March 10, 1853.

P.S.—(17th March,—after seeing the editorial proposal of the 16th.)—Publish my reply; and then you can refer the whole to whomsoever you think fit.—D. N.

[Dr Nelson having now published a more detailed explanation of the charges contained in his first letter, the onus remains with Dr Wright to verify his claims to the titles assumed.—ED. 'MED. CIRCULAR.']

#### *To the Editor of the 'Medical Circular.'*

SIR,—I was lately called to a case of rather an uncommon character, and will thank you to give it insertion in your next number. H. G., æt. 30, sent for me at 10 a.m., December 17th, 1852, the messenger stating that she was in great danger, and in labour. On reaching the house, the midwife in attendance informed me that the child had been born one hour.

I found the midwife had been using traction of the cord, and had detached it from its insertion into the placenta. There being hæmorrhage, os uteri dilated, and pains inefficient, after having employed pressure over the uterus and cold without success, I gave a dose of ergot, which afforded relief, the placenta coming away and the hæmorrhage ceasing.

The child—a male—appeared healthy, and had, in my opinion, arrived at the full period of utero gestation. I visited her twice afterwards: she was doing well. On calling, accidentally, at the house, some time after, H. G. informed me that on the 23rd of December, six days subsequent to delivery, she was taken very ill, and another child was born, the amnion, &c., enclosing it quite complete. The length of the second child was about four inches.

M.F.B., M.R.C.S.E., L.A.C., Somerset.

### MEDICAL LIFE IN AMERICA.

#### THE COUNTRY DOCTOR.

I had stumped about the country for a dozen years or so in the same equipage, having wonderful success in curing cases, but half the time cheated out of the credit of it by "catnip-tea." I took a notion to cast up my books, to see how rich I was, and what could be made of outstanding accounts. It cost a great many evenings of hard work to arrive at the knowledge that, all debts being paid, I was not worth a brass farthing—not a red cent. Notwithstanding all the lucrative cases of typhus which I had managed, I remained poor. I believe that people in the city pay their fees with alacrity because the charges are exorbitant. When a bill for a hundred dollars, for looking two or three times at a sick child, is presented to one who lives in a well-furnished house in the upper part of the town, the very largeness of the demand is a delicate compliment upon his ability to pay. The man of the house sits down at a handsome secretary, and draws out a clean cheque for the full amount, saying, "Doctor, you are very moderate; now that Jacky is out of the woods, come in in a sociable way." As soon as the messenger is gone, the *paterfamilias* exclaims, "What an outrageous bill! It is an expensive luxury to be sick. However, it has its advantages to be attended by a fashionable doctor, as it has to worship in a fashionable church." On one occasion I was called in midsummer to attend a sick man on the sea-shore. After several days his family physician, the renowned Dr Jallaps, arrived from the

city, and the patient was soon after on his legs—no thanks to me—and ready for the surf.

"How much are you going to charge him?" said Dr Jallaps. "Twenty-five dollars," said I.

"Pooh! make it a hundred; he expects it." "If he expects it," said I, "it would give me great pain to disappoint his expectations." Whereupon I acted advisedly, and received an honoured cheque for a round C on the Phoenix bank.

On another occasion, when attending one of my own patients in the same vicinity, while crossing the Big Bridge when the tide was up, I came near being drowned. My sulky was soon afloat, but the horse being a good swimmer, reached the opposite bank. Now, besides risking my own life, I fairly dragged the patient from the very gates of death. I got him out of a bilious remittent, drove the jaundice out of his skin, and when I came to ask him for ten dollars, he blackguarded me like a chicken-stealer, and would never employ me again. The fact is, that people in the country abhor taxes, and a doctor is the worst of publicans. To be sick they think is a dead loss, which they unchristianly grumble at; but to have to pay for being cured irritates them beyond measure. O! how meek they are when they lie prostrate in a burning fever—when their teeth chatter, and the whole house jars with their shaking ague! O! how welcome the latch is lifted up to admit you when life seems to hang upon a hair! But get them on their legs, and the first thing which they forget will be that they were ever on their backs. If many of them do pay you it is under protest, procrastinating the settlement to a time when the account might be outlawed, clipping down the fair proportions of a just bill, and giving you the most ragged representative of money.

I say that when I came to overhaul my accounts, I was not worth anything, and therefore arrived at the conclusion that it was high time to marry a wife who would take care of my money. I did so and found my condition better, but for some years had a hard time of it. My children were extremely pettish and peevish; and what with nocturnal calls, I had not a night's rest for five years. If anything ailed them they were sure to cry the night long; but if they were well they woke up long before the crowing of the cock, climbing over me at the very moment when I had composed my head for a short morning nap. But paternal philosophy can well be reconciled to the sweet music of crying babes, some thousands of which have been imported into New York during the present year.

But the number of people taken sick in the day time, who send for the doctor at night, produced a compound fracture of my time, which seldom gave me a comatose state. It is the sweetest of all consolations to lay a weary head upon the pillow, with the thought that rest awaits you until the dawning light. Whatever carking cares have vexed you, that is a long season of immunity which stretches through the dark hours of the night; then do the strained muscles lapse into the most easy attitudes in the yielding couch, and the taxed intellect is still, and you bolt the door upon ingratitude and strife. But to lie down without security from disturbance, is enough to frighten away sleep. Such is the lot of a "country doctor." I could relate innumerable instances of the utter disregard with which he is routed from his bed, without occasion, at all hours. Here is one in point:—

I arrived late one winter evening at my own door, after a hard day's toil. With what a feeling of relaxation did I divest my feet of heavy boots, set them smoking at the fire, and then regale them in easy slippers; then wrapping about about me a soft padded gown, with what luxury did I fall back in my arm-chair, peruse the daily paper, and sip a cup of tea. Now, said I, the labours of the day are over, a storm is brewing out of doors, I hope that nobody will come here to-night, if they do I won't go, let them go after Bogardus; I won't immolate myself for anybody, it is unreasonable. With that I pulled down my ledger, and made a note of the day's visits, one half of which were to poor houses, negro huts, and Irish shanties. As to this class, they loved



me like a brother, and their confidence in me was unbounded. They sent for me if their bones ached, or if their corns hurt them, and I went with all speed, though I sometimes had occasion to scold them.

Before retiring for the night, I opened the outer door, as was my custom, to see the state of the weather. It was a tremendous night; the moon shone palely, but the wind blew a hurricane. It rained, it hailed, it snowed, it blowed. I thought again of the poor mariners on the coast, and with a silent prayer for them, and all houseless unprotected ones, I closed the door and went to bed. I had just recovered from the shivering sensation of cold sheets, and become conscious of grateful warmth, while that delightful drowsiness which borders upon sound sleep stole over me, when there came a knocking, impatiently repeated, enough to wake the dead.

"Bless me!" I groaned out, crawling out of bed, and lifting the sash, "what do you want?" "Doctor, want you to come right straight away off to Banks's; his child's dead."

"Then why do you come?" "He's p'isoned; they gin him laud'num for paregorick."

"How much have they given him?" "Dono; a great deal; think he won't get over it."

"When did they give it to him?" "This arternoon."

"Why didn't you come sooner? How do you think I am to go two miles on such a night? Have you brought a waggon?" "No."

"Then I won't go. Tell them to ———," and having prescribed hastily out of the window, I closed the sash and went back to bed. But the howling wind and rattling sleet against the panes, had not that soothing effect which they have to one who lies snug and warm and irresponsible in his couch.

"What," said I, "if that child should die through my neglect? Will it absolve me from criminality because the parents are poor? I will go: I must." With that I leaped out again, kindled a match, and went down into my office. Not choosing to wake my man Flummery, or to disturb my old horse, who was crunching his oats, and housed for the night, I took my stick and set out to walk. The snow water went through my shoes like a sieve; my neck and bosom were instantly covered with sleet. Nevertheless I had some humorous thoughts while breasting the storm, and composed a Latin distich by the way. I had just got the last foot of the pentameter correct when my own foot struck against something which looked like a black log. On scrutiny, by the light of the moon, I found it to be my old patient, Timmy Timmons, apparently sound asleep, with his beloved rum-jug by his side. In vain I shook him, to make him aware of his situation, and see if the spirit had left his body. I shook the rum-jug, but there was no spirit there, not a drop. "Timmy," said I, "wake up." No answer. I then kicked him, but he bore it as if he had been used to kicks. "He is dead," said I, and passed on to the next house. There, while opening the gate, I was fiercely attacked by a stout bull-dog; and while keeping him off and fighting my way up to the house, the master came out in his shirt-tail with a loaded gun.

"Don't you know me?" said I, as he examined the priming; "it is the Doctor." "Souls alive!" responded he, "I thought it was a thief. I'm glad you spoke when you did; in a minute more I should have popped you over, doc.; sorry to do that. My son John's got the fever-aig; here, Bull, Bull, Bull—g'home, sir."

"Timmy Timmons," said I, "is lying out in the lane, drunk or dead, I don't know which; dead drunk, at any rate. He must be looked after." "Wait till I put on my breeches: what a wonnerful night; won't you come in and git warm?"

"No; get on your breeches, and make haste." Guy! when I first heered you, I thought it was Lawrence comin' to break house—he's a desput fellow—so I get's up and looks out o' the window, and then I went into the corner to find my gun, and if I didn't ———"

"Come, come; do you want ———" "To get the rheu-

matiz? No, I don't. Hold on, doctor; be down in one minute."

We returned to the congealed Timmons. My coadjutor took up the jug, shook it, and said, "Not a drop." He then smelt it.

"It is rum," said I, "the cause of all this misery." "No, doctor, not *all* rum; there's been a little *molasses* into the jug, by the smell of it."

"Lift him up," said I. He did so, and carried his burden home, where I brought Timmy to life.

I now trudged on upon my original errand, hoping to save another life more valuable than that of Timmons. Arrived at the house, I perceived it shut up as if hermetically sealed; not a light was to be seen. I knocked furiously, and at last a night-cap appeared at the chamber window, and a woman's voice squeaked out "Who's there?"

"The doctor, to be sure," said I; "you sent for him. What the dogs is the matter?" Oh! it's *no* matter, doctor, Ephraim's better; we got a little skeered, kind of, gin him laud'num, and he slept kind o' sound, but he's woke up now."

"How much laudanum did he swallow?" "Only two drops," said she; "'t 'asn't hurt him none. Wonnerful bad storm to-night."

I buttoned my coat up to my throat, turned upon my heel and tried to whistle.

"Doctor! doctor!" "What do you want?"

"You won't charge nothin' for this visit, will you?"

Now, as I travelled back on foot, the moon became obscured, the driving sleet blinded the eyes, and I heard the Atlantic breakers booming and beating upon the coast; and with head down, like a bulrush, I arrived at my own door, wet and disconsolate, saying to myself—"That little plant called PATIENCE, does not grow in every garden."—*New Hampshire Journal of Medicine.*

## Obituary.

March 11.—DANIEL SWEENEY, M.D., at Cork.

15.—ROBERT LAW NIXON, A.B. 1823; M.B. and M.A. 1838; M.D. 1851, Trinity College, Dublin; L.R.C.S. Ireland 1825; M.R.C.S. Ireland 1842; F.R.C.S. 1844; at his residence, 3 Grenville street, Mountjoy square, Dublin. The deceased was also Licentiate in Midwifery to the Dublin Lying-in Hospital; one of the Examiners of the Royal College of Surgeons, Dublin; Surgeon to No. 1 North City Dispensary, and also to the St George's Dispensary, during a period of twenty-five years. He formerly held the office of Consulting Accoucheur to the Wellesley Lying-in Hospital; Medical Inspector during the epidemics of Cholera in 1832, 1833, and 1849, and Lecturer in Midwifery at the Dublin School of Medicine from 1835 till 1844. Dr Nixon was a Member of the Midwifery Court of Examiners, Royal College of Surgeons; Honourable Member of the Dublin Obstetric Society; Member of the Surgical, Natural, Historical, and other Learned Societies; and contributed to the Medical Journals, papers on 'Constriction of the Aorta,' 'Spontaneous Amputation of the Foetal Limbs in Utero,' 'Malpositions of the Uterus,' 'Re-Vaccination.'

20.—ROBERT JAMES GRAVES, M.D., Dublin University, 1823, at his residence, 4 Merrion square South, Dublin, after a painful and protracted illness, originating in liver affection, followed by dropsical effusion, aged 57. The deceased was the son of the Rev. Dr Graves, the distinguished author of the well-known work on the 'Pentateuch.'—The college course of Dr Graves gave early presage of his future successes; undoubted talent, linked with untiring industry, not only won more than distinguished academic honours, but promised a yet richer future. His medical education commenced in Dublin, which had not then attained the eminence it now possesses; he thence transferred the scene of his labours to London, and afterwards sought to complete his survey of medical schools, by passing the three years from 1818 to 1820 in visiting the most distinguished colleges in Europe, particularly those o



Gottingen, Berlin, and Copenhagen. Much of the reputation his works afterwards attained, and of the improvements he imported here, are to be attributed to his having thus broken through the ordinary routine, and acquired not only a variety of knowledge, but an expansive quality of mind, which raised his ideas out of the beaten track, and fitted them for winning a European celebrity. When, therefore, in 1821, he, with other physicians and surgeons, established the well-known school in Park street, he was able to introduce many improvements till then unknown, particularly in the manner of delivering clinical lectures; and though Dr Townsend, of Cork, and Dr Stokes, of Dublin, were the only two who at first constantly attended Dr Graves's clinical instruction, yet the name of such pupils sheds a lustre around the professional character of the deceased. The same year saw him elected physician to the Meath Hospital, an institution then unknown, but now, by his aid, and that of his eminent fellow-labourers, attracting students from every quarter of the globe. The same cosmopolitan experience made him at once observe the many opportunities that existed for medical reform; and in his early lectures he boldly announced the expediency of many measures that have since gradually won their way to public approbation. In 1822, the memorable year of pestilence and famine, he was one of those who were sent to the West to investigate the nature and mitigate the horrors of the typhus fever that then devastated Ireland. Here, too, he acquired a completeness of knowledge that made him afterwards celebrated for his skilful treatment of this terrible disease. Twice, in the course of his after life, he himself nearly became its victim. From this moment his pen was rapidly employed, and never ceased from its useful activity till the close of his life. In 1827 he was elected Professor of the Institutes of Medicine. In 1832 he commenced, in conjunction with the now Sir Robert Kane, the 'Dublin Journal of Medical Science,' one of the few Irish periodicals that have achieved a permanent success. Had literary distinction been the object of his ambition he might have been as celebrated and pre-eminent in that walk as he was in the profession of his choice. His medical essays contained a mass of valuable thought and discovery, illustrated by an impressive style, and a brilliant and varied erudition. He was one of the few men who united a versatile knowledge of every topic of the day to a profound attention to professional details. He seemed to make the one subservient to the other. Thus his lectures became eminently popular, and clothed the information they accurately conveyed in an attractive form. His works have received the best tribute that he could have wished—having been pirated in America, and translated into German and Italian. His loss will be widely felt and sincerely deplored. In private life his friendship was earnest and constant, and in public his zeal for his profession is linked with its advancement.

26th.—**AUGUSTUS GRANT**, Esq., M.R.C.S. Eng., and L.S.A. 1847, at the residence of his father, Dr N. Grant, 21 Thayer street, Manchester square, aged 26. The deceased was Surgeon to the St Marylebone Workhouse.

## MEDICAL NEWS.

**ROYAL COLLEGE OF PHYSICIANS.**—At the usual quarterly meeting of the Comitia Majora, held on Monday, the 21st inst., the following gentlemen having undergone the necessary examinations for diploma, were admitted Members of the College:—Dr Armitage, Upper Charlotte street, Fitzroy square; Dr Bristowe, North Addington street, Camberwell. Also were admitted Extra Licentiates,—Dr Bayes, Marine square, Brighton; Dr Holmes, Great Torrington, Devon; Dr Somerville, Walsall, Stafford; Dr Thompson, Newark-on-Trent; Dr Tukey, York.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 17th March, 1853:—George Arnison, Allendale, Northumberland;

Robert Death; Charles Lambert Evershed, Billingham, Sussex; Edward Liddon; John Henry Sylvester.

**APOTHECARIES' HALL.**—We understand that the Court of Examiners have determined to discontinue the practice of requiring students to register their lectures at the termination as well as at the commencement of the term. They will henceforth be required to register their lectures and hospital practice only at the beginning of each term, and the signature of the lecturers will be considered sufficient evidence of the attendance upon the respective courses. This step has been taken, we are informed, in consequence of the inconvenience to which students state they have been subjected by being compelled to attend the second registration.

**HUNTERIAN SOCIETY.**—At the annual meeting of this Society, Mr Hilton was elected to the office of President for the new Session; Dr Ridge, Dr Munk, Mr John Birkett, and Mr Poland, as Vice-Presidents. The gentlemen elected to the Council were, Drs Greenwood, Little, M'William, Thompson; Messrs W. Adams, Blenkarne, Cleveland, Curling, Law, Roberts, Solly, Walne. The Orator for the new session is Dr G. Owen Rees; the Treasurer, as heretofore, Dr Cooke; Librarian, John Birkett, Esq.; Honorary Secretaries, Dr Habershon and Dr Ramskill.

**CAPTURE OF A GANG OF COINERS BY A SURGEON.**—On Saturday week, as Maurice J. O'Connor, Esq. surgeon, Morpeth, was going his rounds of professional duty, he captured a gang of coiners at Clifton (within two miles of the town) marched them to Morpeth, and lodged them in the county prison. Mr O'Connor was enabled to take some of the counterfeit coin from them. On the 21st instant they were taken before the visiting justices, and remanded for further investigation. After being remanded one of them (a female) confessed to the police-officer of Morpeth that they had hid some more base coin near where they were captured, and on repairing to the spot the officer found several unfinished specimens.

**CONVICTION OF AN UNQUALIFIED PRACTITIONER.**—**LEICESTER COUNTY COURT: THE SOCIETY OF APOTHECARIES v. JOHN MOODY MORRISON.**—Mr Inglesant, of Loughborough, stated the case for the plaintiffs, who sought to recover the penalty of 20*l.* from the defendant for practising without a licence from the Apothecaries' Company. Mr Inglesant read at length the Act prohibiting any one practising without the sanction of the Board of Examiners appointed by the Apothecaries' Company, and which orders a penalty of 20*l.* against the offender for each offence. Having read the Act, and commented upon the object for which the Act was framed, he was about calling witnesses, when Mr Loseby, the Clerk of the Court, read a letter from Mr Morrison, directing him to enter a plea of guilty. Mr Jenkinson, the Registrar of Births, Deaths, and Marriages, having proved the defendant's handwriting, the Judge convicted him in the full penalty of 20*l.*, which, at first, he ordered to be instantly paid; but, upon reflection, and that it might act *in terrorem* upon him, by reminding him of his crime, his Honour directed the penalty to be paid by instalments of 5*l.* a month.

**UNIVERSITY COLLEGE HOSPITAL.—DEATH FROM CHLOROFORM.**—On Tuesday last Mr Wakley held a lengthened inquiry relative to the cause of the death of Caroline Baker, an unmarried woman, aged 28 years, who died in University College Hospital from the effects of chloroform. The inquest-room was crowded by medical gentlemen and others anxious to hear the particulars of the catastrophe.—Mr J. H. Gould, physician's assistant, deposed that on Friday night, the 18th inst., deceased was admitted into the hospital, suffering from sloughing ulceration of the labia and vagina. Mr Erichsen, one of the surgeons to the hospital, directed Mr White, the acting house-surgeon, to apply nitric acid to the sores. Accordingly, on Saturday morning, Mr Gould, the physician's assistant, and Mr White proceeded to prepare the patient for the application of the acid; Mr White, as is the custom on such occasions, first administering chloroform to the patient, Mr Gould being in readiness to apply the acid. The chloroform, supposed in the first instance to be about a drachm, was poured on lint about five inches



square, and folded four or five times over. After a short time the patient became restless, talked loudly and threw about her arms. Soon afterwards a partial relaxation of the limbs took place, and she became insensible and pulseless. Witness, fearing a fatal result, sent for Mr Clover, the resident medical officer. Artificial respiration was kept up, galvanism applied, and everything done to resuscitate her, but in vain, as she sank and died.—Mr Clover corroborated the previous witness, and stated that, although not a qualified practitioner, Mr White was fully capable of administering chloroform, and that he had only followed the usual practice on such occasions. During four years, chloroform had been applied in 1,600 instances in University College Hospital, with but one fatal case occurring. The quantity of chloroform administered was at the option of the operator, and generally averaged from half a drachm to a drachm at the commencement. Professor Erichsen performed the autopsy, and found a fatty degeneration of the heart, and also that death was produced by a paralysis of the heart, from the influence of chloroform. The unfortunate affair was purely an accident, for which no one was to blame.—Dr R. Quain concurred in Professor Erichsen's opinion, and added that portions of the heart having been handed to him by that gentleman for examination under the microscope, he had found that organ, particularly on the right side, in a state of fatty degeneration.—The coroner summed up, and commented on the great caution that should be used in the administration of chloroform. The jury retired, and, after a brief deliberation, returned a verdict, "that the death was caused by paralysis of the heart, produced by the influence of chloroform, casually, accidentally, and by misfortune." The foreman stated that it was the unanimous opinion of the jury that a medical gentleman of experience should always be present when chloroform was administered; and Mr Erichsen promised that on all future occasions the recommendation should receive every attention.

**DISEASES AMONG THE BEDOUIN ARABS.**—Diseases are rare among them; and the epidemics, which rage in the cities, seldom reach their tents. The cholera, which has of late visited Mosul and Baghdad with fearful severity, has not yet struck the Bedouins; and they have frequently escaped the plague, when the settlements on the borders of the Desert have been nearly destroyed by it. The small-pox, however, occasionally makes great ravages among them, vaccination being still unknown to the Shammar; and intermittent fever prevails in the autumn, particularly when the tribes encamp near the marshes in Southern Mesopotamia. Rheumatism is not uncommon, and is treated, like most local complaints, with the actual cautery, a red-hot iron being applied to the part affected. Another cure for rheumatism consists in killing a sheep, and placing the patient in the hot reeking skin. Ophthalmia is common in the Desert, as well as in other parts of the East, and may be attributed as much to dirt and neglect as to any other cause. The Bedouins are acquainted with but few medicines. The Desert yields some valuable simples, which are, however, rarely used. Dr Sandwith, hearing from Suttum that the Arabs had no opiates, asked what they did with one who could not sleep. "Do!" answered the sheikh, "why, we make use of him, and set him to watch the camels." If a Bedouin be ill, or have received a wound, he sometimes comes to the nearest town, to consult the barbers, who are frequently not unskilful surgeons. Hadjir, one of the great chiefs of the Shammar, having been struck by a musket-ball, which lodged beneath the shoulder-blades, visited the Pasha of Mosul to obtain the aid of the European surgeons attached to the Turkish troops. They declared an operation to be impossible, and refused to undertake it. The Sheikh applied to a barber who, in his shop in the open bazaar, quietly cut down to the ball, and taking it out, brought it to the Pasha in a plate, to claim a reward for his skill. It is true that the European surgeons in the service of the Porte are not very eminent in their profession. The Bedouins set broken limbs by means of rude splints. The women suffer little in labour, which often takes place during a march, or when they are far from their encampment, watering the flocks or collecting fuel. They allow

the children to remain at the breast until they are nearly two or even three years old, and, consequently, have rarely many offspring. (From 'Discoveries in the Ruins of Nineveh and Babylon, being the result of a Second Expedition.' By A. H. Layard, M.P. London: 1853.)

**IMPORTANT TO PAROCHIAL VACCINATORS.**—In the Marylebone County Court, on Friday, an action was brought by Mr J. Butter Ashford, surgeon, of 48 Hertford street, May-fair, to recover for attendance and medicine supplied; and a very important question arose as to the right of medical men to charge for vaccination of a parishioner's child, the operator being the parochial vaccinator. The sum charged by Mr Ashford in this instance for vaccinating the defendant's infant was 10s. 6d. The defendant, after demurring to other items in plaintiff's bill, said, with regard to the charge for vaccination, the plaintiff had no legal claim. He was paid by the parish, and was bound to vaccinate gratis all children brought to him, or where he attended. The Judge asked defendant if he could point out any authority in support of his objection. The defendant admitted he was not prepared to do so, but added, that usage had made a law to support his objection, if the Vaccination Act did not supply a clause compelling medical men to vaccinate gratuitously. The fact of the plaintiff being called a free vaccinator, he contended, was sufficient to show Mr Ashford was not entitled to this item in his account; and, if he were, he had no right to receive a salary from the parish when he charged parishioners for the operation. He also complained of the exorbitance of the charge, half-a-crown being the recognised fee. In answer to this, Mr Ashford urged, that the Act empowering parishes to nominate and pay parochial vaccinators never contemplated free vaccination to parties not recipients of parochial relief, or who were in a position like the defendant. As to the charge, it was his usual fee. The Judge (Adolphus) said, he concurred with the plaintiff on the ground of expediency, that persons in defendant's position were not entitled to parochial vaccination. With respect to the charge, he thought it very high, and should deduct five shillings.

**A DELICATE INVESTIGATION.**—The Hon. Mr Norton, of the Lambeth police court, has been engaged in investigating a case of a suspicious character. It appeared that no less than three females from the country had been lately delivered, some months before their time, of still-born infants. The midwife who attended those females, in a house in the Waterloo road, fully admitted the fact, and that the room was ready for the reception of a fourth patient. She also gave the name of the presumed medical practitioner who attended the above cases. The servant corroborated the evidence of the midwife, but added that the persons who had given the information had defrauded her mistress by leaving without paying the rent, and had been influenced by vindictive motives. Mr Norton thought that quite enough had been shown to render a further investigation necessary, and directed Hayes, the officer, to inform the medical man that his professional character was involved in the disclosure, and that he ought to attend to explain his conduct in the matter. It was stated that the qualifications of the chief party in this affair are doubtful.

**SENTENCE UPON THE QUACK, JOHN GROVES.**—Mr Justice Perrin sentenced to "nine months' imprisonment" John Groves, convicted at the Limerick assizes of the manslaughter of John Ryan, by administering to him a fatal draught of corrosive sublimate. In passing sentence, the learned Judge delivered a most impressive address upon the audacity of the prisoner and the enormity of his crime, intimating to him and all such charlatans that in future any similar tampering with human life would be visited by the most condign punishment authorised by law.

**DUBLIN HOSPITALS.**—The Corporation of Dublin have unanimously resolved to adopt the most energetic measures for not only securing to the hospitals of the city their grants, but also a restoration of those sums which were some time since withdrawn from them. His Excellency the Lord-Lieutenant is highly favourable to the hospitals having the full enjoyment of these grants as they formerly existed.



## NOTICES TO CORRESPONDENTS.

**\*\*** We shall feel obliged if any gentleman will forward to us a specimen of the "vinegar plant," lately introduced to use.

**AN OBSERVER.**—We suspect that it is nothing more than mucus. Professor Andral it was, who submitted the rice-water evacuations in cholera to the microscope, and found that the flocculent portions resembled mucous globules rather than any other.

**LONDONENSIS.**—We agree with you that the signs of a breach in the Provincial Association are becoming manifest. One of the earliest acts of the Metropolitan Branch is to entertain a question opposed by those who may be supposed to represent the interests and views of the Central Council and the great bulk of provincial physicians. How this will end it is not easy to divine. If the Metropolitan Branch prove refractory, and be determined to exercise a will of its own, what course will those take who represent provincial politics? Will they silently acquiesce? That is suicide. Or will they fight it out? That is destruction to the society. It is evident that should these divisions continue, the political power of the society is subverted, and the journal will fail to acquire support. Is there any possibility of harmony? We do not think so. Legal differences of qualification create opposing interests; and the modes of practice among general practitioners in town and country being also different, a sincere and cordial union of policy is almost impossible. The physicians within seven miles of London and those in the provinces are two distinct classes, and the latter are peculiarly sensitive about their position and claims. The provincial general practitioner snubs the metropolitan for keeping a shop, which the latter cannot live without, so that the elements of peace can scarcely be said to exist.

**SIR JAMES EYRE.**—Communication received.

**J.C.B.**—We can advise nothing better or wiser than the alternative suggested by yourself, to "pass it over."

**AN ASSISTANT.**—There is no society at present that meets your case. We think, however, that it is highly expedient that assistants should form among themselves a friendly society for the purpose of giving relief to those who were out of a situation, or were prevented from earning their living by ill health. We do not believe that qualified medical assistants have now any difficulty in procuring situations. Their salary is also on the average much higher than formerly.

**MR WEBB.**—We cannot find time to answer your questions, which are so numerous that a treatise would scarcely suffice. Be more moderate, and we will be more accommodating.

**J.S. (A Subscriber).**—The matter will be attended to by the publisher.

**MR JAMES B.**—The "Society of Widows and Orphans" is suited to your views. It is the best society of the kind in the profession, and deserves support. New laws are under consideration, so that you should join at once.

**RHEUMATICUS.**—It would be foolish to waste your money on such a nostrum: if you are rich, you had better dispense it in charity; if poor, keep it for your children.

**A CONSTANT READER.**—Harvey lies in a vault in the church of Hemstead, in Essex. We understand that the lead coffin has burst, and that the fleshless head of the venerable philosopher is exposed to view. Are there none among us rich enough to aid in procuring more decent burial for the sacred dust, and to place a suitable memorial over the tomb?

**DAVUS.**—You are facetious in the wrong place, and the laugh might be turned against yourself. We are not personally acquainted with the gentleman: but we believe him to be a person of high respectability.

**B.A.**—The Radcliffe Fellowships at Oxford are worth 300*l.* per annum respectively, and continue ten years; half of which period must be spent on the continent in the acquisition of medical knowledge. The Fellows have chambers in University College; and the election is vested in the Archbishop of Canterbury, the Lord Chancellor, the Chancellor of the University, the Bishops of London and Westminster, &c.

**A SUBSCRIBER.**—We have not tried it, but we believe your statement to be quite correct that coffee destroys the bitter taste of the sulphate of quinine, but it not only destroys the taste for it deteriorates the active properties of the drug too. The fact has been known for a long time, and M. Martin some years ago made some experiments to discover what chemical reactions took place. He found that part of the sulphate united with the tannin of the coffee with which it formed an insoluble compound: another portion united with the fatty oil and vegetable extractive forming a pasty mass, and a third portion combined with the free acids always found in an infusion of coffee. We should not, therefore, advise its employment.

**NEMO.**—We do not advise an action under the circumstances.

**X.Y.Z.**—Communication received. Write to the Secretary.

**ST THOMAS'S.**—Yes. The case has been reported in this journal.

**MR W. R.**—The diploma of the Faculty of Physicians and Surgeons of Glasgow is received by the Board. Your qualifications are good.

**ALPHA.**—Your paper has not reached us.

**A FATHER.**—The object is not such as, under the circumstances, we approve; but Mr Balfour, at the College of Surgeons, will give you

information about the examination. Books and schools are so numerous, and so good, that we cannot make a choice.

**L.S.A.**—There are two examining bodies at Aberdeen, viz. King's College and Marischal College, and no more.

**DR S. THOMSON.**—Communication received.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Is it usual for medical men, residing in a village, to charge for visits independent of medicine? and can any one inform me the best book containing formulæ for medicines best adapted for club and union practice? M.R.C.S.E., L.A.C. (Somerset.)

*To the Editor of the 'Medical Circular.'*

**MR EDITOR,**—I presume it is not your intention to admit the names of any but those who possess English qualifications, into the 'London and Provincial Medical Directory.' Acting under this impression, I beg to call your attention to the name of "Dyster, Frederick Daniel, Tenby, Pembrokeshire, M.D. Glissen, 1843. (Retired)."—Yours, &c., MEDICUS.

**K.Y.L.**—An M.D. Edin., and M.R.C.S. Eng., cannot legally dispense medicines. The Poor-law Board recognise titles as qualifications for office, that are not otherwise strictly legal.

**MR EDWARD W. PRITCHARD.**—Communication received.

*To the Editor of the 'Medical Circular.'*

**SIR,**—The views entertained by Dr Corrigan, on the nature of fever, as detailed in your last Number, are so accordant with the doctrine delivered by Dr George Fordyce more than sixty years ago, in his lectures on the practice of physic, that they may be almost considered as derived from that source. "A fever," says Dr G. Fordyce, "is a disease which affects the whole system, it affects the head, the trunk of the body, and the extremities; it affects the circulation, the absorption, and the nervous system; it affects the body, and affects likewise the mind. It is therefore a disease of the whole system in every kind of sense; but it does not affect the various parts of the system uniformly and equally. This has given great ambiguity to the disease." In your account of the address by Dr F. Winslow to the Medical Society of London, "the benevolent Fothergill" is mentioned as one of the former Presidents. Dr Fothergill was never President of the Society. The celebrated Dr J. Fothergill died before the Society was formed, and the donor of the gold medal was Dr Anthouy Fothergill, who once practised at Bath, and afterwards removed to America. S.

*To the Editor of the 'Medical Circular.'*

**SIR,**—In Number 38 of the 'Medical Circular,' page 234, you tell us that "old Parr, who attained the wonderful age of 153 years, had lived a very temperate and abstemious life," and then follow some "rules of health" of which you say Old Parr was the author. At page 168 (No. 35), you tell us, that Parr only lived to be 152, that he was "guiltless of rules of health or even rustic penmanship," and that he was far from being either temperate or abstemious. Whence this discrepancy? Which is right? The Anatomist or the Herbalist. I have looked about for authorities and cannot find any that support the statements of the latter. Even the Proprietor of the Pills only claims 152 years for Old Parr, and unwillingly admits his vices and intemperance. In all other cases, your herbalist gives his authorities, or rather what he says are such, though I find some of them a great way off his text. But here he gives none. How is this? He who is so insulting and sarcastic to others, must be looked after himself. And now I must ask you another question—viz.: Whether the "Stray Leaves" you are now professing to "gather," have not been long since both gathered and published, verbatim et literatim, in more than one work before you, even to the very arrangement and garnishing. I am glad to find the reckless and vindictive character of some of the remarks in the "Stray Leaves" have already attracted the notice of other correspondents, and I now beg to conclude by reminding you that "he is the greatest enemy to truth, that attempts to support it with falsehood," and that the language of Billingsgate will never do credit to its author.—Yours, &c. W. B.—t, a constant purchaser of the 'Medical Circular.'

Camberwell, March 24, 1853.

[As our motto is "Fair Play," we insert the foregoing communication. Had we remarked any thing "insulting" in the observations of the "Gatherer of the Stray Leaves," we should not have published his articles. With respect to the charge of plagiarism, the author must answer for himself, and we trust for our sakes that he will not fail to do so.—Ed. 'Med. Circular.']

*To the Editor of the 'Medical Directory' for Scotland.*

**SIR,**—I received a note from the Secretary of the Royal College of Surgeons, Edinburgh, stating that "the name of James Anderson, Little Meldrum Tarvis, Aberdeenshire, Scotland," does not appear among the list of the Licentiates in the year 1812.

Further, he states that Mr Anderson does not claim the title of "L.R.C.S. Edin." as he has his letter to that purport.

I shall forward you the Secretary's letter on the subject.

It is of some consequence that this error be corrected publicly, and I hope you will do so in the way you may see most proper.

I have considered it my duty to report the circumstance to you.

I am, &c., George Smith.

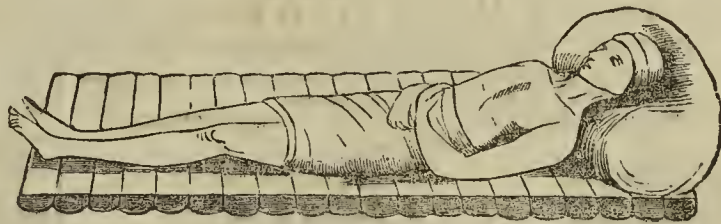
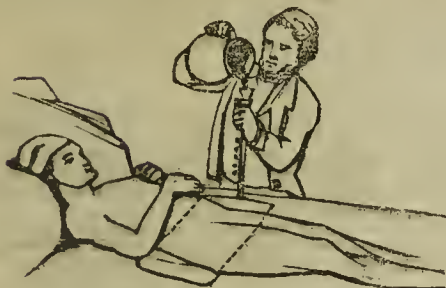
**MR J. COCKLE.**—Communication received.



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Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Cæsar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

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"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

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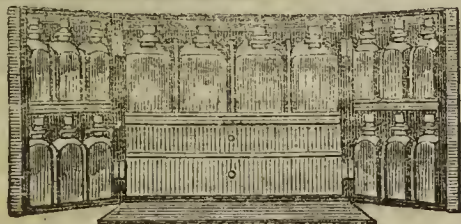
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"We have ourselves seen the remedy applied by Mr Yearsley in several cases of apparently incurable deafness, and the effect produced appeared to be almost miraculous. This happy discovery establishes for our profession another claim to public gratitude and respect."—Leading Article of the 'Lancet.'

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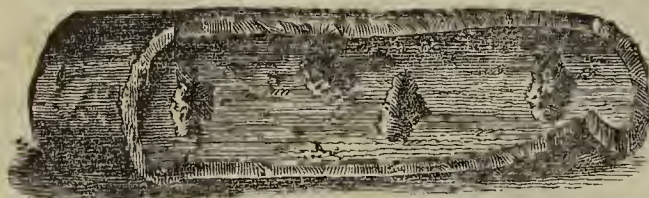
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AND  
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No. 40

WEDNESDAY, APRIL 6, 1853.

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Essayist 'On the Use and Abuse of Aleoholic Liquors,' in writing in a late  
number of the 'Scottish Review' (page 24), after testifying to the enormous  
decrease of mortality in India since Pale Ale in a great measure superseded  
the use of spirituous liquors, and enumerating the cases in which stimulants  
are necessary, goes on to assert his belief that a small quantity of the  
Bitter Beer or Pale Ale taken with the principal meal of the day, does more  
good with less harm than any medicine that the physicians can prescribe.  
The above opinion, voluntarily proceeding from so distinguished a temperance  
authority and celebrated physician, cannot fail to have great weight  
with those who have regard to the preservation of their health, and obtain  
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Allsopp's Pale or Bitter Ales in the very finest possible condition, for, as  
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## The Medical Circular.

WEDNESDAY, APRIL 6, 1853.

### THE WRONGS OF THE UNION SURGEONS.

At this period of the year a few words may fall seasonably on the subject of the hardships suffered by the poor-law medical officers. Who can adequately describe the complicated system of injustice to which these gentlemen are required to submit? The capricious despotism of boards of guardians, the inexorable authority of the Poor-law magistrates, the nights and days of perilous labour, the dishonouring remuneration, the insecurity of office, and the tricks, subterfuges, and impositions of the system, have been the bitter complaints of union surgeons for many years. They have protested singly and in societies; but neither denunciation nor solicitation has availed anything in their favour. Several, as we know, in consequence of the manful defence of their own and their brethren's rights, have been marked by the authorities, and, on a convenient opportunity, quietly deprived of office. Some for having demanded an increase of salary have been compelled to submit to a reduction of the miserable pittance or resign; others have been reprimanded—not a few ousted by competitors—and insult, in every ingenious form cunning could devise, has been added to injustice. Thus the boards have retaliated for the exposures which these gentlemen were instrumental in making of the manifold evils under which they groaned.

What then must be done? Shall the press be gagged because the Poor Law Committee has been silenced? Nay, rather, it is our duty to keep alive a feeling of indignation until the wrongs, whose existence none can deny, have been redressed. It would be idle to describe the fatigues and perils of union practice: they are so obvious as to have become a proverb. The long rides by winter's nights through rain or snow, over bleak hill or moor-land, the exposure to infection, the harass of mind, and exhaustion of body, the duties and the thanklessness of the office have been often recited. The character of Doctor Squills was drawn in a contemporary, and the public read and pitied, but the sympathy cost nothing, and did not add a shilling to the poor's rate. Dr Squills, poor man, was a slave to the public, but no hand was raised to give him manumission; he was scandalously paid, but no philanthropist moved that an increased tax of a single penny in the pound be levied in his behalf: he was snubbed by the Board of Guardians; it was a great shame—and so it was;—but not a single union improved its manners, and gave a voice to the medical officer in the counsels of the Board.

One grievance is especially felt by medical officers at this season of the year—that of submitting to an annual election. In some unions the surgeon once elected is settled for life; but, in the majority, he is liable, every year, to a contest, and the possibility of ejection. After spending, per-

haps, the best of his strength and his intelligence for a salary too contemptible to be called a remuneration, he may, at any moment, by the instigation of personal dislike or party malice, be dismissed from his office, and be placed under a cloud of public suspicion.

A few weeks since we referred to the illiberal conduct of the Tewkesbury board of guardians, and, still later, to the high-spirited resistance of the surgeons of the Bishop's Stortford Union. Such instances of wrong, oftener followed by sufferance than resistance, are constantly occurring, and will occur, so long as the present system of payment is so unequal, and the scale of remuneration so inadequate.

We know one district of a union in this country where the medical officer is by comparison remunerated in a princely fashion—at the rate of *fourteen shillings* per case, and we know another district where the surgeon gets the beggarly alms of *threepence* per case. This inequality is so startling as to command the attention of the most indifferent. But we can give another specimen of injustice equally glaring and more bitter, inasmuch as it occurs among the several districts of the *same union*. We will, for the sake of clearness, put the figures in a tabular form:—

District.	Population.	Acreage.	Payment per case.
No. 1	3,258	9,446	6s. 2d.
No. 2	5,641	15,610	0s. 10d.
No. 3	5,458	2,890	0s. 5d.
No. 4	1,237	5,440	5s. 1d.

Upon what principle can this enormous discrepancy be justified? Why should No. 2, with a population of 5,641, and an acreage of 15,610, be paid 10d. per case, while No. 1, with a population of only 3,258, and an acreage of only 9,446, be paid 6s. 2d. per case? No. 4 is by comparison more richly remunerated still, for with only about one-fifth of the population of No. 2, and one-third the distance to travel, he is six times better paid. These inequalities are irreconcilable by any consideration of difference of ratage for the relief of the poor—the criterion of the liabilities of poor-law medical service.

We have in our possession numerous tables of the same kind, illustrative of the anomalies of the present system of poor-law medical relief; and we intend to present them to our readers at intervals, that correct information may be published upon this important professional and social question. There is not another subject connected with our profession that, in our opinion, more imperatively demands the consideration of our brethren.

### INTRAMURAL INTERMENTS.

THERE seems to be at last some hope that the metropolis will be purged of the abominations resulting from the practice of intramural interment. Lord Palmerston recently stated in the House of Commons that

“The Government were impressed with the importance of carrying into effect the act of last year, and he



had given instructions by which a member of the Board of Health was inspecting, one after another, all the graveyards of the metropolis. In proportion as the reports were received he should take the necessary steps under the act for obtaining Orders in Council for shutting up the graveyards that were reported to be unfit for further use. (Hear, hear.) Judging of the future from the past, he should expect that in a very short period all the graveyards would be closed. (Hear, hear.) In regard to similar measures for the country, there was at present no power vested in the Government for that purpose; but it would require consideration whether, in the course of the session, it would or would not be expedient to ask for any similar powers for the country. (Hear, hear.)

We trust that his lordship will exhibit his usual resolution in this matter, and for ever do away with this disgusting and unwholesome practice.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Lancet,' March 26, 1853.)

### THE PATHOLOGY AND TREATMENT OF LEUCORRŒA.

Dr Tyler Smith continues his interesting observations on this subject. After quoting the anatomical descriptions of the canal of the cervix uteri, by former writers, he gives the results of his own investigations. He describes in the canal of the cervix uteri of the virgin female four rugous columns with furrows between them, deeper posteriorly than anteriorly. In the intervals between the columns he also describes longitudinal folds and transverse rugæ. These particulars are minutely given. He then goes on to say:—

"In the virgin state, the arrangements of the mucous membrane above described occur with tolerable regularity; but after pregnancy and child-bearing they become, to some extent, confused and irregular, though the follicular structure remains. The less regular disposition of the cervix in multiparous women is not to be wondered at, when we consider the great changes which occur from the development of the cervix in pregnancy, and the great dilatation of this part of the uterus during the passage of the child in parturition. Probably it is owing to the great extent of the reduplication of the mucous membrane of the cervix that laceration of the mucous surface of the cervix does not occur more frequently during labour. In pregnant women, or in cases in which the cervix uteri is unusually developed, as in long-standing leucorrhœa, polypus, prolapsus, or procidentia, the rugæ or folds are considerably increased in size, or they are unfolded to a considerable extent. Probably all the rugæ of the cervix disappear during labour from the unfolding of the rugæ, just in the same way as the *columnæ rugarum* and the transverse rugæ of the vagina are obliterated from the same cause. In one case of polypus of the uterus which I examined after death, where the tumour was contained in the fundus uteri, but in which the cervix had shared in the increased growth of the rest of the organ, the rugæ and follicles of the cervix were increased in size. In another case, in which a large polypoid growth was contained in the cervix uteri, the cervix was thinned out to a great extent, and the situation in which the rugæ are usually found was perfectly smooth from the gradual unfolding of the mucous membrane. In the young child the cervix uteri bears a greater proportion to the rest of the organ than in middle life, but the arbor vitæ is seen very distinctly. In old age, the whole of the structures of the cervix and fundus uteri shrink to a great extent.

"If we take a section of a virgini cervix uteri, containing one of the longitudinal columns only, and magnify in nine

diameters, we obtain a clearer insight into the glandular structure of the cervical canal. The transverse ridges now stand out with great prominence. Besides the primary rugæ, each fossa is seen to be subdivided by smaller rugæ, from which curved septa, still more minute, take their origin, dividing the principal fossæ into a great number of crypts, arranged like a fine piece of net-work. In each of the fossæ between the primary rugæ, as many as from forty to fifty crypts or laminae may be seen. A cervix of moderate size would show between the transverse rugæ of the four columns alone, with this low magnifying power, from two to three thousand follicular pits. But besides the fossæ between the rugæ, the spaces between the rugous columns and the longitudinal sulci themselves are all seen to be covered by numerous mucous follicles. Small plicæ are everywhere visible, and these are evidently only a repetition of the columnar rugæ, on a lesser scale. This is particularly the case with respect to the larger extremities of the transverse rugæ, all of which are closely studded with mucous pits.

"If a portion of the cervical mucous membrane be magnified still further to the extent of eighteen diameters, so as to take only two or three of the primary ridges and fossæ into the field, it will be seen that the rugæ themselves, and even the secondary septa, are covered in the greater part of their length with mucous follicles. The crypts in the furrows are still further divided and subdivided, so as to double or treble the number of follicles and laminae seen with the lower power. In a portion of the cervix, comprising only three rugæ, and their two interspaces, upwards of five hundred mucous follicles were easily counted, so that it is within the limits of moderation to say that a well developed virgin cervix uteri must contain at least ten thousand mucous follicles; indeed, this number is probably greatly exceeded.

"When a longitudinal section is made through the middle of one of the rugous columns, the fossæ are found to extend obliquely and deeply into the substance of the cervix, sometimes to the extent of the sixth of an inch or more, and occasionally mucous openings pass into the centre of the walls of the cervix, and may be seen filled with the tenacious mucus proper to the cervical canal. These irregular cavities are sometimes obstructed, and contain masses of inspissated mucus, the openings leading to the cervical mucous surface having become closed.

"Besides the anatomical arrangements already described, the superficial surface of this part of the mucous membrane of the cervical canal is further increased by the presence of villi similar to those found in the lower part of the cervix. These villi extend to the glandular surface of the canal, and are found in considerable numbers on the larger rugæ, and other parts of the mucous membrane in this situation. Thus the entire organisation and disposal of the mucous membrane lining the canal of the cervix uteri is such as to afford a very large extent of glandular surface for the purposes of secretion. In effect, the cervix uteri is an open gland, and it performs, as will hereafter be shown, all the functions fulfilled by glands in other situations.

"Another purpose served by the reduplications of the mucous membrane of the cervix uteri I have already alluded to—namely, the dilatation of the cervix uteri during labour, without laceration. In pregnancy, the cervix uteri is enlarged considerably by the processes of growth, and in this enlargement the rugæ take part; but nevertheless, at the time of parturition, a large amount of distension takes place during the passage of the fœtus. Without some such provision as that offered by the rugæ of the cervix, laceration of the mucous membrane would be a frequent occurrence. During pregnancy, the rugæ are enlarged and loosened; but when the os uteri is fully dilated in labour, the mucous membrane of the cervix may be felt perfectly smooth, no doubt from the unfolding of the rugous mucous membrane. In this, as I have already said, the rugous arrangement of the mucous membrane of the cervix uteri may be compared to the rugous arrangement of the mucous membrane of the vagina.



"I may here refer to a point which should not be lost sight of, bearing as it does upon the pathology and treatment of leucorrhœa, and some other disorders of the os and cervix uteri—namely, the great similarity which exists between the skin and the mucous membrane of the vagina, and of the external portion of the os and cervix uteri. The resemblances of the mucous membrane in these situations are certainly much nearer to the cutaneous structures than to the mucous membranes of more internal parts. This is particularly the case with respect to the dense epithelial layer of the vagina and os uteri; and the villi of the os uteri are perhaps more nearly allied to the papillæ of the skin than to the villi of the intestinal mucous membrane. The surface of the vagina, and the external portion of the os and cervix, like that of the skin, is constantly acid; while within the cervical canal the surface is as constantly alkaline. These analogies are strongly confirmed by what is observed of the pathological lesions to which these parts are liable, and by the effects of therapeutical applications. It is also well known that when inversion of the vagina occurs, as in procidentia uteri, the secretion of vaginal mucus is suspended, and the epithelial layer of the vagina becomes hard, and similar to epidermis.

"The epithelium found upon the follicular surface of the canal of the cervix is cylindrical and dentated, like the epithelium just within the os. It is also ciliated low down in the cervix, but not at its very lowest part, and the ciliated character is continued into the cavity of the fundus uteri. The villi found in the upper portion of the cervix are covered by dentated epithelium, just as is the case with the villi of the lowest part of the cervix. Mixed with the epithelium of the follicular surface of the cervix, a considerable number of caudate corpuscles are frequently found, each having a distinct central nucleus. These are probably nothing more than altered epithelial particles. The epithelium of the os uteri and external portion of the cervix is, like that of the vagina, constantly squamous; the epithelium just within the os uteri is cylindrical but not ciliated. Various opinions have been held respecting the point at which the squamous epithelium becomes changed for the cylindrical, and also respecting the point at which cilia are first found. The above is the result, however, of the examination of many uteri, made as early as possible after death, so as to anticipate the alteration of the cilia and epithelium by post-mortem changes. The situation in which cilia are first found in ascending the utero-vaginal tract varies a little in different subjects, but I believe it will be found that the transition from squamous to dentated epithelium constantly occurs just at the margin of the os uteri."

(From the 'Lancet,' April 2, 1853.)

#### ON GUNSHOT WOUNDS OF THE CHEST.

Mr Guthrie gives important advice on this subject in the following observations:—

"When a musket-ball fairly passes through the cavity of the chest, the orifice of entrance is round, depressed, dark-coloured, and more or less bloody in the first instance; the orifice of exit is generally more of a rugged slit or tear than a hole. The alarm is great, and the powers of life are much depressed. The wounds may or may not bleed; the sufferer may spit up more or less blood; respiration may be difficult; countenance pale; extremities cold; pulse variable; symptoms dependent on particular constitutions, and circumstances connected with the extent of injury.

"It has been said that balls are apt to run round the body, coming out a point opposite to that at which they entered, without penetrating the cavity of the chest; this, whenever it does take place, is a rare exception to a general rule, dependent on the ball being deflected from something solid, which it cannot penetrate, such as a button, a piece of money, a rib, &c. If the ball runs under the integuments exterior to the fascia covering the intercostal muscles, it is usually marked by a tenderness in its course on touching the part, and a discoloration of the skin. A ball may, however,

run between two ribs for some distance, injuring the muscular structures between them, without penetrating the cavity, in which case, after the first moments of alarm have passed away, the symptoms indicative of a penetrating wound either cease, or do not occur, although those of inflammation of the pleura or lung may, and often do follow, to a considerable extent.

"When the ball cannot be traced, the absence of symptoms after the first period of alarm has subsided, will enable the surgeon to form the surest prognosis; their absence, however, cannot too certainly be relied upon.

"A ball will occasionally rebound from the sternum, leaving merely a black mark; and from the spongy nature of the bone in which they frequently lodge, require the application of the trephine. If a ball should be felt through a wound in the sternum, the broken portions of bone should be removed by the small saw or by the trephine, and the ball extracted.

"An enlargement of the wound, the '*debridement*' of the French, does no harm beyond the pain it occasions, unless there is something to be removed, when it becomes an incision necessary, in many instances, for the removal of extraneous bodies, or for the evacuation of blood, &c. When a wound from a musket-ball appears likely to have penetrated the cavity of the chest, and is too small to admit the end of the finger, it ought to be enlarged, so as to allow of its introduction as far as the ribs, in order to ascertain whether these bones have sustained any injury, or anything is lodged exterior to or within them. It is not necessary that a man should be cut simply because he has been shot; and an enlargement of the wound should be of no greater extent than is absolutely necessary for the purpose intended. When pieces of shells, or swords or lances, are broken off, and partly lodged in the cavity of the thorax, which is more likely to happen when they enter through the large muscles of the back, they will require larger incisions to give room for their removal. Great praise was given of old to Gerard, surgeon in chief of the Charité in Paris, who, perceiving that a small sword, after going through a rib, was broken off close to it, thought it advisable to make an incision through the intercostal muscles into the chest, and then to introduce his forefinger, armed at the end with a thimble, with which he pressed back the point of the broken blade. In a case of this kind, the surface and outer edge of the bone should be removed, until the piece of steel can be firmly seized and withdrawn by a fine pair of pincers or pliers.

"When a ball sticks firmly between two ribs, it requires some care to remove it, as the rib both above and below may be more or less interested, although not actually fractured. The attempt should be made during inspiration, when the lower rib should be depressed, and some thin, but not sharp-pointed instrument like an elevator should be gently pressed round and under the loosest edge of the ball, in order to extricate it.

"When a musket-ball fractures a rib, there ought to be no hesitation about the propriety of enlarging the wound, to allow the splintered portions of bone to be removed. It is possible that in doing this some pieces of cloth or other matters may be extracted, which might glide into the cavity of the thorax, or stick in the lung itself.

"A soldier of one of the regiments on the left of the position of Talavera was brought to me, wounded by a ball in the left side of the breast, which had struck the sixth rib, going out about four inches nearer the back. As the point of the finger indicated the presence of broken bone, I enlarged the anterior wound, and then found that the ball had driven some spiculae of bone into the surface of the lung, which appeared to have been previously attached to the pleura costalis at that part. These being removed, together with a piece of coat which had been carried in with the ball, a small, clear wound was left, which gradually healed up, the man accompanying me on the retreat over the bridge of Arzolispo.

"When the ball impinges with force on the centre of one of the ribs, and passes into or through the chest, the bone is usually broken into several splinters of different lengths,



some of which frequently accompany the ball in the commencement of its course, or are even carried into the substance of the lung, together with a part of the wadding of the gun, or the clothes of the patient. These should if possible be extracted if they can be seen, and the sharp ends of the ribs rounded off. When the ball fractures a rib on passing out of the chest, the splinters are driven outwardly, and should be removed by incision.

"When a ball strikes a cartilage of one of the ribs, it does not punch out a piece as it were, but merely divides and passes through it, bending it inwards, but rarely tearing away a portion. The parts of the cartilage thus bent and turned inwards are to be drawn outwards, and replaced by the end of the finger, a bent probe, or other curved instrument.

"A ball when striking obliquely, but with force, on the chest, will frequently penetrate, and then run round, between the lung and the pleura lining the wall of the chest, for a considerable distance, before it makes its exit. In this case the lung may be only slightly bruised, without the pleura pulmonalis or costalis being more than ruffled. In others the lung shows a distinct track or hollow made by the ball. A shade deeper, and the ball penetrates, and forms not a hollow, but a canal. The patient in all spits blood, and the first symptoms are severe; they frequently, however, subside, and are not always followed, under proper treatment, by effusion.

"When a ball fairly passes through the lung, it leaves a track more or less bruised, and which continues for a time to bleed according to the size of the vessels which are injured, thus making a wound more dangerous as it approaches the root of the lung where the vessels are largest. More or less blood is spit up, or if effused it gravitates in the chest, until it rests on the diaphragm or other most depending part, according to the position of the patient. If it should be in quantity, the filling up of the chest may be ascertained by auscultation, if the wound should be closed. As the quantity of effused blood increases, the lung becomes more and more compressed, until at last the hæmorrhage ceases under pressure, if the wound should be covered; and the patient is saved for the moment, unless he should die of asphyxia, from the lung of the other side being also compressed, through the bulging of the mediastinum on it; to prevent which, if possible, the wound should be re-opened or enlarged, so as to take off the pressure of the effused and perhaps coagulated blood. If the person wounded shall have suffered formerly from inflammation, and the lung has adhered in consequence to the wall of the thorax, at the parts where the ball enters and goes out, the cavity of the chest will not be opened, and the track only of the ball will communicate with the external parts, unless the ball shall have perforated some of the large vessels, when he will continue to bleed by the mouth. The pressure of the blood effused into the track of the ball, and which may become coagulated, will sometimes suffice, under even these circumstances, to suppress the hæmorrhage which the loss of blood, the faintness of the patient, and the weakness of the circulation, under proper treatment, will materially assist in rendering permanent."

Several cases are quoted in illustration of the principles taught; and Mr Guthrie adds—

"These cases are instances of wounds of the upper part of the lung, which are in general more dangerous than those of the lower part, from the vessels being larger, and from the greater difficulty with which any extravasated blood or fluids can escape. They also prove that when blood is poured out in small quantity, it may be absorbed, but what that quantity may be is doubtful.

"In cases in which the external opening or wound does not communicate freely with the cavity of the chest, the principal danger arises from the inflammation of the pleura ending in effusion, which, if not evacuated, leads to the loss of the individual. *It is the great fact to be attended to in the treatment of pistol-wounds of the chest, or those made by small balls which do not pass out.* All the persons I have seen die from small balls have died with the affected cavity more or

less full of fluid. The post-mortem reports of all persons killed in England in duels by wounds through the chest, unwittingly attest this fact, as well as the insufficiency of the surgical treatment they received, and the necessity, for the future, for its amendment. It is in these cases that the stethoscope is most valuable—its frequent use indispensable. When the respiratory murmur ceases to be heard, except at what is the upper part of the chest, whatever the position of the patient may be, it is full time to enlarge the original opening, or to draw off the fluid by the trocar and cannula."

#### CASE OF INTUS-SUSCEPTION.

Mr Perrin reports the following case:—

"An infant, aged three months, came under my care on the 26th of February, 1853. The history of the case, as stated by the mother, was as follows:—Previously to this attack the child had been remarkably healthy; but at two o'clock A.M. it had been seized with a fit of convulsions, which soon, however, passed away. Slight vomiting then occurred. About three hours from this time the bowels acted, a healthy evacuation being passed, soon, however, followed by a discharge of blood, accompanied with straining efforts. In the evening, at which time the case first came under my notice, the countenance presented a peculiar expression of distress, or rather of extreme anguish; the skin cool, but not unnaturally so; the abdomen neither hot nor tender to the touch. Ordered, tincture of opium, six minims; chalk mixture, an ounce and a half; one drachm every four hours.

"Feb. 27th.—Appeared about the same as yesterday; the straining and the sanguineous discharge still continue. The child continued much in the same state till the evening of the 28th, when it died, fecal matter being vomited about two hours before that occurrence.

"*Post-mortem examination.*—On opening the abdomen the ileum was found much distended both with fecal matter and air; the stomach quite empty and collapsed; the cæcum, ascending and transverse colon, with a portion of the ileum, had passed into the descending colon, as far as the sigmoid flexure; the intus-suscepted parts were in a high state of congestion, with patches of extravasated blood here and there."

(From the 'Medical Times and Gazette,' April 2nd, 1853.)

#### CASES IN WHICH PUS IS FOUND IN THE URINE.)

An interesting lecture on pus in the urine, by Dr Todd, is reported in the 'Medical Times and Gazette.' We quote the following remarks:—

"Suppose a specimen of urine is brought to you in which pus is suspected to exist, how do you proceed to detect the pus? and how can you distinguish it from other deposits which we know to the naked eye present appearances not unlike those of pus? The remarks which I shall make on this point will apply to those cases in which we have a fair amount of pus present,—a quantity, in fact, sufficient to form more or less of a deposit evident to the unaided eye.

"Urine containing pus, then, generally exhibits a certain cloudiness or muddiness, so that when you hold it up to the light you cannot see through it; the clear, transparent appearance of the healthy secretion is absent. If you have an opportunity of inquiring into the circumstances under which this urine is passed, you will find it has been muddied from the moment when it was passed, and that it had not become so after standing for some time. This constitutes another distinctive character of urine containing pus, and enables us to distinguish it from lithate of ammonia, which sometimes forms a deposit that exhibits much of the general appearances of pus; for the urine from which the lithate of ammonia is deposited is always perfectly bright and clear when first passed, and becomes turbid only after it has cooled, the lithate of ammonia being perfectly soluble in the secretion while warm. Hence you should always be particular to ask the patient if his urine is clear when passed, unless you have an opportunity of seeing and testing it yourself; but this we are frequently prevented from



doing, and it becomes important, therefore, to gain as much information as possible with reference to this very important symptom. If the urine be clear when passed, and becomes muddy only after standing, we may lay it down that the turbidity depends upon lithate of ammonia, and not upon the presence of pus.

"Purulent urine, besides possessing this muddiness, has also this character,—that after a time a deposit from it collects at the bottom of the vessel, and forms a layer, varying in thickness (according to the quantity of pus present), of a yellowish green material, which has a creamy consistence. This deposit leaves the supernatant fluid more or less clear, according to its greater or less completeness; but frequently the urine continues to hold a certain quantity of pus in suspension, which leaves a certain amount of turbidity or milkiness in the supernatant fluid. If the urine be allowed to stand for some time, this greenish layer of pus undergoes certain changes, by which the decomposition of the urine is brought about; and the fluid soon becomes alkaline, owing to the presence of carbonate of ammonia, which is caused by the decomposition of the urea. At the same time, the alkali, thus developed, re-acts in a peculiar way on the pus, which is observed to become thick, viscid, and ropy, and to lose its minutely granular appearance, becoming more or less transparent, and forming what has long been described as glairy mucus. It has been found that potash (and I believe the observation was first made by Dr Babington) also reacts in this manner upon pus, and, in consequence, it becomes a valuable re-agent to enable us to detect the presence of this substance.

"I have said that purulent urine is always muddy; but this is not a character by which we are enabled with certainty to say whether a given specimen contains pus. Urine may be muddy from other causes; I mean, urine may exhibit a muddy appearance as soon as it is passed from the presence of other deposits besides pus. Phosphatic urine is also muddy, and often much resembles purulent urine; but generally it appears paler than the latter. After phosphatic urine has been standing for some time, a deposit is always found just as occurs in purulent urine; but, in the former, the deposit is usually white instead of being yellow, and is flocculent and light instead of being thick and heavy. We also observe this very important difference between these two forms of deposit, that the addition of a little acid renders the phosphatic urine perfectly clear, while it increases the turbidity of the other. This reaction will always enable us conclusively to distinguish between a specimen of urine muddy from the presence of pus and one which is rendered turbid by the precipitation of phosphates. Phosphatic deposits are all readily soluble in dilute mineral acids, and are precipitated again from the acid solution by ammonia. Purulent deposits are not dissolved by dilute acids; but frequently the turbidity is increased, owing to the precipitation of a little albumen from the liquor puris. Another distinctive character of urine containing a considerable amount of phosphate is, that it is usually, though not always, alkaline; while purulent urine more frequently exhibits a slightly acid reaction, at least when quite fresh, or it may be neutral; but we do not frequently meet with urine of this description of a strongly acid reaction, unless the patient is taking large quantities of mineral acids at the time. Then, as I mentioned to you just now, we have in alkalies a most excellent and easily-applied chemical test, which will enable us with certainty to discriminate between these deposits; and liquor potassæ has been found the most convenient alkali which we can use for the purpose, as it will keep well, and requires no great profundity of chemical knowledge in its application; and, so far as I know, is not open to any sources of fallacy.

"There are other points distinctive of urine containing pus. If we apply heat to the clear fluid after the subsidence of the deposit, it will coagulate, and the amount of coagulation which takes place will be in direct proportion to the quantity of pus present. This will take place if the urine be acid; if it be alkaline, you must acidulate it before heating it. The albumen is derived from the liquor puris,

and hence purulent urine is always albuminous, and it is albuminous because purulent.

"For an additional and unequivocal test of pus, you must look to its physical constitution. Pus consists of two essential parts, the *liquor puris*, and the *pus globules* which are held in suspension in the former, just as the blood-corpuscles are suspended and float about in the liquor sanguinis. The *pus globules* or *pus cells* are to be recognised by the microscope. If a specimen of urine contain albumen, it may be derived from the liquor puris, and may, therefore, be indicative of the presence of pus, or it may be due to the escape of serum only, as occurs in Bright's disease and in nephritis. This point may be at once settled, as regards the presence of pus, by examining a drop of the turbid urine under the microscope, when we shall not fail to recognise the pus corpuscles if pus be present in the urine. These particles are somewhat larger than the red corpuscles of the blood, and differ from them in shape, being globular, while the latter are biconcave discs. They much resemble the colourless corpuscles of the blood, but appear darker and more highly granulated than the latter. This granular appearance seems to be owing to the presence of numerous highly refracting molecules in the pus corpuscle, which are doubtless of a fatty nature; and to them, most probably, the change which occurs on the addition of liquor potassæ is due, the fatty matter being converted into a soap by the alkali. When treated with acetic acid, the pus corpuscles exhibit two or three circular bodies in the centre, having much the appearance of oil globules. Some corpuscles are found to contain three or four of these bodies; others two; and in some, only one can be detected. The presence, then, of particles like these will enable you to distinguish pus from all other deposits which occur in the urine.

"We have also to distinguish the pus deposit from deposits of mucus. Mucus seldom forms a distinct stratum, like pus; if viscid, it is so when acid; but pus exhibits the glairiness, which renders it liable to be mistaken for mucus, only when it is alkaline. If we examine mucus under the microscope, we shall not fail to detect more or less of epithelium, and the so-called mucous particles in small numbers, which, doubtless, are incipient pus corpuscles. Mucus, again, does not react, like pus, with solution of potash, and it is soluble to a great extent, in acetic acid."

Dr Todd then directs attention to the various sources from which the pus may be derived. The following observation deserves to be borne in mind:—

"One point in reference to this matter, which will be very important if future investigation will confirm it, is due to my friend, Dr Beale, who thinks that, in those cases in which the pus is derived from the bladder, ureters, or pelvis of the kidney, triple phosphate is almost invariably present; but in those instances in which the pus is due to an abscess in the kidney, or to the presence of an abscess situated external to the urinary passages, and communicating with them, the crystals of triple phosphate are almost always absent."

The diagnosis of the various forms of disease is lucidly given.

#### CASES OF HÆMORRHOIDS TREATED BY NITRIC ACID.

Dr William Cooke of Trinity square reports a series of cases of Hæmorrhoids cured by the application of Nitric Acid. We will reproduce the last case of the series: the preceding ones recovered without any unpleasant results.

"A gentleman, about 36 years of age, married, and having a family, and engaged largely in business requiring activity, became the subject of what was considered prolapsus ani. Always after relief from the bowels he suffered considerably, and occasionally the protruding part became inflamed, when surgical assistance was required. He had been advised as to various plans of treatment, but none had been successful in curing the disease. At length the sphincter lost, to some extent, the power of controlling the parts, so that they would sometimes descend by a sudden muscular effort, and occasion great inconvenience. Under these



circumstances. the patient had recourse to a supporter, the pad pressing rather strongly on the anus. The instrument was very well made, and answered its design, keeping the patient tolerably comfortable so far as exercise was concerned; but it was still a formidable thing to have relief for the bowels. On account of the proceeding it required, and the length of time during which uneasiness remained, it was usually sought in the evening, when business was over. Warm water and a soothing or astringent lotion were required. The protruded part was sometimes irritable, and not unfrequently bled. It was often necessary to wait a considerable time before the part could be returned, and the instrument applied.

"I had known for some years of the existence of this gentleman's trouble, but was not specially consulted about it until 1851. At the end of July he requested my advice. It was not in this case necessary, as in some others, to give opening medicine to bring the offending parts into view, for, on the removal of the instrument, a little straining brought them fully down. The surface of the protruded part was nearly as large as the palm of the hand,—three, if not four inches in diameter,—made up of a cluster of hæmorrhoids,—some large, others small; some parts red, and others livid. The mass stood out prominently. In its inequalities and form it gave me much the idea of a large love-apple. The gentleman was willing to undergo any measure I would recommend, and had familiarised himself with the means commonly used in the extirpation of these affections,—viz., excision, ligature, and caustic,—and required me to discuss with him the advantages and disadvantages of each. For reasons it is needless to detail, the latter form of treatment was preferred.

"On the 1st of August, with the aid of my son, Dr W. M. Cooke, the nates being well separated, I applied very concentrated nitric acid to the whole surface. The pain was very severe, of course, and continued for 15 or 20 minutes. I then carefully returned the parts, and the patient went to bed and took an opiate. His bowels remained quiet for two or three days, and on having relief only a small protrusion occurred. On the 6th, he took a rhubarb and magnesia draught, and some sloughy and bloody matter accompanied the motion. Slight irritative fever with sickness ensued, and was relieved by effervescing medicines. At about the end of a week there was considerable discharge, and for two or three days slight erysipelatous inflammation surrounded the anus; poultices were applied. At the end of a fortnight acute pain was felt beneath the point of the sacrum and coccyx, and after a day or two a swelling presented at the posterior part of the anus. Fluctuation became perceptible, and the swelling was punctured, and there flowed out about two ounces of a most offensive mixture of pus and blood. Tonics were now prescribed. The discharge from the abscess continued for two or three days, gradually losing the fetid odour. From this period no inconvenience, except debility, was suffered. At the end of the month the gentleman went to Dover, partly to expedite the recovery of strength, but in part to superintend works in progress. No inconvenience has since been suffered, and, of course, as there was the non-necessity of artificial support, the use of the instrument was most gladly avoided.

"Some doubt has been entertained whether the acid acted by coagulating the blood in the pile, or by producing sloughing of the coats. In the more severe of the preceding cases, it was evident that partial destruction took place; in the milder cases that result was doubtful, in consequence of there being no opportunity of subsequent examination."

(From the 'Association Medical Journal' April 1, 1853.)

#### TREATMENT OF ERYSIPELAS AS A LOCAL ACUTE DISEASE.

Mr Higginbottom, the author of the paper, says,

"From the commencement of my treatment of erysipelas with the nitrate of silver, I have considered it a local specific disease; and this view appears to be supported by the speedy

subsidence of the fever, as soon as the local disease has been subdued by the application of the nitrate of silver.

"Erysipelas may be considered as the result of a poison, *sui generis*. It remains at first like a small patch on the side of the nose, cheek, or elsewhere, and makes often no progress for twelve or twenty-four hours, continuing so long as to generate its own poison, which is then carried into the system; and at this period, the constitutional symptoms commence.

"The following are my reasons for believing that erysipelas is a local disease; which I wish to repeat.

"1. If erysipelas makes its appearance on the face without constitutional disturbance, the prompt application of the nitrate of silver alone is sufficient to arrest and subdue the disease.

"2. If fever and constitutional symptoms come on before the appearance of erysipelas, the simultaneous use of the nitrate of silver and constitutional remedies cut short the disease, and the patient is convalescent in three or four days. But, if constitutional remedies alone are used, and the nitrate of silver neglected, the disease will commonly run its usual course.

"3. If the erysipelas and constitutional disturbance come on simultaneously, the prompt use of both the nitrate of silver and the constitutional remedies arrest and subdue the disease. If the nitrate of silver is omitted, the disease runs its usual course.

"4. Whether the disease be idiopathic or traumatic, the erysipelas has the same characteristics. The inflammation spreads and produces the same dire effects; first, on the skin; second, on the cellular tissue; third, on the mucous and serous membranes. Both the idiopathic and the traumatic erysipelas are cured by the same means.

"Of course, the disease is often mild or aggravated, according to the healthy or unhealthy state of the patient, whether temperate or intemperate. I have always found consumers of alcoholic drinks most difficult to cure, in erysipelas as well as in all other diseases; and if they were banished altogether from medical practice, acute disease would be sooner cured, and chronic disease would be more manageable.

"I do not believe in the occurrence of metastasis in erysipelas. That distant parts are affected in erysipelas is true: but this appears to me to be caused by the extension of the disease, and by the specific poison of the erysipelas carried into the system.

"I would make an observation here which I have often insisted upon; viz., that in all cases a strong solution of nitrate of silver should be used—one scruple of the nitrate to one drachm of distilled water. I not only use this strong solution, but also rub the stick of the nitrate of silver on any particular part where I wish it to be well applied. I have attributed the failure of this excellent remedy in the hands of some surgeons to the use of a weak solution; and this I have named, with other causes of failure, in my *Additional Observations*, page 19. In an excellent paper by Dr W. S. Oke, published in the 'Association Medical Journal' for January 21st, 1853, p. 53, 'On Erysipelas,' etc., he mentions a surgeon who has used the nitrate of silver successfully, with a solution of one scruple of the nitrate of silver, six drops of the nitric acid, and one ounce of water. I am sure such a weak solution cannot be depended upon. I never knew a very free application of the strong solution, or the stick of nitrate of silver, 'produce the destruction of the *eutis vera*,' or be attended with any ill consequences."

Cases are given in illustration.

NORTHERN DISPENSARY, EUSTON SQUARE.—Two physicians are to be elected for this institution on the 4th of May, in the place of Dr Manson, deceased, and of Dr Goodfellow, resigned.

FRIGHTFUL MORTALITY AMONGST EMIGRANTS.—The 'Ticonderago' arrived at Australia a complete hospital with fever, having, besides, lost 180 passengers by death during her voyage.



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**Monthly Journal of Medical Science.**—(No. CXLVIII. April, 1853.)—Dr C. Black on the Pathology of the Bronchio-Pulmonary Mucous Membrane. (With Woodcuts.) Professor Syme on the Improvements which have been introduced into the Practice of Surgery in Great Britain during the last Thirty Years. Mr John Struthers' Anatomical Considerations on the Mode of Action of Local Blood-Letting in Affections of the Internal Viscera. (With Woodcuts.) Dr J. M. Duncan on the Theory of Menstruation in Early Pregnancy, Superfoetation, and the Site of Insertion of the Ovary. (With Woodcut.) Mr J. Grant's Monthly Report on Cases treated in the Reginald Hospital, 79th Highlanders, during the month of January, 1853. Headland on Therapeutics. Professor Bennett on Clinical Medicine: I. Functional and Organic Diseases of the Stomach. 2. Dysentery.—Gangrene of both Lungs. 3. Pathology of Inflammatory Gangrene. 4. Treatment of Rheumatism by Lemon Juice. 5. Effect of Posture in Removing Passive Congestion of the Lungs and Chronic Pneumonia. Professor Simpson's Inaugural Address to the Medico-Chirurgical Society, on the Modern Advancements in Practical Medicine and Surgery. Mr F. C. Donders on the Application of the Eye Speculum to the Diagnosis of Eye Diseases. Professor Harting's Mode of Determining the Optical Power of a Microscope.

**Lancet.**—(No. XIV. Vol. I. April 2, 1853.)—Mr G. J. Guthrie's Lectures (XIII) on Some of the More Important Points in Surgery. Mr J. W. Perrin on a Case of Intus-susception.—HOSPITAL REPORTS.—King's College Hospital: Complicated Dislocation of the Os Calcis, carrying with it all the Bones of the Tarsus, with Pott's Fracture of the Fibula; Death; Autopsy. St Mary's Hospital: The Case of Uterine Epilepsy in which Tracheotomy was performed. St Bartholomew's Hospital: Femoral Hernia in an Epileptic Patient; unusual situation of the Tumour. (With an Engraving.) Mr Lawrence's Case of Malignant Tumour of the Dura Mater. Middlesex Hospital: Tumour over the Parotid Gland; Removal. (With an Engraving.)—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: Case of Gangrena Senilis successfully treated by Amputation of the Thigh. Medical Society of London: Stricture of the Uterus after Delivery; Instance of Aneurism of the Aorta, breaking into the Right Auricle; Mass of Uterine Hydatids (so called). LEADING ARTICLES.—The Proposed New Charter of the Royal College of Physicians: Deputation to Lord Palmerston. The Lunacy Bill of Lord St Leonards: The Regulation of Proceedings under Commissions of Lunacy. The "Third Year's Student," and the Abuses at St Bartholomew's Hospital. The Prosecution of Qualified Practitioners by the Hull Medical Protection Association. The Success of the Analytical Sanitary Commission.—THE ANALYTICAL SANITARY COMMISSION.—Drugs and Pharmaceutical Preparations: Jalap, and its Adulterations. Biographical Sketch of the late M. Orfila.

**Medical Times and Gazette.**—(No. CXLIV. April 2, 1853.)—ORIGINAL LECTURES.—Dr Todd's Clinical Lecture on Cases in which Pus is found in the Urine; delivered at King's College Hospital. Dr A. W. Hofmann's Course of Lectures (V) on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain.—ORIGINAL COMMUNICATIONS.—Dr William Cooke on Cases of Hemorrhoids treated by Nitric Acid.—HOSPITAL REPORTS.—King's College Hospital: Scirrhus Cancer of the Breast; Excision; Recovery. St Bartholomew's Hospital: Scirrhus of the Breast at an unusually early Age; Scirrhus Cancer of the Male Breast; Excision; Recovery: Circumscribed Cancer of the Breast; Excision; Recovery; Fibro-Plastic Tumour of the Breast; Excision; Appearance of Scirrhus Cancer in the Cicatrix; Second Excision; Scirrhus of the Breast; Excision; Recovery. (With Engravings.) Guy's Hospital: Treatment of Chronic Abscess of the Breast and Milk Fistula; Employment of Iodine Injections. Scientific Lectures. List of Scientific Meetings.—EDITORIAL ARTICLES.—The New Medical Reform Bill. The Testimonial System. Surgeons to Emigrant Ships. Memoir of the late Robert James Graves, M.D., M.R.I.A., &c. Medical Reform Bill: Deputation to Lord Palmerston.—REVIEWS.—A Text-Book of Physiology. By Dr G. Valentin. Translated and edited from the German Edition, by William Brinton, M.D. Urinary Deposits; their

Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., &c.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Gangrenous Metastasis from the Lungs to the Brain; A Case of Perforating Sore of the Duodenum: The Employment of Tannin in Gonorrhœa; Inoculation with Pus from a Venereal Sore for the Cure of Inveterate Venereal Disease.—REPORTS OF SOCIETIES.—Pathological Society of London: Primary Scirrhus of the Peritoneum; Scrofulous Deposit occupying the Right Optic Thalamus, and the Right Crus Cerebri, &c.

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A System of Phrenology. By George Combe, 5th edition, revised. 2 vols. 8vo, (Edinburgh), cloth 15s.

On Lithotripsy and Lithotomy. By William Coulson. 8vo, pp. 404, cloth, 8s.

Fallacy of the Art of Physic. 8vo, boards, reduced to 6s.

Elements of Psychology, Part 1. By J. D. Morrell. Post 8vo, pp. 330, cloth, 7s. 6d.

Inflammation of the Breast and Milk Abscess. By Thomas William Nunn. 12mo, pp. 60, cloth 2s. 6d.

The Book of Nature: a Comprehensive Introduction to the Natural and Physical Sciences. From the German of Professor Schoedler with numerous additions, by Henry Medlock. First Division; comprehending Physics, Astronomy, and Chemistry, with above 200 engravings, post 8vo, cloth, 5s. Second Division, cloth, 5s. 6d.

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## THE ANATOMY OF QUACKERY.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. XIV.

#### CHING'S WORM LOZENGES.

It is a melancholy fact, that thousands of our unfortunate and too confiding fellow-creatures are annually and prematurely torn from society and precipitated into eternity, through a fatal reliance on the assertions of quacks, and the efficacy of quack medicines. Ailments which might be cheaply and promptly relieved by timely professional aid, in their early stages, are allowed to gather strength, to pass, as it were, through the processes of incubation to full development, and to acquire a power and vigour, to combat which human efforts are vain. The reliance, faith, insane confidence in some favourite nostrum, has immolated *multitudes* on altars of their own creation. Weeks, months, years, perhaps pass on; much money is spent—enormous quantities of worthless pills or cordials taken—and what are the common results? The catarrh has ripened into a “galloping consumption,” the fits of dyspepsia into confirmed marasmus, the summer diarrhæa into gastro-enteritis, atrophica, or tabes. The victim becomes too ill to follow his usual pursuits and avocations. He feels at length alarmed, and justly so. He seeks the aid of a duly-qualified medical practitioner, and, alas! he seeks too often in vain. His malady is too deeply rooted to admit of a cure; his constitution is too deeply injured to give the skill of the physician fair play. All human efforts for his relief prove abortive. Death becomes preferable to his wretched existence; and he dies as truly a suicide as he who destroys his life with a bullet or a razor. The latter individual is, however, punishable by law—the former is regarded by the government of enlightened England as a good citizen, whose crimes against society are fully compensated by his contributions to the public treasury. The patent medicine stamp is a license for assassination; its price—the blood-money of victimised millions.

But enough! Let the quack compound and vend his nostrums,—let him kill and cure as many as he chooses. Why not? It is a “legal” calling. Let mature and reasoning manhood swallow these poisons, if he wills. Why attempt the profitless task of arresting the hand of the suicide, or of tearing the victim of his own weakness from the brink of the precipice? Let him rush on. One grain from the beach-sand will not destroy the equilibrium of a world. Even so! Admonitions are gifts which are usually thanklessly received, and are as often converted into weapons of offence against the donors. We accept the consequences, and will pursue our mission. For the present, however, we will leave the mature in intellect and years, to *poison* themselves, if, forewarned, they are determined to pursue so reckless a course. We have now a few words to say in behalf of the infantile and juvenile portion of our population, who are, of course, not merely under the control and management of others, but are also incapable of rescuing themselves from the victimisation and *slaughter* to which their unoffending ranks are constantly subjected. The whole catalogue of “worm lozenges,” “worm cakes,” “soothing syrups,” “carminatives,” “cordials,” “infants’ preservatives,” and the like, which are so speciously puffed off as *mild* and *efficacious remedies*, proper to be administered to infants and children of *tender age*, are, in fact, merely NARCOTIC and MINERAL POISONS in disguise. It has often been our lot to witness the disastrous effects of these nostrums among the children of the lower classes of society. In the great manufacturing districts especially, a very large number of early deaths may be traced to the use of these medicines, whilst the cases of disease, imbecility, and deformity resulting therefrom, are beyond calculation. The soothing, soporific nostrum, is also a common instrument of “murder” in the hands of the wretched parent, guardian, or nurse.

Idleness or drunkenness, on the one hand, and the unholy desire of robbing the death-club of the burial fee on the other, are the common causes of this misery and crime. Let those who doubt our word visit, as we have done, the abodes of the poorer and more degraded classes in this modern Babylon, or in Liverpool, Manchester, Glasgow, Dublin, Bristol, or Exeter. We invite inquiry in support of our assertion. We possess a record of facts, that leave the wildest dreams of the romancist immeasurably behind them. We could verify the poet’s words—“truth is strange, stranger than fiction.” But truth is frequently neglected and unwelcome. Milton has justly said—“Truth comes into the world like a bastard, to the ruin or destruction of its parent.”

The administration of narcotic nostrums to infants and children is not confined to the poorer and more ignorant classes of society. The practice is also common in the families of the middle classes, and covertly, and with impunity, in the mansions of the nobility. The effects in each case are of the same character, although they may differ in degree. The motives which induce the practice are also of varied culpability, but always censurable.

With reference to the various nostrums sold under the denomination of “worm lozenges” and “worm cakes,” we can only assure the reader that they are not only *carelessly prepared*, but *dangerous compounds*. They nearly all contain *large quantities* of MERCURY, which is usually combined with jalap, or some similar purgative. We have now before us some pamphlets and papers on the melancholy results of administering these lozenges to children, in which several deaths are recorded, some of which were made the subjects of coroners’ inquests. We select the following for the reader’s perusal:—

“On Sunday and Wednesday Ching’s worm lozenges were administered, according to the directions, to my unfortunate child, and on Friday, the 9th, he was in a high state of salivation. Medical assistance was immediately called in, when he was pronounced in imminent danger, from the effects of mercurial lozenges. Remedies were immediately applied, and all the aid that medicines could afford resorted to, but without effect; for the mouth ulcerated, the teeth dropped out, the hands contracted, and a complaint was made of a pricking pain in them and the feet, the body became flushed and spotted, and at last black; convulsions succeeded, attended with a slight delirium; and a mortification destroyed the face, which proceeding to the brain, put a period (after indescribable torments) to the life of the little sufferer, on Sunday, the 1st instant, twenty-eight days after he had taken the poisonous lozenges. This shows how cautious people ought to be in administering quack medicines.”

An inquest being summoned by W. W. Bolton, Esq., the coroner for the district, and the evidence of the medical gentlemen adduced, the jury returned a verdict of “Poisoned by Ching’s worm lozenges.”

The unfortunate little sufferer was a fine boy, three years of age, the son of Thomas Clayton, of Hull, an agent for the lozenges, who, suspecting his child to have worms, with the “kindest intentions” administered the medicine. The injured and bereaved parent, instead of being able to bring “the poisoners of his child to justice,” was much persecuted, “and was himself threatened with a prosecution for daring to proclaim his wrongs.” Indeed “legal proceedings were instituted against him,” but were not followed up by Mr R. Ching.\*

Gentle reader! the infant son of the late Mr Thomas Clayton is not the only victim to “worm cakes” and “worm

\* On the tomb of the before-mentioned unfortunate child, in the burial-ground belonging to the church of Holy Trinity, at Hull, is the following inscription:—

“In memory of Thomas Huband Clayton (Verdict by an Inquest taken January 3), POISONED BY A PATENT QUACK MEDICINE,

“W. W. Bolton, Esq., Coroner.

“Geo. Bramwell, Deputy Town Clerk.

“And he would not for awhile, but afterwards he said—I will.—Luke xviii, 4—5.

“But his blood will I require at thine hand.—Ezek. xxxiii, 8.”



lozenges." Many, very many cases, equally painful to reflect on, as the one just referred to, have occurred within no great length of time from the present period. It has been truly said—

"Of all the direful nostrums which have been fostered on the public, those of the vermifuge class rank foremost for their deleterious properties. They are invariably composed of mercury, which ought not to be put into the hands of the ignorant; and being generally recommended as safe and opening physic for children, have precipitated thousands of infants to an untimely grave."

We will add one other case only in proof of the occasional violent action of calomel on children, and consequently, of the dangerous character of that drug in the hands of the pretender to physic. "A boy of four years of age was labouring under peritonitis. One grain of calomel was administered three times a day, and an aperient dose of calomel and jalap was given. On the fourth day its employment was stopped in consequence of the violence of its action. The cheeks were enormously swollen, the gums sloughed; necrosis of the alveolar process of the lower jaw on each side occurred, and portions of the bone with the teeth came away. The child ultimately recovered in about twelve months; but the jaws even now cannot be separated, and the patient is obliged to suck his food through the apertures left by the loss of bone." The case was attended by the late Dr Thomas Davies and the late Mr Edwin Quekett, and all the skill that medical science and human experience could command was brought to bear upon it.

Of the composition of "Ching's Worm Lozenges," it may be remarked that their active ingredients are calomel and jalap. We believe they originated with a Mr Ching who died about the beginning of the present century. They then fell into the hands of Mr R. Ching, and Mr R. Butler, of Cheapside; the latter of whom manufactured them under the name of the widow of the former proprietor, to whom he allowed a small share of the profits. They afterwards, we understand, became the sole property of the quack medicine house in Cheapside.\*

## HISTORY OF THE MEDICAL PROFESSION AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

BY WILLIAM FARR, ESQ., M.D., F.S.S.

CHAPTER III.—A.D. 1400—1711.

(Continued from Number 38.)

However classical his Latin may have been, in English prose Caius fell far short of Bulleyne, when he discourses in the 'Dialogue of the Plague,' how "wittie Chaucer satt in a chaire of gold covered with roses, writing prose and rime, accompanied with the spirits of many kynges, knyghtes, and fair ladies." Sir Thomas Elyot defends the practice of writing upon physic in English.

"If phisitions be angry that I have written phisike in Englishe, let them remembre that the Greeks wrote in Greek, the Romans in Latyne, Avicenna in Arabike, which were their own proper and maternal tongues; \* \* \* but, although they were Painimes and Jewes, in this part of charitye they farre surmounted us Christianes, that they would not have so necessary a knowledge as phisicke is, to

be hyd from them that would be studious about it."\* Gale, Woodall, and Wiseman, addressed surgeons in their native tongue, but the publication of their works in English met with considerable opposition; the narrow-minded were scandalised at the revelation of the mysteries of the trade, and the selfish absurdly fancied that it might interfere with their profits. "The last, and very worst of all sorts," exclaims Clowes, "are those that with open mouth stand upon the tiptoe, saying, with many puissant and forcible reasons, away with all these books and bookmen, for they have made our arte too common!" †

Scientific works had unquestionably a better chance of a European circulation in Latin than in English; and all the readers and libraries in Europe scarcely took copies enough to remunerate the Caxtons of the sixteenth century. But patriotism sought to create native readers, and could not address the people on subjects of vital interest in a cold, foreign tongue; the language born with the thought was banished from religion by the Roman church, under the colour of Cosmopolitanism; and physicians, like the priests, concealed their Scriptures from the people. They had their mysteries and their "foolish things" hallowed by a dead language. But why, Caius and his Latin followers may have been asked, do you not abandon the foolish things in your theories and your prescriptions, so repugnant to the common sense of Englishmen? and if you dissent from the judgment of the multitude, why not convince the multitude of error? No; Latin is your costume; you are in dread lest your art should become too common. You have something to conceal from mankind, and have not faith in your own rectitude. Printing was discovered in 1540, and began to be applied extensively in the sixteenth century, but it could contribute little to the popular diffusion of medical science so long as the Latin language was employed. How much would the medical practitioners now scattered all over the country read, if no English journals existed, and all the books were in Latin? Who can tell the influence which the translations of the Bible had upon the English mind? What would have been the result of similar translations of Hippocrates? If Sydenham had published his works in English, he would have set a noble example, that would have been its own reward; for it would have rendered him less likely to confound the envious murmurs of a Faculty with the voice of mankind. Translations of several important works existed at the beginning of the eighteenth century. A rapid survey of the progress of medicine, then, leads to the result that innumerable new facts and new principles were established in medical science; but that they were never successfully applied in the treatment of disease, or made popular before the close of the seventeenth century.

The superstitious treatment of the sick began in the remotest antiquity; it attained its maximum in the Norman period, and only disappeared before the dawn of scientific practice. The Saxons had charms, spells, and talismans: they dreaded witchcraft, and quailed under the evil eye. Prayer, anointing with oil, and the imposition of hands, were introduced by the Roman missionaries; the Christians resorted to the shrines of saints, as the heathen frequented the temples of Æsculapius. A similar practice was adopted, and similar cures were performed. A considerable proportion of the early English history is taken up with miracles, and nearly all the miracles are of a therapeutical nature. Oswald (A.D. 648) shone, as Bede tells us in his history of England, by miracles of virtue after his death; upon the spot where he fell fighting for his country against the pagans, the recoveries of the sick—et hominum et equorum—did not cease to be celebrated.‡ Dunstan, and other talented monks, carried the practice further. They embalmed the bodies of their great men; the tomb was opened after the lapse of a few years; the corpse was found in good preservation; the

\* FOR THE YELLOW LOZENGES.—R. saffron, 4oz.; boiling water, 1 pt., infuse and strain; to the clear liquor add powdered white sugar, 25lbs.; calomel, 1lb.; make a mass with mucilage of gum tragacanth, and divide into 7,000 lozenges.

FOR THE BROWN LOZENGES.—R. powdered white sugar, 11½lbs.; calomel, 8oz.; crude resinous extract of jalap 2lbs.; mucilage of tragacanth; to mix. For 7,000 lozenges. The greatest possible care is necessary to incorporate the heavy calomel with the light powdered sugar, so as to diffuse it equally through the mass. The dose is one to six of the yellow lozenges over night, followed by an equal number of the brown ones next morning. The former contain one grain of calomel each; the latter half a grain and 2 grains of extract of jalap each. Dr Paris states that each brown lozenge contains only one grain of resinous extract of jalap; and Gray 2 grains. We believe the form given above to be correct, and to closely resemble the original lozenges as specified under the patent.

\* 'The Castell of Helth, corrected, and in some places augmented, by the fyrste author thereof, Syr Thomas Elyot, Knyght,' A.D. 1541.

† 'Approved Practise for all Young Chirurgeons,' by W. Clowes, Master in Chirurgerie, 1688.

‡ Hist. Ang. p. 112.



pure body was declared incorruptible, the odour of sanctity pervaded its imperishable fibres. Legends were written, and the people flocked to the shrine in search of relief from their ailments; cures were recorded, and a report was forwarded to the Pope, claiming the saint's canonisation. The halo of divinity rested upon the bones, and clung even to the ashes.\* It must be admitted that the worship of these saints was often the adoration of great men; and who could deny the virtue of immortal memories? All the large ecclesiastical establishments had saints, and all the saints worked miracles. It was natural that Canterbury should excel the monasteries and the other cathedrals. Thomas Becket, the first Saxon archbishop, who withstood the Norman Henry, and fell under the hands of assassins, was the great Saxon saint. He was murdered between the Christmas and New-year's-day 1170, and buried east of the undercroft. About Easter Gervase relates that the blessed martyr, by way of prelude, displayed his virtue, and performed certain minor miracles. First at his tomb, then in the church, and at last all over England; whoever called upon his name was cured, whatever the disease might be, under which he laboured. *Quibusdam etiam genitalibus abscisis et oculis effossis nova membra restituit, aliisque morte jam deposita vitam redonavit.* In Christchurch, Canterbury, two volumes of these unequivocal miracles were preserved.† St Thomas was canonized by Pope Alexander III, March 13, 1172, because in all England the virtue of his miracles was redolent. Under the primacy of Langton, St Thomas was translated, and "gloriously enshrined." The archbishop provided forage, and the pipes and conduits ran with wine. It was the first jubilee (1220). In spring and summer thousands resorted to Canterbury; the love of travelling, and society; the splendour of the cathedral, and spiritual indulgences, enhanced the attractions. In spring, Chaucer sings:—

"Than longen folk to gon on pilgrimages,  
And palmere for to seken strange londes;  
And specially, from every shire's ende  
Of Englelond, to Canterbury they wende,  
The holy blisful martyr for to seek,  
That hem hath holpen, when that they were seke."‡

A great fair was held at Canterbury, on July 7th, and the jubilee was celebrated in July, August, and September, every fifty years. In this season 100,000 persons assembled. The only road for people north of the Thames passed near "St Thomas's Spital;" and there the poor pilgrim lodged, or was provided for in case of sickness. The *Taberde Inne*, Southwark, was the lodging-house of the higher class of Canterbury pilgrims. The *bordelli* of the bishop of Winchester were in the vicinity; and there is reason to fear, from the Canterbury Tales, that as much sin was committed as expiated at these *Holy Fairs*.

Several holy wells were also the scenes of miraculous cures. St Winifred's well in Flintshire was much celebrated;

it engaged the pen of Bishop Fleetwood; and Dr Milner, so late as 1806, published the miraculous cure of Winifred White, unquestionably one of the best authenticated medical miracles on record.\* This spring rushes like a river from the earth; and in a picturesque spot was well calculated to attract attention. The blind, lepers, and other diseased persons, were restored by drinking the water, or bathing in the holy well. Mothers cast their sickly children into the stream, and took them out whole. Agues and burning fevers were cured. Sir Roger Bodenham had a leprosy in the legs, after a tedious quartan: he applied to several physicians, and at last submitted his case to the College of Physicians, who wrote, that if the course which they prescribed had no effect, there was no cure in nature. He bathed in the miraculous fountain, and became as sound as a child newly born (1606). He and his family in consequence became catholics. St Winifred was esteemed the author of these miracles; and the powerful monks of Shrewsbury, after much opposition, translated her precious relics, in the year 1137, to that town, where the miracles continued. The Bollandists candidly avow, in the *Acta Sanctorum*, that the lives of the Irish and Welsh saints are downright monstrous (plane portentosa). The legend of Winifred is not an exception. "In her tender years, Jesus sweetly disposed her, by St Bueno's discourses, to love his service. She was full of graces. Her stature was well proportioned, her face was matchless, her modesty equalled her beauty. Winifred watched whole nights in the church, either kneeling or prostrate before the altar, where she imagined that she was in the presence-chamber of her immortal spouse. Contemplation raised her admiration; so that to hear Jesus Christ only named brought tears of joy into her eyes. Cradocus became enamoured of her charms, and attempted to seize her person: she ran towards the church; the prince pursued her hotly, till love grew rage, when he severed the head from her body, and it fell upon the *dry valley*. The spring gushed forth upon the spot. She slowly arose as one awakened from sleep: a streak, like a red thread of silk, was observed upon her neck. Winifred died, abbess of a monastery; and, after violent convulsions, breathed out her soul in a 'pure act of intense love.'"

The principle of the division of labour was applied to the saints. St Sebastian cured the plague; St Petronel, fever; St Macurine, frenzy; St Maire, the scab; St Genow, the gout; St Clare, sore eyes; St Appolonia, the tooth-ache. So many teeth of St Appolonia were distributed as amulets against tooth-ache that they filled a tun. Some of the Roods wrought miracles in an extensive way. "Commend me," exclaims Fuller, "to the cross of the Priory of Benedictines at Bromholm, in Norfolk. By this cross, thirty-nine dead men are said to be raised to life, and nineteen men restored to their sight."†

(To be continued.)

\* 'Acta Sanctorum;' 'Alban Butler's Lives of the Saints;' 'Matthew Paris,' and all the earlier chroniclers.

† Hist. Ang. Script. x, p. 1417.

‡ Chaucer. 'Prologue to Canterbury Tales.'

\* 'The Life and Miracles of St Winifred,' by Dr Fleetwood, Bishop of St Asaph. 'Translation of her Life,' by Robertus Salopiensis, by J. F., a Jesuit; and a re-impression by an unknown person. 'Life of St Winifred,' in the Cotton Library.

† 'Church History,' 1655, book vi, sec. 5.

## NOTICE.

### OUR BIOGRAPHICAL SKETCHES

Having proved a most attractive feature of the Journal, it is our intention, so soon as a sufficient number shall be collected, to reprint them in a separate volume, so that the important facts they contain may be recorded in a permanent form, and a book of useful and interesting reading provided for the profession.

## TOXICOLOGY.

IN the FORTHCOMING NUMBER of the 'MEDICAL CIRCULAR' it is intended to commence a series of papers on the above important subject in all its more useful bearings in connexion with the medical profession. The papers will embrace a full account of

### POISONS

(their history, chemistry, effects, antidotes, and tests, together with the appearances presented on *post-mortem* examinations in cases of poisoning, the preparations of the antidotes, &c.).

The arrangement and condensation of the subject will be such as to render it suitable to the wants of the busy practitioner and to meet the emergencies which frequently occur.



## Biographical Notices.

THOMAS FARQUHAR CHILVER, ESQ.

(Vide 'London Medical Directory,' 1853.)

JOHN CHIPPENDALE, ESQ.

Mr Chippendale has been moving for many years among professional circles in this metropolis; and, to our eye, looks nearly as juvenile now as he did twenty years ago—thanks to a face peculiarly smooth, and an expression of softness and content that it will take a good deal of provocation to disturb. We speak of the outer man; whether Mr Chippendale be or be not satisfied with his achievements in the way of fame or practice, we do not presume to decide. This gentleman's name cannot be unfamiliar to the readers of the debates in the London Medical Society, where he is a frequent speaker. He rarely expatiates at any length, but interjects observations upon most subjects of great or little importance. He is the type of a class annually increasing, whose members the 'Lancet' gravely rebuked the other day for their supreme contempt of logic and style. The 'Lancet' might have done better, and Mr Chippendale and his friends done much worse; yet the former would have gained no credit and the latter lost none.

Mr Chippendale is an amiable, much-respected man, and we believe he deserves the kind opinion of his friends. He has been for fifteen years Surgeon to the Farringdon General Dispensary, and was formerly Lecturer on Anatomy, Physiology, and Pathology, at the Hunterian School of Medicine. A disruption of several of the teachers took place here last session, and Mr Chippendale joined the malcontents, though we believe the passions elicited by the *fracas* did not very deeply agitate his spirit. He became a Member of the College of Surgeons in the year 1835, and an Honorary Fellow in 1843. He has contributed to the 'Lancet' "A Statistical Account of the Dispensaries of the Metropolis;" "Catheterism in Diseased Prostate Gland;" also papers on the "Use of Tobacco in Neuralgia;" and on the "Flap Operation for the Removal of Tumours." He also has published in the same Journal on "Cholera," and "On Amputation of the Ankle-joint." He resides at 10 New Cavendish street, Portland place.

A. BAIN CHISHOLM, ESQ.

JOHN FRANKS CHITTENDEN, ESQ.

JOS. CHOLMONDELEY, ESQ.

(Vide 'London Medical Directory,' 1853.)

WM. CHOWNE, M.D.

(A Portrait and Biographical Sketch of this gentleman have already appeared in the 'Medical Circular'.)

JAS. STANLEY CHRISTIAN, ESQ.

ROBT. CHRISTIE, ESQ.

(Vide 'London Medical Directory,' 1853.)

JOHN CROUCH CHRISTOPHERS, ESQ.

This gentleman has bestowed much attention on Syphilitic Diseases, and lately published on this subject a work which was noticed in our Journal. His views in the main are in conformity with those of the more recent writers on this disease, and his little brochure is creditable to his ability. He has also published a series of papers on Syphilis, also "On Inoculation in the Diagnosis of Ulcers and Discharges invading the Genital organs." Besides his labours in this speciality, he has published on an "Operation for Nævi by a single Ligature," and on an "Operation for the Radical Cure of Hernia." He became a Member of the College of

Surgeons in the year 1840. He resides at 8 Upper Montagu street, Montagu square.

HY. CHURCHILL, ESQ.

HY. CHAS. CLAPHAM, ESQ.

WM. CLAPP, ESQ.

HENRY FREDK. CLARE, ESQ.

BENJN. CLARK, ESQ.

(Vide 'London Medical Directory,' 1853.)

CHARLES CLARK, ESQ.

The subject of this memoir was born in the North of Ireland, and having received a classical education at the Redemon Academy, under the Rev. W. Nelson, qualified himself for entering the medical profession by previously undergoing an examination in Greek and Latin at the Apothecaries' Hall, in 1825. In 1826 he was apprenticed to Dr Murray, of Belfast, now Sir James Murray, of Dublin, and underwent the usual drudgery of the "pestle and mortar" system of education for four or five years. In 1833, '34, '35, &c., he attended the classes at Trinity College, and the College of Surgeons, &c; and gained the prize for the practice of Medicine, and a certificate in Chemistry. About this time the Anatomy Act was passed, and Sir James Murray being at that period Physician to the Marquis of Anglesey, then Lord-Lieutenant of Ireland, was made Inspector of Anatomy under the new act. Mr Clark being appointed Assistant Inspector, nearly the whole practical duties of working out the act devolved upon him, and few are aware of the caution and prudence required, and the difficulty and even danger he encountered in introducing this act for the first time amongst such an excitable population as that of Dublin, and one proverbial for its veneration of the dead. Under the able management, however, of Sir James Murray, and the Anatomical Committee formed from the chief teachers of Dublin, all was carried out pretty smoothly, and the schools continued to be supplied with subjects both better and cheaper than in the days of the resurrectionists, for nearly every grave was at that time watched by the friends of the deceased armed, and two of the resurrection men were shot whilst rifling a grave just before the act came into operation. Now, after many years have passed away, it is one of Mr Clark's pleasing reflections and reminiscences of that excited period, that he was chiefly instrumental by his vigilance, aided, indeed, by the prosecution of one of the offenders, in breaking up the old resurrection gang, and putting a stop to such nefarious practices.

Being Assistant-Inspector of Anatomy gave him great opportunities of study, of which he availed himself with avidity, and became well known in the Dublin schools for his practical knowledge of the subject. Hence he passed his examination at the Hall with *eclat*, in 1834, and the London College of Surgeons in January, 1836.

Soon after his examination at the College he made a voyage to India, the Cape of Good Hope, St Helena, &c., and on his return, in 1837, commenced practice in the Hampstead road. This, however, he was obliged to relinquish in consequence of ill health, after carrying it on about two years, and was thus unfortunately torn from his moorings at the very outset of his career, and once more compelled to go afloat for the recovery of his health. This time, however, having obtained an appointment as surgeon in the West India steam-packet service, and having passed an examination at the Navy Board, instead of the East he steered his course to the West, in the "Dee," and joined the "Actæon" at Barbadoes, in February, 1842. Here, as surgeon of this little vessel, he continued to sail, or rather steam, about a thousand miles a week amongst the beautiful scenery of the West India islands, from one end to the other; and from Surinam, in Dutch Guiana; Berbice and Demerara, on the coast of South America, as far north as Vera Cruz



and Tampico, in the Gulf of Mexico, until every feature of the landscape became as familiar to him as the streets of London. At Paramaribo, the chief town of Surinam, the Actæon being the first steamer ever seen, was a source of great wonder and delight, the *white, black, and yellow* gentry availing themselves of the tickets of admission issued by the agent in great numbers, and when shown over her rosewood and gilded saloon, expressing their admiration in mute astonishment.

In November, 1842, Mr Clark delivered a lecture on "*The Pleasures and Advantages of Scientific Knowledge*" to a numerous assembly in Bridgetown, in aid of the funds of the Barbadoes Literary Association, for which he received the public thanks of that body, and was elected an honorary member. At the close of the lecture the nitrous or laughing gas was administered, for the first time in Barbadoes, to the infinite delight of the "*true Barbaadians baarn*." At the Danish island of St Thomas, on the morning of February 8th, 1843, he felt the shock of the great earthquake which then occurred, and which shook the whole chain of the West India islands from one end to the other, and of which he has given an accurate and graphic description in the '*Times*' of March 9th, 1843. Mr Clark was subsequently transferred to the "*Severn*," and made several voyages with Captain Vincent, father of young Vincent, who made such a fortunate and heroic escape from the burning "*Amazon*." Worthy scion of a noble sire!—though a pilot's son of Falmouth. Finding time creep on, and becoming tired of being buffeted about the world, he resigned, and finally retired from the service at the close of 1843, having quite recovered his health.

Mr Clark now anxiously sought for a resting-place, or rather starting point, for his future labours, and at last cast anchor at Notting hill, where he still remains,

The public slave of all  
Who do him the honour of PAYING a call.

Mr Clark has both written and spoken a good deal on medical reform, as those gentlemen familiar with the progress of medical affairs must be aware.

#### FREDERICK LE GROS CLARK, ESQ.

Neither the literature nor the practice of Surgery has stood still during the last quarter of a century. Some admirable monographs and treatises have appeared during this period, and many valuable operative improvements have enriched our professional resources. Scarcely a week passes that we are not called upon to record some new attempt either of our own or foreign brethren to bring intractable diseases within the domain of rational surgery. Probably there never was a more competitive struggle among scientific Surgeons of all countries than there is at this moment, to simplify the modes of operative procedure and to insure success for their art. At one time, and even within the present century, the effort seemed to be to attain grace in the use of instruments, and to discover ingenuity in their construction. We cannot altogether absolve Sir Astley Cooper from this weakness; but Liston, Guthrie, Fergusson, Syme, Brodie, and several other illustrious rivals, have made the principles of their science a special study, and have succeeded in bringing the art into closer conformity with physiological laws. Much of the elaboration of the old practice is now obsolete: the farrago of ointments has yielded to the water-dressing, and bales of bandage to the slip of oiled-silk: limbs are saved by excision of bones that would formerly have been ruthlessly amputated; mercury in syphilis instead of being the sheet-anchor is coming to be regarded as a quicksand,—a warning as well as a guide. We might continue our enumeration column after column, propounding the teachings of Guthrie on Gunshot wounds, Stromeyer on the Subcutaneous section, Dieffenbach on Squinting, Brodie on the Joints, improving his practice in successive editions—a fine type of the growing intelligence of his age—the "*Sartor Resartus*" of Surgery; and so on until we had framed a list as long, though not we hope as tedious, as Homer's Catalogue of Ships.

This fertility of invention in surgical practice has led to an equal fruitfulness of surgical literature. Physiology also has lent her aid to increase the production, and there are now few young men, candidates for eminence, who do not justify their claims by some published evidence of their talent or their industry.

Mr Le Gros Clark has distinguished himself honourably among this order of men. He is marked alike for independent investigation and literary talent. He has not merely raised himself on the shoulders of another man and thought himself a giant. Translation is not his highest accomplishment nor his best desert. He has published a good treatise on the '*Anatomy and Physiology of the Nervous System*,' and in an humbler capacity has edited Dupuytren's work on the '*Diseases and Injuries of Bones*,' by the request of the Sydenham Society, among whose series it was published. The Medico-Chirurgical Society published in their Transactions a paper by him on '*Plastic Operations in the Urethra*.' He is likewise the author of a report of a '*Case of Cyanosis*,' and of another of a '*Case of Ligature of the Carotid*.'

Mr Clark holds the important office of assistant surgeon to St Thomas's Hospital, where he is also lecturer on anatomy. He is consulting surgeon to the Western General Dispensary. He passed the College of Surgeons in 1833, and became an Honorary Fellow in 1843. He was formerly Secretary to the Royal Medico-Chirurgical Society.

Mr Clark is a good surgeon, and is well versed in physiology, the well spring of his art. His philosophical turn of mind will eventually procure for him a solid reputation. He resides at 24 Spring gardens.

### Reviews.

*On Lithotripsy and Lithotomy.* By William Coulson, Surgeon to St Mary's Hospital. Churchill: London. 8vo, pp. 388.

Phrenologists have mapped out the human cranium into a number of regions which are crowded together almost as closely as the parish churches of London. We are inclined to think that the number of regions, not of churches, may be increased with advantage; for there can be no doubt of the fact, that the variety of aptitudes in the human mind for the conception and direction of important and difficult acts, is much greater than even phrenological writers have ventured to suggest. *Nascuntur poetæ*, says the ancient proverb; *nascuntur lithotomi*, say we. Now we hold, to follow up this doctrine, that Mr Coulson was born a lithotomist. The *vox populi* in this city has already proclaimed him such; and though we do not always accept that voice as the *vox Dei*, yet the publications of Mr Coulson confirm this popular judgment.

Some men—indeed, we may say most men—now-a-days write in order to obtain practice; hence too many of our modern medical works are a *rudis indigestaque moles* of crude and premature speculations. Whatever Mr Coulson publishes cannot be attributed to this necessity; for, to use a vulgar phrase, "his nest has long been feathered." Like a valiant soldier, he continues, notwithstanding his success, to defend the cause of truth, enlarge the domain of knowledge, and devote his leisure moments with as much energy to the cultivation of surgical science as if he had but just commenced his career. The subject of the work now before us, entitled "*Lithotripsy and Lithotomy*," has been well chosen by Mr Coulson. No man, we believe, is better entitled than he is, from his extensive practical experience, to speak of lithotripsy and lithotomy. He is, therefore, in a special manner, privileged to deliver a fair and impartial opinion on the relative merits and demerits of the two operations—an opinion which we the more needed from a competent authority, the operation of crushing calculi in the bladder having never been fairly appreciated in this country.

This want Mr Coulson has undertaken to supply, and he has done it in so clear and familiar a manner, that "he who runs may read." To understand rightly the comparative



value of lithotripsy and lithotomy, it is necessary to draw a parallel between the two operations in their relative difficulties of execution, in the obstacles which oppose their easy performance, in their results, and in the cases to which they are applicable. This is the plan adopted by Mr Coulson; but as the substance of the present volume is composed of lectures originally delivered to the students of St Mary's Hospital, it contains several chapters not especially connected with this parallel, though necessary for understanding the subject in all its bearings. In an interesting historical notice, which appears at least impartial, our author follows the successive steps of lithotripsy, and establishes the right of M. Civiale not only to the discovery of the principle, but also of the means by which it has been carried into practice. In this part of the work we find some curious and original information, relative to the instruments first proposed in this country for destroying calculi by percussion. We do not intend to follow Mr Coulson *pari passu* through his work, our object being merely to draw attention to those parts which are most valuable and novel. Under the former head we would include the chapter on the indications and contra-indications of lithotripsy, which contains in a methodical and complete manner all the information which the practitioner can require on these difficult subjects. The reader will find nothing like this thoroughly practical disquisition in any surgical work in the English language.

Mr Coulson has given the precedence in his work to lithotripsy. This is as it should be. The subject is as yet but little understood amongst us, and the operation is one of foreign creation. With lithotomy, however, we are more at home. Excepting the historical portion, which is familiar to most of us, our author has not left untouched one point connected with this important operation. His manner of dealing with the subject is masterly, and bears the stamp of a sound judgment and a mature deliberation. It may seem superfluous to particularise, but we cannot avoid directing attention to the able manner in which the subjects, "Urethral Lithotomy," "Lithotomy in the Female," and "The Parallel between the different Methods of Lithotomy," have been discussed. The crowning chapters of the whole work, however, are those devoted to a parallel between lithotripsy and lithotomy, and to the statistics of both operations. Upon these two capital subjects, our author has collected together a mass of facts which are not to be found in any other work extant, and he has rendered them available by judicious commentary or illustration.

As for the parallel between the two operations, we have heretofore been compelled to rely on the forgotten work of Mr King, who wrote when lithotripsy was in its infancy, or on the more modern work of Mr Edwin Lee. Mr Coulson enjoys the advantages of being able to deliver an opinion of both methods from extensive personal experience, a duty which he has fulfilled without omitting to take into due account the experience of other practitioners on the same topic.

The concluding chapter, on the statistics of lithotripsy and lithotomy, is a most instructive one. The tables which he has collected are much more extensive than those published by any other writer on calculous diseases, and lead to the gratifying conclusion that the success of lithotomy is much greater in England than in any other country. This is happily illustrated by a quotation from the returns of St Thomas's Hospital, which prove that during a period of twenty-three years the mortality of lithotomy performed in patients under ten years of age was only one in fifty-eight. We believe with Mr Coulson, that modern surgery cannot produce a more cheering and brilliant example of the power of our art over disease.

The statistics of lithotripsy are meagre. Mr Coulson has been compelled to fall back on those of M. Civiale, and regrets that so little has been done towards the advancement of this part of surgical science by English surgeons. "The following is a tabular view of M. Civiale's results:

"1824 to 1846.—Calculous patients, 848; number of operations, 591; deaths, 14; proportion, 1 in 42.21.

"The ages in 512 cases were as follows:

1 to 20 years . . . . .	25
21 to 40 years . . . . .	80
41 to 50 years . . . . .	124
51 to 60 years . . . . .	44
61 to 80 years . . . . .	234
81 to 90 years . . . . .	5

Total . . . . . 512 "

Mr Coulson says: "This table indicates an immense proportion of aged patients; and if the mortality be as stated by M. Civiale, 1 in 42½, the result is of a kind which no lithotomist can pretend to approach.

"M. Civiale's statistics embrace two periods—one from 1824 to 1836, during which 305 operations were performed, and the number of deaths was 7. During the second period, from 1836 to 1846, 276 operations were performed, and the number of deaths was also 7.

"The first statistical publications of M. Civiale were submitted to a committee of the Institute, composed of Larrey, Double, and Boyer, who thought they detected several omissions in them. The report presented by M. Double has frequently been referred to since then, as a proof of want of good faith on the part of M. Civiale; but M. Velpeau and some of our English writers have forgotten to mention, that these identical statistics, together with the proofs in their support, were again submitted to the Institute in 1835. MM. Larrey and Double were members of the committee to which the new documents were submitted. They reported on them, and permitted M. Civiale again to state, but this time without contradiction, that he had lost only 6 in 257 cases. This statement was subsequently printed under the authority of the Academy of Sciences, and we may therefore regard it as correct.

"In the second series of cases the mortality is set down by M. Civiale as seven also. He does not attempt, however, to conceal the fact that ten other patients on whom lithotripsy had been commenced, died. These patients were not included in the general table, because the operation had not been persevered in, the cases, after a few trials, having been found unsuited for lithotripsy. Many may be disposed to think that they should have been comprised in the general tables, and if this had been done we should have had a total of 591 operations and twenty-four deaths, or one in twenty-four; a result with which the most sanguine advocates of the method may be content."

As far as our space has permitted us we have endeavoured thus fairly to lay before our numerous readers the import of Mr Coulson's work, but we strongly advise them to read and judge for themselves. The style is clear and the grasp of the subject comprehensive. We hail the work as a valuable addition to the already valued stock of surgical literature. Such works as these are calculated to confer a great benefit not only to the present but to future generations. In conclusion we can truly say, that the volume is one of no ordinary merit, and should be in the possession of every practitioner who desires to keep pace with the current knowledge of the day. We must not omit to mention that it is illustrated with numerous engravings on wood.

## Original Communications.

### PRIMARY CANCER OF THE LIVER;

SECONDARY DEPOSIT IN THE BRAIN, LUNG, AND INTESTINE  
DEATH FROM CACHEXIA AND EXHAUSTION, WITH LATENT PERFORATION OF THE BOWEL.

BY JOHN COCKLE, A.M., M.D., F.R.C.S., &c.

Mrs C—, of the temperament ordinarily termed bilious, and when in health inclined to corpulency, was 56 years of age at the time of her decease. She had finally ceased to menstruate about three years previously, and up to that period had enjoyed uninterrupted health. She was remark-



able for energy of character and bodily activity, passing a considerable portion of her time in active amusement in the open air. Her general habits were remarkably temperate. She was an only child; her father died young—disease unknown; her mother of strangulated hernia. She was herself the mother of several children, all of whom survive her.

The alteration in the state of her health was somewhat sudden, although unattended by symptoms of any determinate character. She complained of erratic pains (by her considered rheumatic) of the head and hands, loss of strength and appetite, and some uneasiness of the right side and stomach. With the exception of the so-called rheumatic pains, the remaining symptoms were for many months gradually progressive, but in course of time there became as gradually superadded, marked emaciation, depression of spirits, visible tumefaction in the region of the liver, and difficulty in properly evacuating the bowels; indeed, for some time the difficulty was so great, that no relief could be obtained unless in a peculiar position, and on an apparatus of peculiar construction.

This obstruction had been attributed to an internal hemorrhoidal affection; but a careful examination both of the rectum and vagina being subsequently made, completely negated this supposition. In the month of May last she suffered from an attack of jaundice, with increased pain over the right side. During the succeeding months the jaundice gradually subsided, while the other symptoms steadily increased. She had been up to the month of October under the medical superintendence of Mr Nash, of Leatherhead.

In that month I saw her in London for the first time. Her face presented the characteristic expression and tint of malignant disease, her emaciation was considerable, her debility extreme. The appetite was nearly gone, though the tongue was clean and the pulse but little above its natural range. Nor did she suffer but occasionally from either nausea or vomiting; her skin was generally warm and perspiring—her sleep disturbed—her breathing was uncomfortable, and she was at times troubled with a cough. The urine gave from time to time slight indications of the presence of albumen; its gravity was high, its quantity nearly normal, but it did not appear to contain any of the colouring matter, at least of the bile. Complaint was also made of the above-named condition of the bowels.

On a physical examination of the patient's body, considerable swelling was detected over the right hypochondriac, epigastric and umbilical regions. This swelling was apparently caused by enlargement of the liver, which exceeded by nearly two inches its natural elevation in the thoracic cavity, as ascertained by percussion, and below it was, by palpation, detected passing down nearly to the right flank; in the mid region a lower border, thick and indurated, was readily felt at the umbilicus, but its limitation on the left was more difficult to define: its surface was not apparently nodulated or otherwise irregular. On palpation of the remaining surface of the abdomen, a feeling was conveyed as of some small movable tumors in the omentum; but this point was not clearly determined. There was no particular pain or pressure over the kidneys. No fact of importance was elicited with reference to the condition of the thoracic organs: the occasionally embarrassed breathing and cough were rather attributable to the enlarged state of the liver.

After she had been in London a few days, she complained of pain—for the time severe—in the right frontal and temporal regions; her face became flushed, and it was thought by her daughter she was at times delirious. After two or three days this pain subsided, but left abiding strabismus convergens of the right eye. Within a week, and without any marked return of headache, she complained of loss of power over the left arm and leg; from this time she gradually became more helpless and exhausted, and died in state of collapse early in December.

Sectio cadaveris, 36 hours after death. Present, Dr Arthur Leared, of Finsbury circus; and Mr Nash, the medical attendant of the deceased.

Body emaciated, and of peculiar greyish lemon tint—rigor mortis gone—visible enlargement of abdomen—considerable layer of fat over the abdominal walls, as well as nodules in the omentum. The peritoneal sac contained about a pint of discoloured fluid (in which no marked feculent ordure was detectable), and presented appearances both of recent and old inflammatory action. The liver, of immense thickness, weighed between nine and ten pounds, and corresponded pretty accurately to the space determined by percussion and palpation during life. Its outer surface was studded with cancerous tubera of various sizes, the interspaces presenting a modification of the nutmeg appearance; below the surface almost the entire mass of the liver was converted into one uniform mass of cheese-like matter, many inches in thickness, and which gave the idea of its being cancerous matter in a transition stage into some other organic compound. This matter, microscopically examined, contained immense numbers of caudate cells and molecules, or nuclei of various kinds, with fat globules also in large number. The stomach was to all appearance healthy, neither induration nor softening of its tissues being observed. The spleen and pancreas appeared free from disease. The kidneys were rather large and pale, but presented no naked-eye evidence of change. The colon was perforated by cancerous ulceration near its sigmoid flexure. The deposit here partook somewhat of a melanotic character, though from the fusion of the tissues it was difficult to speak with precision upon the exact condition of the parts involved: there was scarcely any surrounding inflammation, and no faecal escape in the sac of the peritoneum.

The uterus was throughout in a state of scirrhus. Cancerous uncircumscribed deposit existed in the upper lobe of right lung, tissue crepitant around. Brain slightly congested, and in a state of ramollissement rouge (cancereuse) at the posterior lobe; and on the cerebral portion of the orbitar plate to its outer side, and connected with the membranes, remaining when the brain was removed, was a mass of recently-deposited encephaloid matter, the size of a walnut.

*Remarks.* This case is not detailed from the rarity of the primary affection, for cancer of the liver is unhappily too common, more especially in females at this period of life; but rather to invite attention to some points in its pathology, which certainly deserve serious consideration. In the first place we find a female apparently in the enjoyment of robust health, and without (as far as could be ascertained) any hereditary or acquired tendency to malignant disease, quickly loses health and spirits about the period of the grand climacteric, which in her particular case was delayed unusually long. Indeed, the casual relation between the two phenomena seems so direct, that the inquiry naturally arises whether the uterus, during its period of functional activity, did not eliminate from the system some compound, which, being afterwards retained and recombined, might act as a poison to the blood. But the very plenitude of health always enjoyed by the patient would be an almost fatal objection to such a supposition, so that we are almost unavoidably compelled to rest satisfied with the fact, that the "critical period" of female life occasionally disposes to the invasion of disease.

Among the earliest symptoms noticed were the pains in the head and extremities; and this again is a point of importance, because though frequently confounded with rheumatic affections, we consider these pains in many cases of impaired health as affording characteristic indications of blood poisoning, and should in all such cases lead to a physical or chemical interrogation of the more important viscera.

*Secondly.* It is rare to meet with such extensive cancerous degeneration of the liver without co-associated cancer of the stomach and small intestine, though the pancreas frequently escapes the wreck.

*Thirdly.* Almost the only healthy portion of liver was the surface crust, yet there was no evidence of bile either in the superficial tissues, or the urine.

*Fourthly.* Although the liver by its immense weight



of study besides their proper department, yet not so as to detract from their professional excellence. Whoever considers the wide compass of medicine, and the number of sciences from which she derives assistance, will not wonder that many of her most ardent votaries cultivate, throughout after-life, the knowledge of one or more of those branches of philosophy, by which they were at first conducted to the understanding of her principles. Thus it is, that they are scarce other than medical men who are the teachers of medicine, not only in her peculiar sphere, but in the whole range of scientific instruction which the curriculum embraces. A predilection of this kind, so usefully indulged, could nowhere be more readily expected than in London, where so many societies of philosophers, and so many collections of materials, are devoted to its encouragement. It is not indeed the least of the praises of this profession, that such noble aids to the furthering of illustrious science, or the cultivation of benign learning, are neither neglected nor despised by men whose every worldly interest depends upon the close pursuit of an anxious practical employment. I think it very probable that many connections between medicine, and her sister studies in literature and philosophy, from modesty perhaps, or misunderstanding, have not been represented by the several contributors of their own particulars to the Directory; and this may not have been merely in the matter of memberships or fellowships in societies, but still more in the point of authorship. We are shown, however, that of the learned societies of London, thirty at least, and these the chief, have augmented their ranks with medical men, who have given them upwards of 270 members in the aggregate, some being joined to two or three different associations. The venerable institution of the Royal Society has eighty-seven of our London brethren among its Fellows, and 148 more are drafted into others of these corporations of science and learning. That which has found most favour in the profession after the Royal Society is the Linnæan; next, the Royal Institution; then the Statistical Society, then the Microscopical, the Botanical, and Ethnological; and in a degree not much less than these the Zoological, the Geographical, Chemical, Geological. The Society of Antiquaries even is not without its supporters, nor the Archæological, and the Society of Arts, the Eclectic, the Royal Astronomical Society, and the Royal Society of Literature. But not to enumerate more than are sufficient to indicate the variety of aspects in which the liberal arts are, to more or less effect, cultivated and encouraged by medical men, we shall further take heed not to omit the Physical Society of Guy's, and the Medico-Botanical, though neither of them may be of so public a nature, or so famous, as many of the preceding.

This may not be everywhere allowed a very clear demonstration of learned zeal or merit; and indeed we are not able for our own parts to give confident assurances that every one who is of this or that association of philosophers does truly labour, or in any way excel, in the particular subjects of its attention. We will assert, however, that the presumption is all on the favourable side, and that this kind of relation must ever be an argument to exalt the professional ranks, which passes as a genuine mark of elevation in other classes of men. But to bring more forcible proof: we have shown from the Directory—which we hardly admit to be an exhaustion of all possible data in matters of this sort—that 87 are Fellows of the Royal Society, and of some others, and that another set of 148 are Members of one or more Societies, which we have mentioned, besides the Royal. Now, it may be seen that of these 235 persons, no small portion are authors or teachers in some branch of knowledge that is the care of their several Societies. But in addition to these eminent classes of associates, who, from the number of other ornaments they have added to this manner of distinction, are to be considered the main support of the learned credit of the profession, there are several other classes to whom it may be appealed. We find about 20 persons, who though not attached to any of the learned societies of London, have fellowship with institutions of kindred scope in other parts of our empire, and in foreign countries: as the Royal Irish

\* In that part of the table where ninety-two are given to St Andrew's, read ninety-one, and at the bottom add St Andrew's, Peru—one.



Academy, the French and American Institutes, the Royal Society of Edinburgh, the Royal Institution of Naples, and the Imperial Geographical Society of St Petersburg. A fair part of these members have issued pledges of their personal industry in literature and science, as well as 50 other individuals whom we have noted for their writings alone, without discovering that they were connected with any such societies.

Again, we can adduce a certain number of persons who have risen to academic titles in arts and philosophy, or approaching them in their attainments, and yet are not medical alumni of those great schools where such high acquisitions are of statutory necessity. This number we do not make greater than 30, which may be far short of the true amount; but we must take it only at that value to which we had sure means to extend it. Then there are to be counted Oxonians, and men of Cambridge, Dublin, and London, with Fellows of the Irish College of Surgeons, who, together, would make a goodly crowd of scholars, which we will yet increase to the sum of 174, since we cannot well overlook, in such a reckoning, Fellows of the Royal College of Physicians.

There yet remains an order of accomplished men, whose learned weight has not entered into any of the previous estimations,—I mean the Fellows of the Royal College of Surgeons—those at least who have said so much for themselves, as that they won the honour by encountering the examination. As this new portal to professional celebrity has on its threshold a considerable criterion of scholarship, we regret the difficulties that have come in our way in endeavouring to ascertain the number of those who have passed in by the normal entrance. Not more than 60 can with security be set down to augment the general sum of learned acquirements; for, finding the fame of F.R.C.S. to sound with different degrees of clearness from different quarters, we were careless to risk our calculations on such uncertain intelligence, and we have probably enumerated some deserving specimens among other ranks of honour, or left them altogether out of the account. This is the fault of history, which now and then delights in puzzling obscurities and deficiencies, even in volumes of greater pretension than the 'Medical Directory.' Of these chirurgical prelates, some are handed down to memory as F.R.C.S. honorary; some F.R.C.S. by examination, and some with the same letters of the alphabet without any further discovery. Let this be as it will: seeing that, among men who have obtained preferments of this nature, we have no desire to search out invidious differences. The responsibility lies with all, who-soever they may be, who have professional advancements in their gift, to deal them out by an exalted standard, and an inflexible measure. The least pliability that is found in the rule, saps all the work which has gone before, mocks the pains of arduous application, and hurls its rewards into the dust.

If there be any who are dissatisfied that the whole of these items of distinction produce no larger amount of the learned than some 560, we shall re-assure them, as we hope, by showing that we have in reserve a strong phalanx, differently equipped indeed, and the time for whose display has not fully arrived. This is a fresh body of above 760 men, whom we have picked from the remaining ranks by a method of choice that has hitherto had no part in our selections; and though some may think the efficiency of these too closely of a medical shade to do much for the kind of honour we have been considering, yet they will at least confess, when they shall see these levies assembled, that no profession among men could easily muster a more brilliant array.

*(To be continued.)*

**INFLUENZA.**—According to the Cape papers, influenza prevailed much at Malmesbury, until the heavy rains cleared the atmosphere. And at Port Elizabeth, all classes, high and low, white and black, are suffering severely from the same epidemic. According to the oldest inhabitant, sickness was never more prevalent there than at this moment.

**MELBOURNE HOSPITAL.**—The latest intelligence left ninety-two men and women in this hospital. Within the preceding month there were six deaths.



## Medical Notes and Queries.

### NOTE.

A GOOD PLAN FOR PROPAGATING THE "VINEGAR PLANT," AND MAKING PURE AND GOOD VINEGAR.—Get a small and fresh plant, and place it in a jar or crock of good size in which has been placed a pound of moist sugar and three quarts of water; cover the top of the jar with a coarse cloth, and let the plant remain in the sugar water for some six weeks, at the end of that period you will have a young plant *under the old one*, and some two or three quarts of good vinegar. Separate the young plant from the old one, and place it in a jar with sugar and water, and so on *ad infinitum*. J. H.

West Regent street, Glasgow.

N.B.—Strain the vinegar through muslin for use, and if you desire *dark vinegar* use some treacle in place of sugar.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

Dr Forbes Winslow, President, in the Chair.

#### ENGORGEMENT OF THE MAMMA, FOLLOWED BY FORMATION OF MILK.

Dr Cormack related to the Society two cases in which engorgement of the mamma followed, in one instance, by formation of milk, had been produced by the action of stimulant applications, viz., in one of the cases, by a bran poultice; and in the other, by a sinapism, which, having been placed on the upper part of the chest, accidentally slipped over the breast during the night. Dr Cormack observed, that, some years ago, Dr M'William and Mr Patterson laid before the Professor some interesting particulars respecting the action of the leaves of the castor-oil plant and of the physic-nut in producing engorgement of the breast and lactation in young and unmarried females. These gentlemen had observed, that the native women inhabiting the islands of the Indian Archipelago applied the leaves of these plants to their breasts for the purpose of producing lactation, and succeeded in obtaining the desired result. Since the publication of these singular observations, it had been generally imagined that the leaves in question exerted a specific action on the mammae by virtue of some peculiar constituent; but, from some facts which had fallen under his notice, and more especially from the two cases he had mentioned, it appeared to him improbable that the properties ascribed to these plants were the result of any special principle resident in their leaves. They belonged, as was well known, to the order *Euphorbiaceæ*, whose most characteristic quality was acidity. Now, this quality alone was, in his opinion sufficient to account for the congestion of the mammae and the subsequent lactation; and he believed that all acrid substances possessed a similar power in a greater or less degree—a view which the action of the sinapism and bran poultice in the cases he had brought forward confirmed. A knowledge of the consequences thus obtained from local stimulation to the mammae might be rendered available in practice. Sinapisms, bran poultices, or other applications of a similar nature, would form useful derivatives in cases of suppression of the menses, whether inflammatory or anæmic. It would of course be necessary to treat the anæmic form with other remedies, as derivation alone would not suffice to relieve it. Sudden cessation of the lacteal secretion, whether arising from cold or other causes, might be advantageously treated in a similar way.

Some conversation relative to this subject ensued, in the course of which Dr Druitt remarked, that he witnessed the employment of the treatment advocated by Dr Cormack in some cases of suppression of the menses, and in one suppuration took place in one of the ovaries, which could be

referred to no other source than to the application of a sinapism to the breast.

Dr Snow Beck read a paper on

#### SUBACUTE INFLAMMATION OF THE UTERUS IN VIRGIN FEMALES; ITS SYMPTOMS, DIAGNOSIS, AND TREATMENT.

The author stated, that the symptoms accompanying this disease were seldom referred to their real cause, in consequence of being seated in parts of the body apparently remote from the affection, and from the menstrual function not being otherwise affected than by the increasing pain which attended it. The disease usually came on slowly and gradually, being indicated by pain in the lumbar region, sides of the abdomen, and inside of the thighs, which at first only existed during the presence of the catamenia, then became increased in degree, and finally existed permanently in these situations, being greatly increased at the menstrual periods. The catamenia appeared regularly, were not increased in quantity or in duration, nor were they preceded or followed by vaginal discharge. After a time, varying according to the individual constitution, the general health became affected, the patient became nervous and languid, with pain at the top of the head, bad sleepless nights, frightful dreams, waywardness of temper, depressed spirits, impaired memory, great irritability, considerable derangement of the digestive organs, and frequent palpitation of the heart, whilst the pulse was not accelerated. The pains attending this disease were frequently considered "an attack of spasms," whilst at other times they simulated disease of some distant organ, and were then known by the name of the disease thus simulated with the word "hysterical" prefixed. These simulated affections of the brain were especially referred to, and one marked case quoted. A young lady consulted him for severe pain at the top of the head, with a feeling of the eyes as if they would start out of the head. She had been ill for some length of time, and had, also, much pain in the lumbar region, sides of the abdomen, and inside of the thighs; the general health was also much disturbed. The pain in the head became greatly increased, was aggravated on lying down, which caused her constantly to maintain the sitting posture, the head being supported by pillows; the head was hot; the light very disagreeable; the pulse accelerated; much thirst; no appetite; she "wished for nothing, only to be quiet;" and constantly pressed the lumbar region and sides of the abdomen with her hands "to relieve the severe pains." She became insensible; was incapable of being roused; the urine and motions passed involuntarily. Bleeding, calomel, and other remedies were employed with only temporary relief. There was, on her own part, great repugnance to the application of leeches to the uterus, but the continued suffering, and another approaching state of insensibility, overcame her prejudices. The leeches were applied, and much relief afforded, both in respect to the state of the head and the pains in the lumbar region and abdomen. Their repetition became necessary, sometimes preceding but especially following the catamenial periods, and under this treatment the young lady recovered her health in a few months. The diagnosis was considered with regard to dysmenorrhœa. This, with other appellations, as amenorrhœa, menorrhagia, etc., was considered as only expressing a prominent symptom, and not as being a disease. For this reason the author would gladly see these terms expunged from the nomenclature of uterine pathology.

*Ulceration of the Virgin Uterus.*—The author was convinced that no such disease had ever been shown to exist, whilst the statements concerning it he believed to be simply a clever trick to gain notoriety. He considered it a painful instance where the whole profession had been disgraced for individual advantage.

*From Ovarian Inflammation.*—The existence of this disease had been greatly overrated; the pain in the erroneously named ovarian region being seated in the walls of the abdomen, and not in that body. This was shown by gentle



pressure increasing the pain, but when continued deep into the pelvis, so as to affect the ovary itself, the organ was found to be in a healthy state.

*From Inflammation of the Vagina.*—This was shown by contrasting the previously detailed symptoms with those indicative of inflammation of the vagina, which were stated to be, pains in the sacral region, round the hips, down the outside of the thighs, behind the pubis, and in the groins; increase in the quantity, and prolonged duration, of the catamenia; vaginal discharges; fullness, throbbing, or shooting pains in the vagina; tenderness in sitting down; pain in passing the motions; and the sensation called “a bearing down.”

The chief cause was considered to depend upon the social habits of our females, who, instead of separating from the world during the menstrual periods, entered into its gaieties as usual, and thus, by disturbing the balance of the circulation, laid the foundation for further disease.

In the treatment much stress was laid upon the importance of ascertaining (a) whether the uterine disturbance was the result of a derangement of the general health, or (b) whether the general condition of the health was the sequence of a uterine affection which still persisted. In the former, nourishing diet, mild stimulants, gentle exercise, and preparations of iron, would be beneficial. In the latter these remedies would be detrimental, by increasing the inflammation, and this especially with reference to the preparations of iron, which appeared to exert a decidedly stimulant effect on the uterus itself. Mild cases might be treated by rest, absence from excitement, regulation of the bowels, and an alkali, with hydrocyanic acid. But, in more severe cases, the application of leeches was indispensable. The leeches might be applied through a small tube, for it was of little practical importance whether they took on the uterus itself or on the upper part of the vagina. The author had not found either calomel or bichloride of mercury of much service; but, after the acute stage was subdued, the preparations of gold, combined with Indian hemp and camphor, had proved of great advantage. Local applications he considered valueless, whilst nitrate of silver or other escharotics, he believed, only created further disease, instead of relieving what had previously existed.

A rather personal discussion followed, in the course of which Mr Clark, Dr Murphy, Dr Tyler Smith, Dr Crisp, and Dr Barnes expressed their strong disapprobation of the language employed by Dr Snow Beck with reference to the practice of those gentlemen who believed in the occurrence of ulceration of the os uteri, and who, if they were mistaken, were certainly actuated by honourable motives, and did not deserve to be charged with upholding a “charlatan trick.”

## DRUGS, AND THEIR ADULTERATIONS.

### JALAP.

The ‘Lancet’ makes the following observations on its analyses of several specimens of jalap:

“On looking over the analyses, it will be apparent that the amount of extractive obtained by digestion in alcohol does not indicate with any certainty the extent of the adulteration; since although the adulterated samples of jalap, as a rule, furnish much less extractive than the genuine drug, yet there are several exceptions to this: thus, in one genuine jalap the extract amounted to 27·36 per cent., and in another to only 19·32 per cent.; while in one adulterated jalap it was as low as 5·37, in another it reached as high as 25·84 per cent., these being the extremes of variation in the quantity of extract. This difference is due chiefly to three causes:

“First.—The quantity of resin and other matters soluble in alcohol varies very greatly in different jalap-tubers, as is apparent from the following analyses:

#### “First Tuber.

“Char.—Soft, resinous, and dark-coloured; not very

heavy, and slightly wormeaten. It yielded 32·56 per cent. of alcoholic extract.

#### “Second Tuber.

“Char.—Firm, hard, rather whitish, and friable. Furnished 10·24 per cent. of alcoholic extract.

#### “Third Tuber.

“Char.—Taken from the same parcel as the above, the characters being similar. It yielded 17·80 per cent. of alcoholic extract.

#### “Fourth Tuber.

“Char.—Heavy, very hard, and of a grayish colour. It furnished 11·08 per cent. of alcoholic extract.

“(The extracts obtained from powdered jalaps, although the results vary considerably, are yet much more uniform than those from single tubers, for in the first case we obtain the average extractive of many different tubers.)

“Second.—If the alcohol employed contain water, a portion of the watery extract, not including gum, is likewise taken up, and so affects the per-centages.

“Third.—The adulterating ingredient used itself yields a portion of extractive.

“With the view of determining the kind of wood so extensively employed in the adulteration of powdered jalap, we have compared it, amongst other woods, with that of liquorice-root, *lignum vite* (or *guaiacum*), *satin*, and *box woods*; and it is probable that, in the majority of cases, the wood employed is that of *lignum vitæ*, or *guaiacum*, which, being a highly resinous wood, yields to alcohol a large amount of extractive, and would thus account for the high per-centages of extract obtained from many of the adulterated samples of jalap.

“We have now to inquire who are the parties guilty of adulterating an important article of the *Materia Medica* in so scandalous a manner. It is evident that the retail chemists and druggists are not the parties who practise this adulteration, since the aid of a powerful pulverising apparatus is required.

“From the analyses given, it is also evident that jalap is not unfrequently supplied by the wholesale chemists and druggists in the adulterated condition in which it is afterwards retailed; but we are not, in the majority of cases, to conclude from this circumstance that they are the parties who practise the adulteration.

“As one of the great results of our now very extensive investigations on the subject of food, we have ascertained that a large proportion of the adulterations met with are traceable to the preparers or manufacturers of the different articles.

“In certain of our reports on food we showed that most of the spices were largely adulterated in a variety of ways. There is no doubt that many of those adulterations were perpetrated by a class of persons known as *SPICE-GRINDERS*. Now, in the drug trade there exists a similar class, called *DRUG-GRINDERS*. It is perfectly evident that an adulteration of the kind pointed out in the case of jalap can only be practised by such grinders, who alone possess the machinery necessary to carry it into operation. The drug-grinders, then, would appear to be the parties guilty of the adulteration described in this report. The wholesale chemists and druggists, however, must not be entirely acquitted, for in many cases they are themselves drug-grinders.

“That the drug-grinders are in the habit of practising many adulterations with various articles of the *materia medica* is a matter of notoriety amongst chemists and druggists, and many members of the medical profession; and various are the statements related of the practices to which they have recourse: thus, it is said to be a common thing to send a certain quantity of an article to be ground, with a request that it may be returned of a weight greatly exceeding that of the article sent. For this statement we believe there is good foundation.

“In the evidence of Dr R. D. Thomson, given before a select committee of the House of Commons appointed in 1838, to inquire into the ‘administration of relief to the poor,’ &c., it is stated, in answer to a question by Mr



Wakley, 'that it is common to send to the drug-grinder eighty four pounds of jalap to be made into a hundred-weight.'

"We have, then, clearly established the fact of a scandalous adulteration in another most important medicine—an adulteration, moreover, to which no reference is made in works on *materia medica*, not even in the most complete work on the subject in existence—namely, that by the late Dr Pereira.

"When to this fact we add certain other considerations, we shall perceive how great must be the variation in the strength and properties of this remedy as daily administered in hundreds of cases.

"Thus, as we have shown, the genuine jalap tuber itself varies greatly in strength, while this again is commonly adulterated with the spurious or male jalap, the purgative properties of which are much inferior to those of genuine jalap. The remedy for this last adulteration is the prohibition of its importation."

### Obituary.

March 30.—FRANCIS BULLIN, Esq., M.R.C.S. Eng. 1825; L.S.A. 1824, at his residence, 26 Farringdon street. Mr Bullin was a very assiduous and attentive pupil of Mr Abernethy, for whose anatomical lectures he for several years made the preparations and dissections, and whose warm friendship in after years it was always his pride to boast. Mr Bullin was quickly rewarded for the diligence and success with which he prosecuted his studies at St Bartholomew's Hospital, by a large and lucrative practice. He exerted himself much and successfully towards the sanitary improvements of the metropolis, and other benevolent purposes, until overtaken by his long and fatal illness. His purse was always open to those who sought his assistance; and his kindness of heart and cheerful intellectual mind, secured him the esteem and steady attachment of numerous friends, by whom his memory will long be respected.

### Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 18th ult.:—Anson Buck, Toronto, Canada; John James Clarke, Hon. East India Company's Service; George James Crouch, Brighton; Henry Guy, London; Edward Jackson, Ecclesfield, Yorkshire; Arthur Trefusis Jones, Brompton Barracks, Chatham; George Moore, Tonbridge Wells; Thomas Mullinex, Camberwell; Charles Ricketts, South Lambeth; William Henry Williams, Crickhowell, Brecon; John Newnham Winter, Brighton. The following gentlemen were admitted members on the 23rd ult.:—Frederick Bethel, Lewisham; Joseph Baldock Butcher, Gravesend; Frederick Charles Cory, Nassau place, Commercial road; Frederick Augustus Cranmer, Fulbourn, Cambridgeshire; Thomas George David Davies, St Andrew's court, Holborn; Benjamin William Gummon, Wrexham, Denbighshire; Octavius William Hofmann, Reading; Joseph Talkeld Johnston, Penrith, Cumberland; John Benson Pritchett, York; William Jasper Rendell, Wadebridge, Cornwall; John Withington Roe, Malpas, Cheshire; John Tibbits, Warwick; Charles Turner, Cawbridge, Glamorganshire.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.—The next classical and mathematical examination for this distinction will take place at the College on Monday and Wednesday next. The professional examination will take place on Monday and Wednesday, the 2nd and 4th of May next.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.—Last year the patients admitted were 3,626, being an increase of 695 over the previous year. The annual expenditure exceeds £1754, while the receipts only figure £600.

THE HUNTERIAN MUSEUM.—It is interesting, as showing the increasing taste for rational recreation at the present day over a former period, to know, that nearly 200 persons visited the above anatomical collection on Easter Monday last, and conducted themselves to the entire satisfaction of the officials.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, 24th March, 1853:—Thomas Fernandez Clarke, Leighton Buzzards, Beds; Alexander Johnston, Birmingham; William Edward Naters, Sandyford, Newcastle-on-Tyne; George Alder Watson, Scarborough, Yorkshire.

HOSPITAL FOR CONSUMPTION, BROMPTON.—The portion of the building completed affords accommodation for ninety in-door patients, and also has every convenience for out-door sick, of whom 100 are daily prescribed for. The new wing is covered in, and when finished will increase the beds to 230. There are at present no less than 176 patients suffering acutely from pulmonary disease waiting for admission. The Marquis of Westminster has consented to preside at the evening festival in June.

APPOINTMENTS.—His Excellency the Governor-General has directed it to be notified that John Smith, Esq., M.D., Professor of Chemistry in the Sydney University, has been appointed to be a member of the committee of superintendence of the Australian Museum.—Mr Carsten Holthouse has been elected Assistant-Surgeon to the Westminster Hospital, in the vacancy occasioned by the promotion of Mr C. G. Guthrie to the Surgeoncy, vice Mr B. Phillips, resigned.—Mr Harvey Ludlow, F.R.C.S.E., has been unanimously elected surgeon to the Metropolitan Free Hospital.

NEW MEDICAL COLLEGE, CALCUTTA.—This magnificent structure has been just completed, at a cost of 20,000*l*. It contains 500 beds, and will be incorporated with the old Police Hospital and Eye Infirmary. One wing of the hospital is for women and children. There are twenty-four wards, each suited to twenty-one patients. The wards are spacious, lofty, and ventilated, and each is supplied with water by cast-iron tubes from four large iron cisterns, on the roof, which are filled by a powerful forcing pump communicating with a tank in the vicinity. On the north side is the council room, and on the south the operating theatre; the Calcutta Municipal Committee, originated in 1835 by Mr J. R. Martin, contributed largely towards the erection of the building, the funds for which were obtained from the following sources:—Old Fever Hospital subscription, rupees 61,248-7-10; New Fever Hospital, rupees 57,771-13-11; donation of Pertaub Chund Ling, rupees 50,000. The hospital was designed by Messrs Burn and Co., architects, and constructed under the superintendence of Major Hugh Frazer, of the Bengal Engineers. Colonel Forbes, of the same corps, designed the plan for the supply of water, and the Marquis of Dalhousie, K.T., laid the foundation stone September 30, 1848.

FEVER.—PORTSMOUTH, March 30.—The *Agamemnon*, 91, screw two-decker, Captain Sir Thomas Maitland, C.B., continues infected with sickness, which, we regret to state, is on the increase. It seems a most remarkable fact, that a vessel infected with contagious fever should have been brought into a thickly populated harbour, and no other means adopted to abate the visitation than merely turning the crew into a hulk, and lashing that hulk to the infected ship, or *vice versa*, and fumigating her. Why has not a board of medical officers been appointed to inquire into the cause of the fever, with the view to its abatement? We believe upwards of 300 of the *Agamemnon*'s crew are still "down with the fever," even at this distant date since her breeding the infection. Sir William Burnett, the Director-General of the Medical Department of the Navy, has opportunely arrived at the port to-day, to institute inquiry personally into this case, and is extending the accommodation within the Naval Hospital at Haslar, for patients afflicted with the class of fever which is going through the *Agamemnon*'s crew. The extraordinary case this ship represents ought to be made the subject of a Parliamentary inquiry.



## Notices to Correspondents.

**A Fellow of the Medical Chirurgical and Pathological Societies** has written us a letter, which, containing some objectionable passages, we abstain from publishing *in extenso*, nevertheless we feel it to be our duty briefly to allude to a portion of its contents. He commences by asking "how long Mr Toynbee means to rest his fame on the labours of others, and pluck laurels from another man's brow?" The question is provoked by a communication recently read before the M.C.S., in which due is at last rendered to the mucous membrane of the throat and posterior nares as the seat of disease in deafness. It is the identical point to which Mr Yearsley has desired to direct the attention of the profession for many years past. In the 'Medical Gazette' of 1840, page 387, is the following passage:—

"Of late years my attention has been much directed to the state of the mucous membrane in deafness, and the result of my investigations has satisfied me that a very considerable majority of deaf persons have the lining mucous membrane of the ear in a diseased condition. The great agent in producing this morbid state is *cold*—sometimes affecting the internal ear through the external passage, but more frequently producing its first effects on the throat, and extending to the middle ear, through the inner or Eustachian passage."—*Med. Gaz.*, Dec. 3.

It is the theme upon which Mr Yearsley has written unwaveringly from that time to the present; and yet this appears to be the gist of Mr T's paper, and even the remedy, nitrate of silver, the sheet-anchor of success in such cases, is enforced. All this is very well, were Mr Toynbee to give credit for the pre-existence of such views in the practice of another; but to advance them under the pretence of originality, deserves exposure and denunciation. Our correspondent then goes on to protest against the quackish frequency with which Mr Toynbee *thrusts his pretended discoveries or improvements upon the meetings of the Pathological and other societies*. He amusingly relates how that gentleman bides his time for a momentary interval of silence to tell his "story of a gun," by adroitly seizing the favourable moment to draw forth from his pocket a carefully dissected malformation or specimen of disease, of the ear, which no member of the society had ever before seen or heard of. So often does this happen, that it has become a bye-word amongst some members of the society—"Now then for Toynbee's gun!"

*To the Editor of the 'Medical Directory' for Scotland.*

SIR,—Inclosed is a letter which I received from the Secretary of the Royal College of Surgeons, Edinburgh, in regard to James Anderson, whose name is in the 'Directory' as L.R.C.S. Edin.

I am, &c.,

GEORGE SMITH.

New Decr, March 28, 1853.

17 Duke street, Edinburgh,

16th March, 1853.

SIR,—In reply to your note of the 1st inst., I beg to state that the name of James Anderson does not appear in the list of licentiates of this college as having received the diploma in 1812. I beg farther to state that in a note which I have received from Mr Anderson, he says that he does "not claim the title of Licentiate of the Royal College of Surgeons of Edinburgh."—I remain, Sir, your most obedient servant, (per John Scott, Secretary, Royal College of Surgeons of Edinburgh), J. CARMICHAEL.

To George Smith, Esq., L.R.C.S. Edin., New Decr.

**O.P.Q.**—The sale of the journal alluded to is grossly exaggerated. When Mr Wyse moved for the returns of stamps in the House of Commons, its proprietor strenuously opposed the motion. Since then, however, the prejudice has been nearly exploded. The issue of stamps to this journal is greater than that to the 'Lancet' or the 'Medical Times.'

**QUIZ.**—The combination will not last long. Both parties must be ashamed of their position, always supposing that they have not outgrown the possibility of such weaknesses. When the press speaks out, one of the parties, we are quite sure, will back out of the alliance. He dare not do otherwise. We are not unobservant or idle, as you suppose,—"neque semper areum tendit Apollo."

**F.R.C.S.** calls our attention to an article in the "New Quarterly" pirated largely from the papers that have appeared in the 'Medical Circular,' on "Food, and its Adulterations." If a "Quarterly" journal commences so disgracefully, it will soon be punished with public contempt. It is not worth further notice.

**A STUDENT.**—1st: Mr Yearsley's work 'Deafness Practically Illustrated,' will perhaps meet your wishes. 2nd: The important word in your second query is illegible.

**A COUNTRY PRACTITIONER.**—Lugol's work on 'Scrofulous Diseases' was translated and edited by Dr Ranking. It may be got from Mr Churchill.

**MR. BAKER.**—Trephining under the circumstances stated would be inadvisable.

**MR. J. H.** is thanked for his kind offer of the vinegar plant, which will be acceptable.

**MR. FREDERICK COLLINS's** communication arrived too late for insertion in this number. It shall appear in our next.

**E. W. P.**—Your case, "Chorea Cured by Guaco," has been received, and shall have early attention.

**Yt. Von VERTINGHOFF.**—Communication received.

[We have much pleasure in publishing the following answer to the charges of a correspondent, whose letter, signed W. B.—t, appeared in our last number. For our own part, we have perfect confidence in the literary integrity of our correspondent; and feel under an obligation to the accuser for the sake of the unequivocal denial his allegations have elicited.]

*To the Editor of the 'Medical Circular.'*

SIR,—A letter signed, W. B.—t, in your last week's number, calls for a reply, the more especially as your correspondent charges the "Gatherer of the Leaves" not only with great inaccuracy in his quotations and statements of facts, but also insinuates that the writer has committed wholesale plagiarism of the grossest sort. And first, as to the alleged inaccuracies, and the specimen of one of them adduced, relative to old Parr's age, and his "rules of health." In the 'Lives of Eminent British Physicians,' (Fam. Lib.) at page 45, it is stated (in the account of Harvey), that Parr died "at the age of 153 years," and that "his usual habits of life had been most sparing." In Dr Graham's 'Account of Persons Remarkable for their Health and Longevity,' (2nd edit., pp. 61, 2), the year, but not the month of Parr's birth is given, viz. 1483, and as he died Nov. 14, 1635, he may possibly have been nearly 153 years complete at his death. Dr Graham says, "His chief rules for longevity are well known:" and then follow those quoted in the "Leaves," in the very words; so it does not appear that the "Gatherer" has been so very inaccurate in this instance; spite of the omission of the reference to these authorities, of which Mr B. complains. Your correspondent, who takes a fancy to call the compiler of the 'Leaves' by the not over-appropriate designation of 'the Herbalist,' then says that he finds that some of the quotations are "a great way off his text," but he does not favour us with any examples of "corrigenda." The writer, however, believes that by far the greater number of them would be found to be correctly given, with perhaps one or two exceptions, in which they may have been slightly altered to adapt them to the context. That some of the remarks with which the quotations in Quackery have been "garnished," are sarcastic, "but not insulting," I will allow. They were intended to be so. Plain speaking is not always very palatable; but I believe the profession are pretty well agreed in their opinion of mesmerism, homeopathy, &c.; and any allusions to them in the pages of journals devoted to legitimate medicine are not likely to be of a very complimentary order, though without exactly any of the language of Bilingsgate that your correspondent chooses to charge them with, second-hand. I presume it must have been some of the mesmeric touches that have stirred up Mr B.'s wrath. Surely poor Old Parr and his "rules" had little to do with it.

And now, Sir, for the more serious charge or insinuation of plagiarism. Mr B. ventures to ask you whether the 'Stray Leaves' "have not been long since both gathered and published, *verbatim et literatim*, in more than one work before you, even to the very arrangement and garnishing." That this bold, and if wholly unfounded, certainly insulting insinuation has the least truth in it I positively deny; and I call upon your correspondent to prove his words, and to point out the work or works in which these papers have previously appeared, in anything at all approaching their present form, arrangement, or dress. The 'Leaves' have been collected by me in the course of years of general reading, at leisure hours, having been copied into my scrap-book as I met with them, as various of my literary and medical friends well know, at whose suggestion I was induced to think of offering them to you for publication, re-arranging them, and adding by far the greater part of the "garnishing" while transcribing them for your pages. I have never met with any similar compilation of medico-literary quotations, and believe that they are likely to be not unacceptable to many of your readers. I will not occupy your space further, and beg, Sir, to sign myself,

THE REAL AND ONLY GATHERER  
OF THE LEAVES.

*To the Editor of the 'Medical Circular.'*

SIR,—Having by chance seen to-day, among the Notices to Correspondents, in the 'Medical Circular' for March 23rd, a notice of a letter received from Dr Nelson, I consider it my duty to our ever-to-be respected professor of materia medica (as no one else connected with the Queen's College seems to have noticed the above paragraph) to state that Dr Wright is, and has been for some weeks, so ill that he is unable to leave his room or attend to any business. Surely Dr Nelson must be aware of this. Then why does he continue to annoy a professional brother in such a critical state of health?—I am, &c.,

A STUDENT OF THE QUEEN'S COLLEGE.

Queen's College, Birmingham, April 4, 1853.

**X.**—We think your explanation sufficient to justify the delay. If you can prove that you had suffered special damage your case would be much strengthened. You had better consult a good lawyer; for there are many incidents in a libel case on which none but a professional man can form an opinion.

**MEDICUS.**—We are not acquainted with the nature of the duties or qualifications of a "Town Surgeon," and cannot, therefore, answer your inquiry.

**DR SPENCER THOMSON.**—We are much obliged to you for your prompt attention to our request.

**MR BERNARD CONWAY.**—We are not aware of such a work having been written.

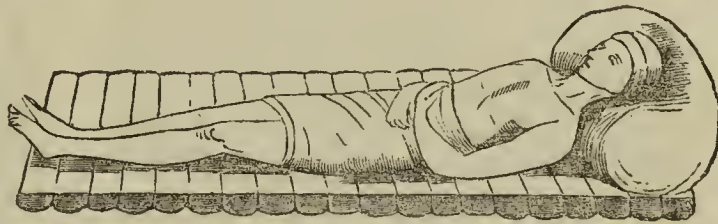
**VERITAS.**—Your letter shall be inserted in our next number.



## MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.

See 'THE LANCET,' Jan. 25, 1851.)



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## The Artificial Tympanum.—Mr

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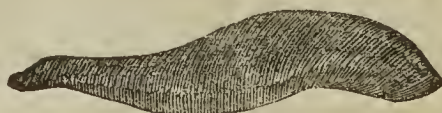
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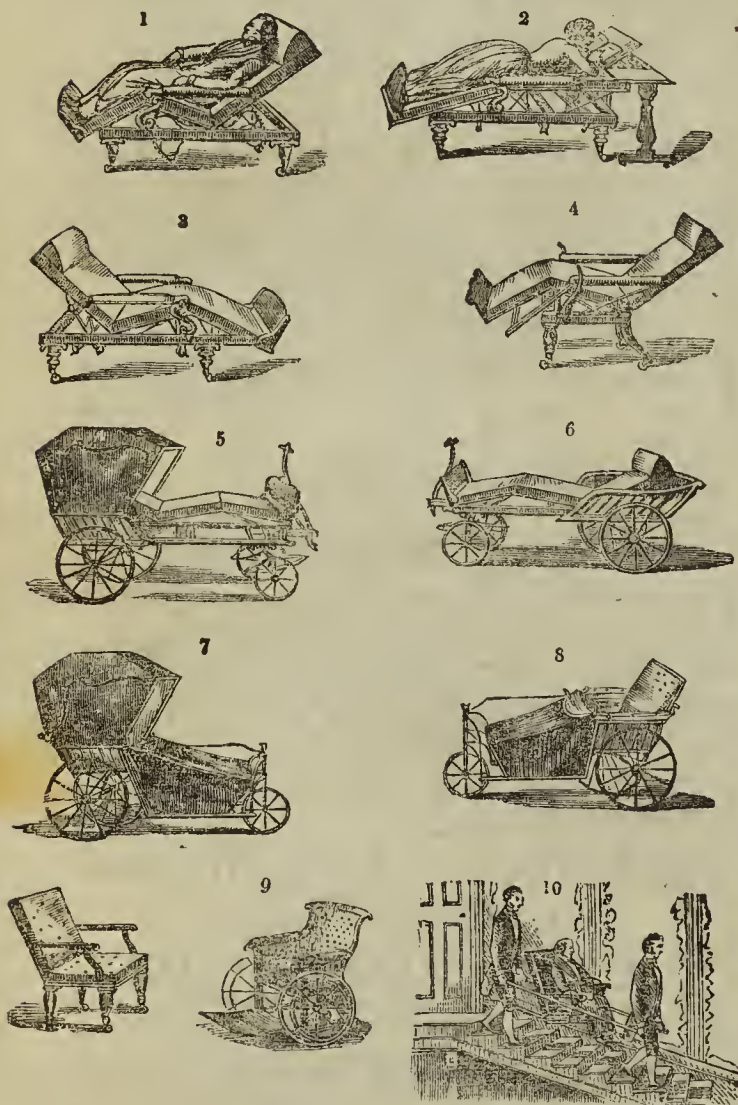
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## The Medical Circular.

WEDNESDAY, APRIL 13, 1853.

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THE association of the phrases "Medical Reform," and the "College of Physicians," may seem ironical, but, in truth, we write the line in sober earnest, for the President and his colleagues seem at last to have come to the determination to remodel this venerable College, and to give it a form and character more in consonance with surrounding institutions. We have intimated elsewhere that we believed that there was more liberality in this ancient body than the profession was willing to credit, and that some of its responsible officials had been undeservedly scandalised by a truculent portion of the medical press. The new charter gives some warranty to our judgment. The authorities of the College have commenced in the right path; but they may yet go further, and entitle themselves still more to our good opinion.

Our readers will see a copy of the draft of the charter in another column, and they will find, after a careful perusal, that it comprises a variety of clauses which are a great improvement on the obsolete constitution and laws now in force. In the first place, the College wishes to include within its fold, as members, all its extra-licentiates—all physicians practising in England with a degree from a British University, or even a foreign University, where residence is required—a most desirable extension of the present limited and exclusive jurisdiction, which, without conserving for the individual fellows all the privileges designed, has nearly made bankrupt the College itself.

The government of the College, it is proposed, shall be placed on a new basis, and intrusted to a Council of sixteen, elected by the Fellows out of their own body, by ballot; four of the Council will go out every year, and will not be re-eligible for one year. The President will be nominated by the Council and elected by the Fellows; and the Fellowship itself may, in addition to the present mode of admission, be obtained by any member submitting to an examination.

There is another clause of the charter of a yet more liberal and comprehensive character, and which we think will meet with the cordial approval of a large number of the hard-working and intelligent general practitioners of this country. It provides that the corporation shall admit as a member any person more than forty years of age who shall have produced testimonials of professional education satisfactory to the censors, and who shall have passed an examination, and that the person so admitted shall be entitled to have and to use the degree or designation of Doctor of

*Medicine.* This attempt to assimilate more extensively with the large body of general practitioners deserves support, for it will place the membership of the College of Physicians, with regard to them, somewhat on a par with the Fellowship of the College of Surgeons, and thus bring the two Colleges more into harmony with each other and the profession at large. Objections have been frequently raised to the extra-licentiates not possessed of a University degree using the designation of Doctor of Medicine, and it will be perceived that the College designs to remove these quibbles by obtaining the power to grant the degree under such circumstances. We think that there ought to be a body within the profession empowered to invest men of long practice, large knowledge and experience, with the graceful title of Doctor of Medicine, and we are sure that if the College obtain the privilege they will attach to their body the sympathies of the profession. Why should a number of young men who have no claims but their youth and the opportunity which that gives them to fag and stuff their craniums with the results of other men's industry and sagacity, be the only persons allowed to use the honourable title of Doctor of Medicine? The world is too old for such patent injustice, and men too wise to be ruled by such an absurdity. For scholars let there be mere scholastic distinctions, but the degree of "Doctor" has ceased to be, in our profession, a distinction of this kind, and is presumed to denote superior talent and practical experience. The world believes that a Doctor has a better and surer knowledge of disease than a plain, untitled practitioner; and as it is impossible now to turn the tide of opinion, it is right that the fact should be made to approximate as near as possible to the belief.

We give credit to the College for this attempt at improvement, and we hope that they will meet with success.

### QUACKERY v. THE 'MEDICAL CIRCULAR.'

The admirable papers by the author of the "Anatomy of Quackery," and the salient sarcasms of the Gatherer of the "Stray Leaves," have stirred up the wrath of quacks and their abettors, and, as our readers must have noticed, we are assailed every week with pointless impertinence and angry abuse. We have now before us a pile of letters filled with insinuation, invective, and calumny; and although they are undeserving of print, we are not sorry that they have been sent to our office, as it proves that we have hit home, and in the right place. Pray, gentlemen, write on, abuse us as hard and as loud as you can; it will do you good, and us no harm. We do not fear you in the least degree, for our publication of your imposture has deprived you of your sting. Your waspish buzzings will be music in our ears.



The proprietors of Parr's Life Pills seem to be in high dudgeon, and show a resolution to defend the general cause of quackery against the 'Medical Circular.' Engaged in one of the largest pill-making concerns in England, their interests are more deeply involved than those of others, and they are making proportionate efforts to defend them. As the proprietors of the 'Illustrated London News,' too,—a splendid monument raised by the profits of quackery, they can rally a large number of literary sharpshooters to their side. But, judging by the shafts that have been shot into our jerkin, the scribes whom these gentlemen are able to command are the veriest aborigines of Grub-street to be found in the metropolis, the lineal descendants of Dennis and Whitehead,—literary sweeps, who call a gentleman a "scamp," and think it wit, while their wit proves that they are themselves the real "scamps."

We trust that the proprietors of Parr's Life Pills are not revengeful men, and that if it should be our fate to be placed in effigy in the columns of the 'Illustrated London News,' they will not wreak their wrath upon our countenance. We can bear anything but that, gentlemen. Yes, we would rather make wry faces over a box of your pills than be figured in that fashion in the pages of your journal. For the sake of human charity, spare us that misfortune. To be caricatured in the 'Illustrated London News!' That is a refinement of revenge indeed!

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'British and Foreign Medico-Chirurgical Review,' April, 1853.)

### OVARIAN AND UTERINE DISEASE.

This number of the 'Quarterly' commences with a review, by Dr Fleetwood Churchill, of Dr Lee's recent work on 'Ovarian and Uterine Diseases,' and Dr Tyler Smith's memoir on the 'Pathology and Treatment of Leucorrhœa.' The reviewer opposes Dr Lee's "sweeping" assertions upon two points that have recently much divided professional opinion viz., the extirpation of the ovary, and the use of the speculum. The following extract is valuable as mere matter of statistics:

"The objections to the operation adduced by Dr Lee are—1, the great mortality, which, according to his tables, is 1 in 2 18-42; 2, the extreme difficulty of diagnosis, so as to be sure the case is one which will offer no obstacles to the removal of the tumour; 3, the possibility of prolonging life considerably by other means.

"To this it is answered by the advocates of the operation:

"1. Undoubtedly the mortality is very great—1 in 2 18-42 according to Dr Lee, 1 in 3 according to others; but a mortality nearly if not quite as great, is not considered a fatal objection to other operations. If we take the major amputations of the limbs (primary and secondary) it appears that in Paris, according to Malgaigne, the mortality is upwards of 1 in 2; in Glasgow, it is 1 in 2½; in British hos-

pitals, it is 1 in 3½. As to amputation of the thigh, Mr Syme observes, 'The stern evidence of hospital statistics shows, that the average frequency of death is not less fatal than from 60 to 70 per cent.' Of 987 cases collected by Mr Phillips, 435 proved fatal, or 44 per cent. Mr Curling states, 'On referring to a table of amputations in the hospitals of London, performed from 1837 to 1843, I find 134 cases of amputation of the thigh and leg, of which 55 were fatal, giving a mortality of 41 per cent.' Of 201 amputations of the thigh performed in the Parisian hospitals, and reported by Malgaigne, 126 ended fatally. In the Edinburgh hospitals, 21 died out of 43. Even if we take much larger numbers, we find the mortality very high. Mr Inman has collected 3,586 cases of 'amputations generally, primary and secondary, for accident or disease, and the deaths are 1 in 3 1-10.' In 4,937, published by Mr Fenwick, the mortality is 1 in 3 1-15.

"The result of amputation at the hip-joint is still more unfavourable. Mr Sands Cox has shown that of 84 cases 26 were successful, and 58 unsuccessful.

"Again, take the operation for hernia. Sir A. Cooper records 36 deaths in 77 operations; and Dr Inman, 260 deaths in 545 cases. Or, the ligature of large arteries, of which Mr Phillips has collected 171 cases, of which 57 died; Dr Inman, 199 cases, of which 66 died. Of 40 cases of ligature of the subclavian artery, 18 proved fatal. Ligature of the innominate has, we believe, been fatal in every case.

"So that, taking the mortality at Dr Lee's estimate, it is not higher than that of other operations, which are admitted to be justifiable notwithstanding.

"But although these figures show that as high a mortality occurs in other operations as in ovariectomy, we beg to remark, that the necessity for the operation is much more urgent in the former: in many cases it is the alternative of immediate death. Further, the operation of ovariectomy is of two kinds—by the long and short incision; and the advocates of the latter point to their statistics, which give a mortality of 4 in 23 cases, or nearly 1 in 6; whilst, according to Mr Safford Lee's tables, that by the long incision is 1 in 3.

"2. The errors in diagnosis have been very great, and the fair inference therefrom is, that the diagnosis is difficult and obscure. But unless it can be proved that all improvement in this department is impossible, it is clear the argument cuts both ways. If the present deficient diagnosis entails an increased mortality, it is certain that every improvement will by so much reduce it. And we can see that it is possible that this may occur, for if all who have operated had the means of adequately ascertaining the actual presence of a tumour, of being sure that it is an ovarian, of determining the amount of adhesions, and had been sufficiently attentive to the constitution of the patient, it is clear that many of the recorded operations would never have been undertaken, and equally clear that many of the deaths would have been avoided, as a cursory glance at Dr Lee's tables will prove. Moreover, it seems highly probable that a more accurate knowledge of the contents of these cysts may lead to important results as to the selection of the more promising cases for the operation, which may yet further diminish the mortality; and lastly, it is quite possible that some beneficial modification of the mode of operating might be adopted.

"3. With regard to the prolongation of life by palliative treatment and repeated tapping, it is not easy to estimate the exact gain: it would have been a valuable argument if Dr Lee had given us a collection of cases to show the amount of prolonged life thus obtained. If the patient be otherwise in good health, and the ovarian tumour increase very slowly, it is true that years may elapse, under careful treatment, without much distress, or any necessity for measures involving risk. In such cases, life will be best prolonged by letting the patient alone. But with those that increase rapidly, and to such an extent as to occasion inconvenience and distress, or to threaten life, something must be done to afford relief, and tapping has been the ordinary re-



source. We have, however, but few statistics to show the results. The only statement of the kind within our reach at this moment is one by Mr Southam, who, in 20 cases, found that '14 died within nine months of the first operation, 4 of whom survived it only a few days. Of the remaining 6, 2 died in eighteen months, and 4 lived for periods varying from four to nearly nine years. It further appears that paracentesis does not prolong life, on an average, for more than eighteen months and nineteen days, and that 1 in 4 dies from the effect of the first operation.' Undoubtedly these numbers are too small to enable us to form a correct judgment; but, so far as they go, they do not advocate very strongly the operation of tapping.

"From this brief summary it appears that the admissibility of the operation will depend, not so much upon the rate of mortality hitherto, as upon future improvements in diagnosis; and when we see men of high intelligence, like Drs Simpson and Bennet, Southam, Walne, and Frederick Bird, devoting themselves to this task, we cannot doubt that a decided and practical advance will be made.

"Having laid these facts before the profession, we shall leave it to decide how far Dr Lee's condemnation is just."

Dr Lee's objections to the use of the speculum are examined with similar acumen and discrimination. The reviewer merely cites Dr Tyler Smith's views of the pathology of the os and cervix uteri, to which, as they have already appeared in our journal, it is unnecessary further to allude.

(From the 'Monthly Journal of Medical Science,' April, 1853.)

#### ON LOCAL BLOODLETTING IN AFFECTIONS OF THE INTERNAL VISCERA.

Mr John Struthers has communicated an interesting article on this subject. Assuming that local bloodletting is efficacious in relieving internal inflammations through the agency of the vascular system, and especially through the anastomosing branches, he proceeds to examine the instances in which the internal organs have vascular communications with the external vessels. On such anatomical considerations he founds the following conclusions:

"It appears, then, that local blood-letting cannot affect the viscera in the abdomen or chest, except through the general circulation; and that, therefore, these blood-lettings are general and not local, according to the ordinary sense in which the term local blood-letting is employed.

"But, although it be granted that leeching the wall can not draw blood directly from the affected viscus, some may be disposed to hold that it may still afford to it special relief by what is called revulsion or *derivation*, this being the principle, or supposed principle, which guides those continental practitioners who apply the leeches not over or close to any affected part, but at a distance from it. By these terms they mean to express the view, that the result of local abstraction is to draw more blood to the bleeding part, and thus diminish the supply elsewhere.

"Without meaning to dispute the correctness of this view within certain limits, it may be remarked, on the *modus operandi* of all local blood-lettings, that they may act in two ways. 1. By the direct abstraction of blood through the anastomosing vessels between the affected and the bleeding part, and it matters not whether this be by the veins or the communicating arteries; this we may call *draining*. And, 2. By lessening the quantity *going* to the affected part, by creating an increased flow or determination elsewhere. This is the revulsion or derivation of authors, and we may call it *counter-draining*.

"Now it is evident that to be of local and special benefit, this practice must not be applied too far from the affected part; the farther it is the more it will lose its effect, and degenerate, so to speak, into a general blood-letting. It is

probable that in most true local blood-lettings there is relief in both of these ways; but can it be so in the case of the abdominal and thoracic viscera?

"That there can be no draining I have already shown; and it appears to me, that neither can there be any derivation or counter-draining from these viscera. The blood taken from the abdominal and thoracic walls comes from the iliac and femoral, or subclavian and axillary arteries, or from the back part of the aorta. Now this cannot lessen the circulation into the visceral arteries more than into those of the leg or arm. Nor can the effect which it has on the general current within the aorta bear more upon one viscus than another.

"It must therefore be held, that the abstraction of blood from the wall of the abdomen or chest cannot in any way, or according to any principle, be regarded, as far as specially influencing the contained viscera or any one of them is concerned, in any other light than as a general blood-letting."

With respect to the brain we observe these remarks:

"It would appear, then, from anatomy, that by leeching the scalp, especially behind the ear, the sinuses of the dura mater and veins of the brain may be relieved. and that as directly, though not so rapidly, as by the method of opening the external jugular vein at the root of the neck.

"The common practice of cupping on the back of the neck, with the view of specially relieving the brain or head, is no doubt generally or in great part efficacious, simply as a slow or mild general bloodletting; but is at the same time not without anatomical recommendation as a local blood-letting. The mastoid communication from the lateral sinuses is to the occipital veins, and these communicate freely with the veins of the back of the neck; and also the arterial supply to the back of the neck, derived from the deep cervical and occipital arteries, has free communications with the posterior muscular twigs which the vertebral arteries give off during their ascent to the brain.

"I do not, therefore, propose to include the brain amongst the internal viscera which cannot be specially relieved by local blood-letting, although at the same time it is not necessarily so from the mere fact of its lying inside opposite to where the treatment is applied externally. Besides, we must recollect that here also there is the uncertainty of diagnosis in many cases, so that the affection we are treating may be situated either partially or entirely outside the arachnoid cavity; and even did no communication whatever exist between the blood-vessels of the internal and external parts here, so that no relief could take place by direct draining, it by no means follows that the practice of applying leeches to the scalp may not afford special relief to the brain, on the principle of derivation, or lessening the arterial currents to the organ within."

Mr J. Struthers does not, however, in any case advise a departure from the usual practice of depleting locally, by taking blood immediately over the affected organ.

(From the 'Lancet,' April 9th, 1853.)

#### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

We quote the following from Mr Guthrie's lecture:

"The presence of a ball, rolling about on the diaphragm, can now be ascertained by means of the stethoscope at an early period, so as to admit of an operation being undertaken with confidence for its removal; whilst the knowledge acquired by auscultation or percussion of the filling of the chest by fluid, whether serous, bloody, or purulent, is at the same time incontestably demonstrated. The presence of a ball, or of any other foreign body, decides the question as to the place where the opening into the chest should be made; and, on this point, the information derived from the practice of the French surgeons in Algeria is valuable.



"M. Baudens, whose labours I refer to with great pleasure, says that he has also seen splinters of bone, and even a ball, surrounded by a cyst formed by the pseudo-membranes of inflammation, cut off from the general cavity, and confined in the angular space formed behind between the rib, the diaphragm, and the spine. In one case M. Baudens introduced a *sonde à dard*, such as is used in the high operation for the stone, between the second and third ribs, and made it project behind, between the eleventh and twelfth ribs. He then cut down upon it, and extracted a ball and some splinters of the rib. The wound thus made was then closed, the upper wound being sucked dry daily by a pump. The patient recovered in forty days."

"The desire to have as dependent an opening in the chest as possible has been manifested by all surgeons of experience in these injuries; and the interspaces between the ninth and tenth, and between the tenth and eleventh ribs, have been often selected for this purpose; but as the operation was formerly done with the trocar, the abdomen was as often opened as the thorax, and death was frequently caused by the operation, even if it would not have been occasioned by the disease. To prevent, or to avoid this evil, M. Baudens advises its being performed at three fingers' distance from the spine, by incision, and he says he has frequently done it with success, although he does not give any circumstantial directions as to the operative methods to be pursued. I therefore caused several experiments and dissections to be made in the work-room of the College of Surgeons, with the following result:—

"1. That a trocar and canula pushed in between the eleventh and twelfth ribs, in a diagonal direction upwards, and on a line with the angle of the ribs generally, will in the *dead body* invariably enter the cavity of the chest without injuring the diaphragm.

"2. That the same operation performed on the *living body* would, in all probability, if done at the moment of expiration, first enter the thorax, then pierce the diaphragm, and thus open into the cavity of the abdomen—a difference in result to be explained by reference to the anatomy and physiology of the parts concerned; and showing that this operation, when required on man, should always be done cautiously by incision, and not by puncture with the trocar and canula."

"*Operation.*—The eleventh and twelfth ribs having been distinctly traced, and the obliquity of their descent from the spine having been clearly made out, the patient ought, if possible, to be placed on a stool, with the upper part of the chest supported by a pillow on a table before him. An incision should then be made, over the intercostal space between these ribs, three inches long, and slightly curved through the integuments down to the latissimus dorsi muscle; and as the mass of long spinal muscles is usually three inches in width, and can in general be seen, the incision should commence two inches from, but between the spinous processes of the eleventh and twelfth vertebrae, and be continued obliquely or diagonally downwards in the course of the interspace between these ribs. The latissimus dorsi and the serratus posticus inferior muscles being divided at the upper part where they cover the longissimus dorsi, or the long spinal muscular mass alluded to, its edge becomes apparent, and from this point the latissimus and the serratus are to be further divided downwards. The external intercostal muscle being thus exposed, its fibres should be scratched through or separated, in the middle of the interspace between the ribs, which can now be seen as well as felt. A director should be introduced below the muscle, on which it may be carefully cut through, as well as any fibres of the internal intercostal muscle, which may extend as far as the wound thus made. The pleura will be then exposed, and if the cavity of the chest contain fluid in any quantity, it can scarcely fail to project in such a manner as to convey to the finger the assurance of its being beneath. An opening may now be carefully made into it, at the upper part of the incision close to the external vertical fibres of the spinal mass of muscles, at the moment of inspiration, and on the existence of fluid being ascertained by its discharge, the

opening should be enlarged, a director having been previously introduced under the pleura, as far as may be thought necessary for the admission of the finger, or any instrument which may be required.

"The patient should be desired to draw a full breath at the moment of puncturing the pleura, in order that the diaphragm may descend as low as possible; for if there should not be any fluid in the chest, the diaphragm in ascending during expiration, might be applied to the inside of the pleura lining the chest as high even as the fifth rib, counting from above, and might easily be divided with the pleura, if great care were not taken at this part of the operation; or if a trocar or canula were incautiously thrust in at such a moment. Whenever the smallest instrument of this kind is used, even in an explorative operation, it should only be introduced during the process of inspiration.

"In all cases of wounds of the chest, in which auscultation points out the presence of a ball rolling loose on the diaphragm, as it will do immediately after the receipt of the injury, this operation should be performed for its removal, and may save the life of the sufferer. It would, perhaps, have done so in the case of Sir Robert Crawford. At a later period the presence of a foreign body perhaps can only be known by the sounds, or defect of sounds, which may be observed at the back part of the chest, in which the ball or other foreign bodies lodge or become enveloped by matters confining them in that situation."

(From the 'Medical Times and Gazette,' April 9th, 1853.)

#### ON THE ORGANIC DISEASES, AND FUNCTIONAL DISORDERS OF THE STOMACH.

This subject is treated of in a lecture by Dr Budd. The following remarks on congestion—the topic of this lecture—are highly practical. After considering congestion from a mechanical impediment to the return of the blood, he says:

"Congestion of the stomach, of the same kind, but more gradual in its occurrence, and generally less in degree, always exists in persons with the 'hob-nail,' or gin-drinker's liver. In this disease, the current of blood through the liver is impeded, and the stomach and intestines, which send all their blood to the portal vein, are consequently kept in a state of congestion. This frequently leads to an oozing of blood from the mucous membrane, and it now and then happens that the hæmorrhage is abundant, and that a great quantity of blood is brought up by vomiting. I have met with several instances of cirrhosis, in which death was caused, or at least was very much hastened, by hæmorrhage of this kind, and in which the sound state of the stomach after death showed that the blood had exhaled from the unbroken surface of the mucous membrane. An abundant hæmorrhage is, however, comparatively rare. The congestion is slowly produced, and the minute vessels most probably grow gradually stronger, so as to bear the additional stress upon them. Far more commonly, the oozing of blood is slight in degree, but may continue for many days or even weeks. During this time the patient has constant pain at the epigastrium, and may vomit daily a small quantity of blackened blood, which is generally mixed with mucus, or is in very small, distinct coagula, that consist of the colouring matter of the blood, and also of its albumen, which is coagulated, as it exudes from the vessels, by the acid secretions of the stomach. Occasionally, the stools also are stained with blood, which may have come from the stomach, or from some part of the bowel itself.

"But it often happens in such cases that the extravasated blood passes out of the body unnoticed. Too little is poured out at a time to cause vomiting. It is voided, therefore, by the bowels, and in its passage through them gets mixed with other matters, and is, besides, so much altered, that it is no longer recognised as blood.

"The same thing may happen in organic diseases of the heart, and in diseases of the lung, where the passage of the blood through the chest is much impeded. The stomach is



kept in a state of congestion, and an oozing of blood from its mucous membrane now and then takes place. The blood extravasated at any one time is generally so small in quantity that it does not excite vomiting, and may thus pass out of the body unnoticed. Now and then, however, especially where the impediment to the circulation attains a high degree in a person not reduced by previous illness, the hæmorrhage is abundant, and blood is brought up in large quantities by vomiting. A few years ago I witnessed profuse vomiting of blood, clearly brought on in this way, in a young man who was dying of rheumatic pericarditis, and who had for some days been suffering from the distressing fits of suffocation which large effusion into the pericardium occasions."

Dr Budd remarks that mucous membranes are the only membranes from which blood readily escapes, and that of all organs lined with these membranes the stomach is most prone to hæmorrhage. The subjoined observations on the management of these cases conclude the lecture :

"It is another fundamental effect of these conditions, that, in the same measure in which the proper nutrition of the texture is hindered, is its power enfeebled to resist an injurious influence of any kind.

"If, under these circumstances, food is taken which is difficult of digestion, or more food is taken than the stomach can master, some of it remains long undigested in the stomach, and irritates, and at length inflames the mucous membrane. The congestion of the stomach is thus increased; the afflux of blood, and the more complex changes caused by inflammation, are added to the pre-existing passive congestion; and the digestive power, if not entirely suspended, is rendered very much weaker than it was before.

"Again, if alcoholic drinks be taken in undue quantity, as they often are in the hope of supporting the strength, or if irritating medicines be given, they are only slowly absorbed into the general circulation, and are thus especially apt to exert an injurious action on the coats of the stomach itself.

"In the treatment of all diseases which cause much impediment to the passage of the blood through the liver or the chest, it is very important that the congestion of the stomach and the feebleness of digestion that necessarily results from it, should be borne in mind. The congestion of the stomach is indeed secondary, and is relieved by whatever lessens the impediment to the circulation on which it depends; but, while it lasts, both food and physic should be regulated with reference to it. A sparing and easily digestible diet, and, when the nervous system can bear it, total abstinence from fermented drinks, is the regimen best suited to such cases. When alcohol is necessary it should be given sufficiently diluted; and when mercury and diuretics are deemed expedient for the object of relieving the embarrassed circulation, their action on the stomach should be carefully watched."

#### CASES OF HÆMORRHAGE AFTER DELIVERY, ACCOMPANIED WITH SEVERE AFTER-PAINS.

We have already cited Dr Ramsbotham's opinions and mode of practice in these cases. We shall merely on this occasion direct the attention of our readers to the article.

#### ON THE BREATHING MOVEMENTS IN THE TWO SEXES.

The following interesting observations are an excerpt from a clinical lecture by Dr Walshe:

"Here, then, gentlemen, is a woman (labouring under dilatation of the heart, with probable tricuspid regurgitation, and old pericarditis, general bronchitis, congestion, and œdema of both lungs) whose maximum thoracic respiration movements are translated from the upper to the lower regions of the chest. Her breathing-play is inferior-costal and abdominal, instead of being infra-clavicular. She

breathes under the influence of her complicated malady as the healthy male, and may be said to be *unsexed*, *quoad respiration*, by her disease. Observe, however, that this perversion only holds in *calm* breathing; the moment she takes a *forced* inspiration, the infra-clavicular regions rise abruptly, fully, and equably (she is non-tuberculous, be it remembered) after the type of health. In the state of forced respiration she breathes—at least in the present point of view—precisely as both sexes breathe when the contents of the thorax are sound.

"What is the cause of this perverted condition of breathing-movement in the female, when labouring under certain thoracic diseases? A preparatory point to determine is, the *how*—and, if possible, the *why*—of the difference in the calm breathing-movements of the sexes in health. And to this preliminary question we will confine our inquiries to-day.

"The healthy calm breathing of the male is essentially effected by the descent of the arch of the diaphragm; the amount of abdominal is greater materially than of pectoral expansion-movement; and the former commences sensibly before the latter, which is, besides, confined almost exclusively to the lower ribs. The male action is inferior costo-abdominal. But is not the ordinary breathing of the female carried on by similar play of the diaphragm? Judging from outward appearances, no. In the female the abdominal expansion is almost null, and always slightly posterior in point of time to the upper costal; neither do the lower ribs move notably, whereas the clavicles and infra-clavicular regions rise and fall with freedom. The male seems to the eye to breathe with the abdomen and lower ribs from the sixth downwards; the female with the upper third of the chest alone. These statements refer to adults only.

"To adults only, I say; for it is yet a point *sub judice*, whether, and to what proportional extent, the discrepancy of adult life prevails in infancy and early youth. I have examined a considerable number of female children, aged between four and ten years, who had never worn stays, or any substitute for these, and found in them the predominant infra-clavicular action of the adult. But the excess of upper movement is very positively less than among their seniors. On the other hand, Boerhaave, one of the earliest observers of the difference in the respiratory action of the sexes, speaks as though the boy and girl of 'one year old' breathe as distinctively, the one with the abdomen, the other with the chest, as the full-grown man and woman. *Per contra*, Beau and Maissiat affirm, that in earliest infancy, and often up to the third year, the respiration is abdominal in the female as well as in the male. It has appeared to me, too, that in earliest youth, when the pectoral and ventral modes of breathing become obvious, the chest action in the female is more *general* than at a later period, and less limited to the upper regions. Age, then, does seem to me to exercise an influence upon, or to be connected with, the typical breathing of the sexes.

"Social position exercises none; the washerwoman and the peeress breathe exactly alike.

"The habit of forced breathing is not without modifying power on the calm action in both sexes. For instance, the extensive play of the upper regions in full-chested *soprani*, kept up in the exercise of their art for many hours daily, ends by increasing the amount of infra-clavicular movement in ordinary conversational breathing. It has appeared to me that, even in *tenor* singers, some perversion of the ordinary condition—some degree of unnatural infra-clavicular movement—may be detected in calm respiration.

"But what influence does dress exercise? Looking at an adult female, and remembering her habit of drawing in the lower ribs by apparatus more or less unyielding, the inference seems unavoidable that the reason why a woman does not breathe like a man is, that her mode of dress mechanically obstructs phrenic play. Certain mischiefs entailed by tight lacing we see positively in displacement of the liver; in mis-shapement of it, so that its height is made to exceed more or less its breadth (as ascertained the other day, for instance, in the body of E. Smith, University College Hos-



pital Female Case-books, Vol. IX, p. 130); in alterations of its texture, so that true lobular substance is replaced to a greater or less depth by induration-matter functionally inert. We see them exhibited in displacement of the heart in narrowing of the lower intercostal spaces, &c. And if, from certain of the facts concerning age just passed in review, we are forced to the admission, that the activity of infralavicular respiration-movement in the female is in the main designed by nature, and independent of extraneous influence, still I cannot help thinking that the great excess of that movement, and the limitation of thoracic play to the upper thorax in the civilised adult female, are due in no small measure to the use of unyielding cases interfering with inferior costal and phrenic action. The agricultural female labourer, who knows not stays, breathes more like a male than the town female. Besides, during sleep, the conditions of pectoral and ventral action in the female are much less strikingly different from those in the male than in the waking state; the waist is relieved for a time from constriction. And further, the male and female dog breathe almost exactly alike, as do also the horse and mare; the action is abdominal and costal.

"It would seem, then, that stays are in part productive of the peculiarity of adult female breathing, but certainly are not its sole cause. Boerhaave, and his commentator, Haller, however, holding that the sexual difference obtains from birth, looked upon the free upper costal action in the female as a pre-ordainment to meet the difficulties of pregnancy. 'Nisi hanc,' says Boerhaave, 'in foeminâ diversitatem natura fecisset, gravidæ perpetuâ dyspnœâ laboravissent, æque ac viri hydropici.' But it seems here to be forgotten, that if the illustration be sound, ascitic females ought to escape dyspnœa. The final cause of the difference in the sexes is of less interest, however, than the mechanism by which it is actually worked out; but of this also, nothing is known. Haller ascribed the predominant costal action in females to the greater flexibility of their bones and cartilages (Op. Cit., pp. 98, 145). The upper interspaces are relatively wider in the female, the lower in the male; but is this effect, or cause, or neither one nor the other?"

Dr Walshe then considers the question, whether the use of stays induces tubercular disease of the lungs, and decides in the negative. His views are novel, and are strongly enforced.

(From the 'Association Medical Journal,' April 8th, 1853.)

#### BROW PRESENTATION AS A CAUSE OF DIFFICULT LABOUR.

Dr Swayne reports two cases of this kind, upon which he makes the following comments:

"Presentations of the brow are intermediate between those of the vertex and those of the face, approaching, however, more nearly to the latter than the former. When the vertex presents the head is said to be flexed upon the body, so that the chin is close to the chest; when the face presents, the head is extended completely, and the chin is as far removed from the chest as the neck will admit of. In a brow presentation, the head is partially extended, so that one of the frontal bones presents, most commonly either the right or left frontal eminence. At the commencement of labour, the presenting part might be included in a circle, the circumference of which touches the root of the nose on one side, and the great fontanelle on the other. On examining at this stage of the labour, the face would be found usually looking towards one sacro-iliac synchondrosis, and the great fontanelle towards the acetabulum of the opposite side, or *vice versâ*. As the head descends lower, and becomes more fully engaged in the pelvis, the mento-occipital diameter will correspond with one of the oblique diameters of the pelvis, and thus will take a position at right angles to that which it occupies in an ordinary case; for then it is parallel to the axis of the pelvic brim, and is perpendicular to these diameters. In a brow presentation, the head is placed in the

most unfavourable manner possible for traversing the brim of the pelvis; for the longest diameter of the head (the occipito-mental, which measures five inches) corresponds with the oblique diameter of the pelvic brim, measuring only four inches and a half. It is, therefore, scarcely possible for the head to traverse the pelvis in this position; and if it remains unchanged, the chin may be arrested for some hours at the brim of the pelvis, as in Case 1. Nature, however frequently remedies the difficulty, by causing complete extension of the head, as was done artificially in Case 1. The chin descends, and the vertex recedes, so that the face, which before presented itself imperfectly, now occupies in full the superior strait: the case is thus converted into one of ordinary face presentation, which, as a general rule, requires no further artificial assistance, the diameters which face presentations offer being scarcely less favourable than the ordinary ones. In some rare cases, a still more favourable change is effected; the face instead of becoming completely extended, flexes, and thus a presentation of the vertex is substituted spontaneously for one of the face; but in other instances the chin is arrested at the brim of the pelvis, whilst the posterior part of the head is forced down lower and lower with each pain, as in Case 2: this is, however, effected with great difficulty and after much suffering, for a long diameter of the head, namely, the occipito-frontal, comes into relation with the principal diameters of the cavity and outlet of the pelvis; the result is, that compression of the anterior part of the child's head takes place to such an extent as to be, in all probability, incompatible with life.

"In the treatment of these cases, it will be found, as a general rule, that manual interference is necessary, provided the malposition is not corrected by nature very soon after the rupture of the membranes. If this does not take place, and the labour is allowed to proceed, the risk incurred by both mother and child will be great; it is therefore necessary not to delay interference, otherwise the head becomes so firmly wedged in the pelvis (as in Case 2) that it is scarcely possible to move it in any way; it may even become impacted, and no other resource be left but craniotomy.

"Two methods have been recommended for altering the position: the first consists in flexing the head, with a view to bring down the vertex. To do this, it is advised to make steady pressure with the finger upon the forehead, so that it may be arrested, whilst the back part of the head is pressed down by the uterine efforts, and the chin caused to ascend towards the chest. This mode seems very easy in theory, but will be found very difficult in practice; and I agree with M. Chailly in considering it as next to impossible. By pressing on the forehead, we act on the centre, and not upon either extremity of the lever represented by the head, and thus have little or no power. The second method is much more feasible, and will generally prove successful; it consists in bringing down the chin (provided it can be reached) by two fingers in the form of a crotchet; but if it cannot be reached by the fingers, it may be drawn down by means of a vectis. The object of these manipulations is to place the chin beneath the arch of the pubes, and thus to convert the case into an ordinary face presentation."

#### BOOKS RECEIVED FOR REVIEW.

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- On Near Sight, Aged Sight, Impaired Vision, and the means of Assisting Sight. By Wm. White Cooper. Second edition. London: John Churchill.
- Inflammation of the Breast and Milk Abscess. By Thos. Wm. Nunn. London: Henry Renshaw.
- The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg without Confinement. By Henry T. Chapman. 2nd edit. London: John Churchill.
- On Prophylactic and Curative Syphilization. By Victor de Méric. London: John Churchill.



## CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XV. Vol. I. April 9, 1853.)—Mr G. J. Guthrie's Lectures (XIV) on Some of the More Important Points in Surgery. Mr F. France's Lectures (III) on some Principal Diseases of the Eye; Scrofulous Ophthalmia: delivered at Guy's Hospital. Dr Arthur H. Hassall on a Remarkable Case of Sarcini Ventriculi; with Analyses, Microscopical and Chemical, of the Fluid Vomited, and of the Urine. Dr C. B. Radcliffe on the Pathology of Affections allied to Epilepsy. (Continued.)—HOSPITAL REPORTS.—St George's Hospital: Vesico-vaginal Fistula. Charing-cross Hospital: Strangulated Umbilical Hernia; Partial Reduction; Subsequent Operation; Death. Metropolitan Free Hospital: Ovariectomy.—LEADING ARTICLES.—The Vaccine Extension Bill: its Progress in the House of Lords. The "Agamemnon:" the Deplorable Prevalence of Fevers in the Royal and Mercantile Marine. Necessity for the Establishment of Lock Hospitals. Royal College of Physicians: The New Charter; Deputation to Lord Palmerston.—MEDICAL SOCIETIES.—Royal Medical and Chirurgical Society: On a simple method of ascertaining, without the Use of the Catheter, whether the Eustachian Tubes are Pervious; with some Observations on the Treatment of Cases of Obstruction in these Tubes. Medical Society of London: Fibrinous Menstruation; Case of Croup. House of Lords: Vaccination Extension Bill. House of Commons: The Income-Tax.

**Medical Times and Gazette.**—(No. CXLV. April 9, 1853.)—ORIGINAL LECTURES.—Dr Budd's Lectures on the Organic Diseases and Functional Disorders of the Stomach.—ORIGINAL COMMUNICATIONS.—Dr Francis H. Ramsbotham's Cases of Hæmorrhage after Delivery, accompanied by Severe After-pains; with Remarks. Dr W. H. Walshe's Note on the Breathing Movements in the Two Sexes, and on the Alleged Influence of Stays in Producing Pulmonary Consumption. (Excerpt from a Clinical Lecture.) Dr A. Wilson on a Case of Infantile Convulsions.—HOSPITAL REPORTS.—University College Hospital: Administration of Chloroform; Death from Cardiac Syncope; Autopsy; Fatty Degeneration of the Heart. St Bartholomew's Hospital: Diffuse Hæmatocele of the Spermatic Chord. St Thomas's Hospital: Diffuse Hæmatocele of the Spermatic Chord; Treatment of Abscess by the Side of the Urethra. Scientific Lectures. List of Scientific Meetings. EDITORIAL ARTICLES.—Royal College of Physicians: Proposed New Charter. Anomalies of Medical Qualification. Dr George Webster and the New Medical Reform Bill. Bethlem Hospital. Drugs; their Impurities and Adulterations. Memoir of the late William Lindow Dickinson, Esq., of Workington.—REVIEWS.—Dr Edward John Tilt on Diseases of Women, and Ovarian Inflammation in Relation to Morbid Menstruation, Sterility, Pelvic Tumours, and Affections of the Womb. Dr James Y. Simpson on Homœopathy.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Case of Gangrena Scillis successfully treated by Amputation of the Thigh: On a Simple Method of ascertaining, without the Use of the Catheter, whether the Eustachian Tubes are Pervious; with some Observations on the Treatment of Cases of Obstruction in these Tubes. Royal College of Physicians: Draft of Charter; Deputation to Lord Palmerston.

**Association Medical Journal.**—(No. XIV. April 8, 1853.)—LEADING ARTICLES.—The Wing Woman; and the Success of Medical Impostors. New Medical Journals not always Signs of Sectarianism.—ORIGINAL COMMUNICATIONS.—Dr E. W. Murphy's Lettsomian Lectures (II) on Second Stage of Labour: Errors of Management which may be Committed. Dr F. J. Brown on Cases of Cardiac and Arterial Disease. Dr T. G. Hake on the Climates of the World, in Reference to their Effects on Man's General Welfare and Destiny. (Continued from No. VI.) Dr J. G. Swayne on Brow Presentation as a Cause of Difficult Labour. Mr Conway T. Edwards:—Can Excess or a Depraved State of the Gastric and Pancreatic Juices decolorize the Bile, and so Simulate Functional Disease of the Liver? Mr John Lloyd on Living Livres passed from the Bowels of a Man. Dr Philip H. Williams on Arsenic in Chronic Scabies.—BIBLIOGRAPHICAL NOTICES.—Walton on Operative Ophthalmic Surgery. Dr James Arnott on Local Application of Cold. Ledwich on Practical Descriptive Anatomy.—PERISCOPIC REVIEW.—Surgery: Acute Hypertrophy of both Mammaræ: Exploratory Punctures: Death: Disease of Ovaries, Broad Ligaments, and Uterus. Case of Cirroid Aneurism. Unbilicated Acne Tuberculosa.—REPORT OF SOCIETIES.—Royal Medical Society of Edinburgh: Annual Dinner.

**Dublin Medical Press.**—(No. DCCXLIV. Vol. XXIX. April 6, 1853.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: Dr John Williams on a Case of Extensive Œdema supervening after Removal of a Portion of the Tonsil. Dr John Wilkinson on a Case of Foreign Body in the Œsophagus. Royal Medical and Chirurgical Society: Researches on the Pathology of Obstruction of the Veins, and the Nature and Proximate Cause of Phlegmasia Dolens.—TRANSLATIONS FROM FOREIGN JOURNALS.—M. Scutini's Observations on Cysts in the Neck.—SELECTIONS FROM MEDICAL JOURNALS.—Mr H. Howard on Extraction of a Dislocated Lens from the Anterior Chamber of the Eye. Mr Haynes Walton on Distichiasis.—LEADING ARTICLES.—Leader. Medical Life in London. Judicial Denunciation of Quackery. Fatal Effects of Starvation. A Reverse of Practice.—CORRESPONDENCE.—The Medical Charities Act: Letter of Francis Ffolliott, F.R.C.S., to the "Vox" of the Medical Attendants' Committee. Letter of "Scalpel." Curiosities of Medical Evidence: Letter of Joseph Parker, M.D., of Limerick.

## EPILEPSIA LARYNGÆ ARISING FROM DENTITION,

TREATED BY CHLOROFORM IN THE PLACE OF TRACHEOTOMY.

BY FREDERICK COLLINS, ESQ., M.D.

March 11th, 1853.—Being from home when called to see Elizabeth P——, æt. two years, who had been some time in violent convulsions, a medical neighbour attended and prescribed all the usual remedies (excepting tracheotomy), which proved of no avail; and on my return, ten hours after the commencement of the fits, life seemed ebbing fast, the child apparently dying asphyxiated from closure of the rima. Having some chloroform, I at once administered it, placed the feet in hot mustard and water, and a sinapism over the chest. Under this treatment the breathing became regular, the rigidity of the limbs relaxed, and in about twenty minutes she fell into a composed sleep. The following day a purgative dose was given, after which the child seemed quite well, and has remained so ever since.

Wanstead, April 2nd, 1853.

**EARTHQUAKES.**—Last Friday, at 11 p.m., a strong shock was felt at Havre, and on the same day, and same hour, at Southampton, Jersey, and Guernsey.

**MEDICAL BENEVOLENT COLLEGE.**—At the last meeting of the Council, held at the Hanover Square Rooms, Lord Dynevor and Thomas Copland, Esq., F.R.S., were unanimously elected Vice-Presidents of the College. Thanks were voted to the Bishop of London for his able sermon in aid of the funds, and to the Rev. Thomas Garnier, of Trinity Church, St Marylebone, for granting the use of his pulpit on that occasion. The latter gentleman was also elected Honorary Governor of the Institution.



sparkling gas from the bottle of soda water, the fixed air of the miner, the gas employed for illumination, and the poison of some of the serpent tribes, furnish examples of those immediately before referred to.

It follows, therefore, that substances only act as poisons with reference to the quantity administered, and the portion of the body with which they are placed in contact; to which may be added, the condition of health or disease, of vigor or debility of the vital system at the period of administration or contact.

The channels through which poisons enter the system are the following:—

1. Through the *oesophagus*, by *deglutition*.
2. Through the *anus*, by *clysters* or *baths*.
3. Through the *lung*, by *inhalation*.
4. Through the *skin*, by *absorption*.

Until late years the search for poisons was confined to the stomach and intestines, and such parts only with which they were supposed to have come into immediate contact. At the present time a more extended system of research is generally adopted. The late lamented M. Orfila demonstrated the important position of the *localisation* of *poison*, in various tissues and viscera, and even in secreted liquids. To the same illustrious chemist we owe several other most valuable discoveries in Toxicology, amongst which stand foremost those precise directions and indications by which we are able to discriminate poisonous substances introduced into the system from those which enter into the composition of the living body in its normal condition. The researches of Orfila were worthily followed up by MM. Flandin and Danger. By them we are taught that the localisation and elimination of poisons vary with their character. Thus, whilst some are eliminated by the kidneys, and others by the perspiration and salivary glands, another class, like copper, are localised in the heart. By these discoveries the art of detecting poisons has acquired a degree of accuracy and certainty which otherwise it could never have obtained.

The study of Toxicology may be conveniently regarded with reference to—

1. The action of the poisonous substance on the body.
2. The means of counteracting its action.
3. The experiments by which its presence and character may be proved, either during life or after death.

These principal divisions embrace the history, chemistry and effects of the various substances alluded to—their antidotes and tests—the appearances presented on *post-mortem* examinations in cases of poisoning, and such other matters of evidence by which, in individual cases more especially, the presence and influence of poison may be shown.

(To be continued.)

in which they enter the system and exert their influence upon *particular* textures and organs—has always formed a fertile subject for discussion and idle speculation. Of late years the researches of physiologists have done much to clear up the obscurity of this naturally difficult investigation. The discoveries of M. Magendie on venous absorption at one time led many persons to believe that *all* poisons act through the medium of the blood. To this it has been objected that the extremely rapid action of some poisons precludes such a supposition being general. The poison of certain venomous serpents, of prussic acid, &c., were instanced in support of this objection. On the other hand, it was admitted that poisons of *slower* operation act by absorption into the general circulation. The question, whether this is the *sole* condition of their operation, or the contrary, was, however, left undecided. At the present time the common belief appears to be that *some* poisons act *solely* through the medium of *nervous sympathy*, whilst *others* act *principally*, if not *entirely*, through the medium of the circulation. The results of further investigations are required to settle the matter.

The DELETERIOUS ACTION OF POISONS is found to be only exerted in certain doses, and under certain conditions. Some of the more active poisons, when administered in extremely small doses, are justly esteemed as most valuable medicinals. Some poisons, to which we shall hereafter refer, are, however, never employed as remedies. There are other substances which may be *swallowed* with impunity, but which prove highly poisonous when *inhaled*, or when applied to an *abraded* or *wounded* portion of the body; whilst several other substances exert a nearly equally poisonous action under each of these conditions. An instance of this class of poisons is found in arsenic (arsenious acid); and the

\* *Toxicologia*, from *τοξικον*, *poison*, and *λογος*, *a discourse*; literally, *a discourse on poisons*.

† *Poison*, (French); *toxicum*; *venenum* (Lat.)

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XV.

#### A FEW MORE BABY-POISONS.

In some of our previous numbers we have endeavoured to expose the melancholy consequences of the common practice of exhibiting quack medicines to infants and children. In the present number we intend briefly to continue, and to conclude the subject. That many anxious but thoughtless mothers and nurses do so under the impression or assurance that these insidious poisons are “mild and efficacious remedies,” which, if they “do no good can do no harm,” we are quite ready to admit. But in far the greater number of cases these nostrums are administered with very different intentions, and with an utter recklessness as to the results. Idleness, drunkenness, and avarice, three of the worst vices that afflict humanity, and which are the prolific parents of every crime, are the common causes of their employment. Whilst



the helpless infant is kept in a state of narcotism or unnatural stupor, "dosing" away its time in its wretched bed or filthy cradle, its unfeeling parent or nurse is too often engaged elsewhere, in scenes of riot and debauchery. To such persons it would be useless to offer remonstrance or advice. The iron hand of the law is the only argument that appears to reach them; and until the law shall recognise and punish the *slow poisoning* of infants and children by narcotic nostrums, in the same way as it punishes other cases of MURDER, these crimes will continue to increase in number, and to be committed with impunity. With the other classes alluded to, we trust, however, that it is different. To them we address ourselves, and we hope that our appeal will not be in vain. Let them no longer plead "ignorance," or "thoughtlessness," or "maternal anxiety," as their excuse. Not one of these excuses will extenuate the criminality of their conduct at the bar of moral judgment. Mothers of enlightened England! pause ere you administer the "soothing" dose, which, by repetition, may fall as a blight upon the opening blossom! Shall yours be the hand which may place you in the position of the wretched, though unintentional, murderer? You hesitate!—you reflect! To reflect is to reason. We anticipate your answer. There is only *one* which common sense and parental feeling *can* give. "Go," then, "and sin no more."

#### GODFREY'S CORDIAL.

This is one of the most commonly employed anodyne and narcotic nostrums administered to children. By the vulgar it is regarded in the light of a specific for wind and colic. It is, however, chiefly given as a "soothing" cordial or "quieter" to noisy and neglected infants. Gray says,—*"It is commonly used to prevent the crying of children in pain or starving."* Its continual employment is productive of the most serious consequences, and has sent many infants *prematurely* to the grave. The instances are not a few in which death has resulted from a *single* excessive dose.

Originally "Godfrey's Cordial" was merely a weak, sweetened tincture, narcotised with opium. At the present day it is usually flavoured with sassafras and ginger, and sometimes with other aromatics.\*

The quantity of "Godfrey's Cordial" sold is enormous. Besides being "put up" in bottles, and sold in the same way as other quack medicines, it is sent out by the wholesale houses in "bulk;" in jars, carboys, and casks, often containing many gallons each. The retailer is thus enabled to bottle it himself, and to save the value of his own labour; and at the same time he can vend it in "pennyworths" and "two

\* The following is said to be a copy of the *original* form for "Godfrey's Cordial":—"Take of opium a quarter of an ounce; English brandy two pints; water, one quart; treacle, three pounds and a half. Let the opium (sliced) be infused in the brandy four or five days; then mix them together, and boil these a few minutes over a slow fire." The following are the forms current in the drug trade, and by which the "Godfrey's Cordial" of the present day is made:—I. Caraways, corianders, and aniseed, of each 1lb; water, 6 gallons; distil 5 gallons, and add treacle 28lbs.; mix well, then add laudanum 1 quart, and oil of sassafras 1½oz., previously dissolved in rectified spirit, 1 gallon.—II. Sassafras chips, 1lb.; ginger, 4oz.; water, 3 gallons; simmer down to 2 gallons; then add treacle 16lbs.; rectified spirit, 7 pints; laudanum, 1 pint; and strain through flannel.—III. Opium, 1oz.; treacle, 7lbs.; boiling water, 5 quarts; dissolve: add rectified spirit, 1 pint; oil of sassafras, ¾ drachm; corianders, caraways, and ginger, of each 1½ drachms; digest for a week, and strain.—IV. Treacle, 16lbs.; water, 7 quarts; dissolve. Add oil of sassafras, 1½oz.; dissolved in rectified spirit, ½ gallon; bruised ginger, 1oz.; cloves, ½oz.; laudanum, 12oz.; digest 14 days, and strain through flannel.—V. Sassafras chips, 10oz.; caraway, coriander, and aniseeds, of each 1oz.; water, 3 quarts; simmer down to 2 quarts, then add treacle, 7lbs.; again, boil for 5 minutes; cool, and add laudanum, 4oz.; lastly, strain. [We may here add, that much of the "Godfrey's Cordial" met with contains fully double the above quantities of laudanum. Every maker has his own formula. The dose is—"A third of a teaspoonful, and upwards, according to the age and susceptibility of the child."]

pennyworths" (without a stamp) to his poorer customers. The old-fashioned "wrappers" and "directions" he obtains from his London druggist, or from the "drug labels and sundries" houses. The principal retail druggists now make their own "Godfrey's," as they term this nostrum; but the quantity sent out by the wholesale houses has not been thereby lessened. Indeed, the sale of "Godfrey's Cordial," as well as that of "SYRUP OF POPPIES" and "LAUDANUM" (other *baby-poisons*) has continued for some years steadily to increase.

"Godfrey's Cordial" may be regarded as an example of the class of nostrums to which this paper refers. From their similarity they do not require a separate notice. They nearly all depend on laudanum or opium for their soothing properties, and are, therefore, all **EQUALLY DANGEROUS**.

#### DALBY'S CARMINATIVE.

This nostrum is carminative, antacid, and anodyne. It differs from those above referred to, chiefly, by containing less laudanum than they do, and in magnesia forming one of its ingredients.\*

#### BRIGGS'S GOUT AND RHEUMATIC PILLS.

These pills are a local production. Quacks abound everywhere. A correspondent writes:—"These pills are prepared by a *Grocer* of this city. The label on the lid runs thus:—Briggs's Gout and Rheumatic Pills, prepared only by B. Marshall, 132 High street, Lincoln. Dose for an adult, two pills twice a day.—They appear to be both in odour and colour the Pil Plummeri of the Pharmacopœia."

The slight examination we have been able to give these pills, leads us to believe that our correspondent is right in his opinion as to their composition.

(To be continued.)

## Hospital Reports.

### ST THOMAS'S HOSPITAL.

*Scirrhus Cancer of the Skin and Liver following the Removal of an innocent Tumour from the Breast.*

(Under the care of Mr SIMON.)

The subjoined is an interesting example of cancerous degeneration.

Sarah Dennis, a widow, aged thirty, was first admitted under Mr Simon's care in March, 1852. At this time she was pregnant, and shortly afterwards miscarried. She stated that she had been confined two years previously, and that, her baby having died, she suffered much inconvenience from the accumulation of milk. While recovering from this, she received a blow on the left breast, and two months afterwards found a small swelling at its outer margin. When this had attained to about the size of a hen's egg, she applied to a surgeon, by whom it was soon afterwards excised. This gentleman considered it to be a "lacteal concretion." The wound healed readily; but, after a short time of apparent health, the axillary border of the breast again became knotty with firm rounded lumps that had no adhesion to the skin, and seemed pedunculated outgrowths of the mammary gland, and a tumour formed beneath. At this time—about eighteen months after the first operation—Mr Simon removed the outer half of the breast, including the nipple (which was not retracted) and the cicatrix of the former operation. She recovered well from the operation, soon left the hospital, and for six months remained in perfect health.

The characters of the excised tumour were not so definite as to allow Mr Simon to give a positive opinion as to the probability of its return. The cell growth of which it consisted was arranged in the follicular form, which

\* R. Carbonate of magnesia, 40 grains (some say 60 grains); oil of peppermint, 1 drop; oil of nutmeg, 2 drops; oil of aniseed, 3 drops; tincture of assafoetida, 15 drops; tincture of castor, 30 drops; laudanum, 6 drops; compound tincture of cardamoms, 35 drops; pennyroyal water, ½oz.; peppermint water, 1½oz.—for a bottle. Dose: A small teaspoonful, and upwards. The bottle must be shaken before pouring out the dose.



authors consider characteristic of lobular hypertrophy; but the cells were of higher development than is usual in this disease; and notice was drawn to the fact, that thus, while the arrangement of cells suggested a simple hypertrophy, or innocent tumour of the breast, their separate examination tended rather to give material for an opposite conclusion. Doubt was, therefore, expressed at the time as to the probable issue of the case.

On Sept. 19 she was re-admitted. On the cicatrix were several hard, pea-like nodules, and the glands in the left axilla were considerably enlarged. Similar nodules of scirrhous deposit were scattered over the integument of the neck and right breast; in all places they were of stony hardness, and the seats of acute lancinating pain. She was extremely cachectic, having a rapid, feeble pulse, and complete loss of appetite. There was now little doubt felt as to the malignant character of the disease, and Mr Simon's diagnosis of it was confirmed at the time of her death, which did not take place until the beginning of February, 1853. At the autopsy, large firm masses of deposit were found in the liver, respecting which, as well as the cutaneous nodules, the microscope afforded conclusive evidence that they were genuine scirrhous cancer.

In connexion with the subject of this notice, it may be interesting to know, that the two diseases—scirrhous and lobular hypertrophy—may co-exist in the same breast. This, no doubt, is very rare; but, a few weeks ago, Mr Simon exhibited, at the Pathological Society, such a specimen, in which a well-marked scirrhous tumour occupied the centre of the breast, while the axillary margin presented several knots of lobular hypertrophy.

#### ST MARY'S HOSPITAL.

*Vesico-vaginal Fistula after Confinement. Two Operations: the first unsuccessful, the second reducing the opening to very small dimensions.*

(Under the care of Mr BROWN.)

Eliza Z—, aged thirty-two, with healthy aspect, dark-red hair and irides, was confined on July 4, 1851. The labour continued two days and a half, instruments were employed, the child destroyed, and after her confinement the patient was unable to retain her urine. She has continued in the same condition up to her admission. The bowels have not acted without medicine since her delivery, but were not so sluggish before. The woman is otherwise quite healthy.

The condition of the parts before the operation was as follows: On introducing the finger into the vagina, at about two inches from the meatus urethrae, it passed into the fistulous opening, which was equal in size to two fingers' breadth. The os uteri could not be felt without turning the finger to the left side, high up in the vagina, where a small opening, barely admitting the tip of the index-finger, was situated. Just within this cul-de-sac of the vagina was the os uteri.

On the 12th of June, 1852, the operation was performed, after the bowels had been well opened, by placing the patient on her abdomen, and separating the entrance of the vagina, by retractors, as wide as possible. The edges of the fistulous opening were pared, four silk sutures introduced from below upwards, and held by bougies *in situ*, so as to bring the edges exactly in apposition. The lower edge of the cul-de-sac enclosing the os uteri was also cut away, and great care taken not to close the orifice leading to the mouth of the uterus. The operation lasted an hour and a quarter, during which time the patient was kept under the influence of chloroform.

When consciousness returned, two grains of opium were given, and the bent catheter, with a bag attached to one extremity, was introduced. The patient had stated that the urine did not flow away before the operation to any amount while she was lying down, but chiefly while in the erect posture.

She slept pretty well the night after the operation; skin warm; pulse 144, soft; tongue coated at the back, with some red papillae at the apex; bowels not open; no urine passed *per*

*vaginam*, but it flows through the bent catheter into the India-rubber bag. The patient complains of some uneasiness in the hypogastrium, but there is no tenderness; thirst: no appetite.

Second day after the operation.—Bowels not open; tongue more moist and clean; she complains of flushes of heat, and shivering, succeeding each other; the urine seems to pass only the natural way.

Fourth day.—No action of the bowels. Mr Brown ordered a simple enema to be administered. Tongue cleaner; otherwise in the same state.

Fifth day.—A good deal of blood flowed away with the urine into the receptacle; the patient suffered much pain last night, but to-day she is easier, and there is less hypogastric distress; tongue coated at the back, and rather moist in front; bowels not open to-day, they were only slightly acted on by the enema. The blood seems to have flowed from the uterus, probably in anticipation of the monthly period. The ligatures have given way, and the fistulous opening is just as it was before the operation.

Eighth day.—The urine escapes now just as heretofore.

Twelfth day.—On examination yesterday, it was found that another operation could hardly be undertaken with any prospect of success, the patient was therefore discharged.

She was readmitted Dec. 11, 1852, and on the 14th the septum, between the vagina and the cul-de-sac, containing the os uteri, was divided, so as to lay the two into one, and also to enlarge the cavity of the vagina. The perineum was likewise cut through as far as the commencement of the sphincter ani, and the wounds dressed with oiled lint. These measures were adopted to afford greater space for manipulation during the operation of paring the edges of the fistulous opening, and bringing them together.

The second operation was performed Jan. 6, 1853, in the following manner:—About an eighth of an inch of the margins of the fissure was carefully dissected off; four fine silver wires were then introduced through both sides of the opening, and the farther extremities of the wires passed through four openings in a metallic clamp one inch and a quarter long and one-eighth of an inch broad. After these preliminary steps, four split shots were fastened to the ends of the wires, and the clamps secured to the wires by the shot brought up close to the farther margin of the wound. The proximal ends of the wires were then passed through another clamp of the same size as the first, and the latter guided to the nearer margin of the wound. The two clamps were then brought close together, and the ends of the wire were fastened by means of four other split shot. A flexible metallic catheter was now passed into the urethra and bladder and retained there, and the patient placed on her left side. This second operation, like the first, lasted one hour and a quarter, during which time the woman remained under the full influence of chloroform.

The patient was kept under opium, and the bowels not allowed to act till after the sutures were taken away.

Ten days after the operation the clamps were removed, and the wound found to be healed, with the exception of a small orifice close to and overlapped by the cervix uteri, which admitted the extremity of a female catheter.

Twentieth day after the operation. The patient can now retain as much urine as she passes through the fistulous opening which is left. It was intended to subject the patient to a third operation, but as it was found, about a month after the second operative measures, that she had retained nearly all the urine, and that none trickled away through the opening, which had become very small, it was thought prudent not to interfere any more.

This case offers another illustration of the difficulty of completely closing up vesico-vaginal fistulae.

It should not be passed unnoticed that Mr Brown used a common bull's-eye lantern to throw light up the vagina; this seemed to facilitate the proceedings. Nor will the care taken of locking up the bowels, and of keeping the bladder empty, escape our readers. It is also worthy of notice that the effects of the chloroform were kept up a considerable time (an hour and a quarter) without evident injury to the patient.





PORTRAIT OF G. BORLASE CHILDS, ESQ.

(From a Daguerreotype by Beard.)

### Biographical Notices.

#### G. BORLASE CHILDS, ESQ.

Mr Childs was born at Liskeard, in the county of Cornwall, on the 7th July, 1816. His father, an eminent solicitor of that borough, was distinguished alike for his wit and the brilliancy of his social qualities. Among his friends he had the honour of numbering Sheridan, Erskine, and even George IV, when Prince of Wales. Many of Sheridan's leisure moments, as well as those of Lord Erskine, were passed at his house. Mr Childs was a strenuous Whig, and with a few other influential Cornishmen led the advocates of Parliamentary Reform in his own county from the year 1800 until the close of his life.

On the maternal side, Mr Borlase Childs is connected with one of the oldest and most respectable families in Cornwall. His ancestors, the Borlases, have held for centuries considerable landed property in that county. Dr Borlase, the celebrated antiquary, historian, and divine, was a distinguished member of this family.

Unfortunately for his numerous family, Mr Childs' father died before he had made a sufficient provision for the settle-

ment in life of his many sons; consequently they were thrown upon their own resources at an early age, chiefly dependent on their individual energy and industry. Few families, left with such slender means, have been so uniformly successful in life as Mr Childs and his brothers; and this success they owe mainly to their talents and perseverance. Two brothers are clergymen of the Established Church: one of them holding an important living in Cornwall; the other, having an incumbency at Devonport, has been chiefly instrumental in calling attention to and providing for the spiritual necessities of the immense crowd of emigrants annually leaving our shores. With this object the Rev. Mr Cave Childs has proposed and assisted in the formation of various philanthropic associations, and took an active part in getting up the evidence for and showing the necessity of the amendment of the Passengers' Act, since adopted and now in force. Another brother is a highly respectable solicitor at Liskeard, and was recently chief magistrate of the borough; whilst the youngest, Mr Robert Walker Childs, is well known as one of the most rising lawyers in London,



combining with natural sagacity a profound and enlarged knowledge of his profession.

Mr Borlase Childs was educated at the Liskeard Grammar School, at that time under the superintendence of the Rev. Athanasius Laffer, a rigid Tory of the old school, and a severe disciplinarian, but a man of the highest classical attainment. At this period party spirit ran high in consequence of the Reform question, which intensely agitated the whole of England, and Mr Childs, naturally of an energetic and adventurous spirit, could not fail to share in the excitement which then prevailed. A juvenile parliament was organised amongst the boys, in which he became a conspicuous leader; but having drawn upon himself in consequence the censure of the head master, he left the school, and no persuasions from his friends could induce him to return. Having a strong predilection for the sea, he studied navigation diligently for two years, after which period, through the interest of his maternal uncle, Mr John Borlase, a magistrate of the borough of Helston, a cadetship in the navy was procured for him. In consequence, however, of the death of his brother, Mr Joseph Jekyll Childs, who was an officer on board the *Acorn*, sloop of war, when she was lost in the gulf of Florida, he gave up all idea of the sea at the urgent intreaties of his mother, and to satisfy her wishes adopted the medical profession for his future career in life. He commenced his professional career with Mr Vincent, of Camborne, an experienced and kind-hearted surgeon whose extensive practice amidst a populous mining district of Cornwall, directed the young student's taste towards the surgical branch of his profession, and rapidly developed his operative skill.

After three years of close and practical observation, Mr Childs came to London, and joined the classes at the Aldersgate street School of Medicine, which then numbered amongst its teachers the eminent names of Hope, Pereira, Skey, &c.; at the same time he became a pupil at the Westminster Hospital, where he had the advantage of dressing successfully under Sir A. Carlisle, Guthrie, and White.

Having passed the College in 1838, Mr Childs was appointed, through the interest of his friend and relative Mr Coulson, house surgeon to the Margate Infirmary, where he remained during one season.

He afterwards returned to London, and commenced practice as a consulting surgeon in Upper Stamford street at the suggestion of Mr Coulson, who was the first to appreciate his talents, and to whose kindness and powerful support he is considerably indebted for the success which attended his early career.

The publication of his work on the 'Improvement and Preservation of the Female Figure,' soon after his arrival in London, procured for him an introduction to some of the first families at the West End. At this time, through the interest of Lord Fitzroy Somerset, he was offered an assistant surgeoncy in the Line, which offer he respectfully declined. Subsequently Mr Childs removed to the City, and in 1844 became a candidate for the appointment of Surgeon General to the City Police Force, which was then vacant, and which he obtained, after a contest unusually sharp and severe, mainly through his own popularity and the exertions of his numerous and influential friends, particularly Mr Coulson. So satisfactory has been the performance of his duty, and so properly appreciated by the Corporation, that the emoluments of the office have been raised to twice their original value—an honourable acknowledgment of the merits of a deserving officer by a liberal and high-minded municipality.

In 1848 Mr Childs, at the urgent solicitation of his friends, offered himself as candidate for the appointment of sanitary officer to the City of London. Reluctantly did he come forward, and only in consequence of the representations made to him, that the sanitary changes contemplated were essentially within the range of his police duties, and his qualifications peculiarly adapted to the discharge of so important a trust. Respected by the Common Council, supported by powerful interest, and firmly established in public opinion, he found himself, without surprise, returned

to the Court as one of the two eligible candidates. The contest between Mr Childs and Mr Simon was unusually severe, and it was not until the last day that the friends of the former advised his withdrawal, a measure in the propriety of which he entirely concurred.

We believe Mr Childs was the first surgeon in this country who performed the operation of dividing the museles in certain cases of spinal distortion; but he candidly admits, that after giving this operation an extensive trial, he finds it less effectual than he at first anticipated. His work on the subject, entitled 'A Practical Treatise on the New Operation for Lateral Curvature,' displays an intimate acquaintance with the mechanism of the spine and the pathological conditions to which its deviations from its normal position are attributable, and remains one of the most satisfactory treatises on the subject, to which an inquirer for information can resort. The question excited at the time a considerable amount of attention, and gave rise to a warm and able controversy at several meetings of the Hunterian Society.

We have recently witnessed an admirable illustration of the traits of Mr Childs' professional character in his performance of the new operation for ovariectomy. Never, we venture to say, was a dangerous and difficult operation encountered with more self-possession and skill. Judgment and dexterity of the highest order presided over the whole proceeding; and the several able physicians and surgeons who had the privilege of being present, confessed to the operator's possession of these faculties. The case, we hear, is doing well, and will in all probability turn out in commendation of an operation which has had to meet with much opposition, but which, through such instances as that now given, must in the end command a position amongst the great operations of surgery. See 'Lancet,' April 9, 1853.

Mr Childs holds many valuable appointments. He is Surgeon-General to the City Police, Surgeon to the Metropolitan Free Hospital, Staff-Surgeon Royal London Militia, Examining-Surgeon to the Great Northern Railway, Surgeon to the National Guardian Assurance Office, &c. He is also a Fellow by examination of the Royal College of Surgeons of England, Fellow of the Royal Medico-Chirurgical Society, Member of the Pathological Society, Fellow and one of the Council of the Medical Society of London.

His manners are pleasing and full of *bonhomie*, his countenance intelligent and prepossessing, and his bearing manly and straightforward. Several features in his character mark the successful practitioner and skilful operator. In practice he manifests great dexterity and steadiness of hand, unusual delicacy of touch, and a never-failing self-reliance. The following anecdote, illustrative alike of his skill and intrepidity, we received from a gentleman who was a witness of the facts. An eminent surgeon was about to perform lithotomy on a child; the assistants were ready, and the patient placed on a table. After repeatedly sounding the child no stone could be detected, although the practitioner who called the surgeon in had, on a former occasion, felt convinced of its existence. Mr Childs, who was present, when appealed to, stated that he was confident of the presence of the calculus. The surgeon refused to operate, as he had not felt the stone, but offered the case to Mr Childs if he would undertake its responsibility. To this he willingly assented, and seated himself before his patient. With great dexterity and coolness he cut into the bladder, extracted a small stone, so placed as easily to escape detection, and thus excited the admiration of the assembly by his sagacity and self-possession. A more striking testimony to Mr Childs' delicacy of touch could not be cited. Mr Childs' work 'On Gonorrhoea and its Consequences' shows an intimate acquaintance with the subject, and especially with its peculiar literature. It abounds with sound information, and contains some of the best practical remarks that could be met with. Subsequently to its publication Mr Childs devoted considerable attention to the treatment of gonorrhoea by superficial cauterisation, and in a paper on this subject gave an ac-



count of its value, which has led to its very general adoption. Fricke's plan of treating gonorrhoeal orchitis by compression was also introduced into this country through its advocacy by Mr Childs.

From Mr Childs' connection with the police, he has had valuable opportunities of studying that protean malady, syphilis; and we find some valuable suggestions on its treatment in a paper published in the 'Medical Times and Gazette' in 1842.

The existence of other papers show that Mr Childs has been no professional drone; for we found in the 'Medical Gazette' of 1841 an interesting account of the division by him of the hamstrings in a case of contraction of the knee joint, one of the earliest and most successful cases in the annals of English surgery. It is the appreciation of what is new and excellent in the science of surgery, which has raised many a man to high distinction; and in this respect we think the subject of our sketch has done much, and will yet do much more for his profession. Mr Childs has an honourable career before him, and will doubtless realise eventually the most ardent expectations of his friends.

## Reviews.

*The Domestic Medical and Surgical Guide, &c.* By Jabez Hogg.

This is one of the several works published by Messrs Ingram and Cooke, and was undertaken by the author at the especial request of that benevolent lady, Mrs Chisholm, for the purpose of giving information to emigrants on the voyage and in the bush. Mr Hogg has compressed into a small compass an immense amount of useful knowledge on all subjects relating to diet, clothing, and medicine; and has evinced much judgment in his selections. We believe that 5,000 copies of the work have been already disposed of. It is highly deserving of public confidence.

*A Text Book of Physiology.* By Dr G. Valentin. Translated and edited by W. Brinton, M.D.

This excellent work has received an English dress from the hand of Dr W. Brinton, a gentleman well qualified for the duty he undertook. On the continent the work is well known, and the name, at least of the author, has frequently appeared before the profession of this country, associated with new inquiries. Not until the present time, however, have those of our readers, unacquainted with continental literature, been able to judge of the comprehensive grasp of mind and deep research of this celebrated physiologist. It would be idle to attempt to give, within the limits of a notice, an account of a volume which is itself an abridgment of another larger work. We shall, therefore, content ourselves with recommending it to our readers, with the assurance that they will find in it all the leading subjects connected with physiology—most of them ably and lucidly treated. The style is clear and easy, and the work is admirably got up, being illustrated with upwards of five hundred engravings on wood, stone, and copper. No student or practitioner should be without this truly valuable work.

*Inflammation of the Breast and Milk Abscess.* By Thomas William Nunn.

Mr Nunn commences his little brochure with some observations on acute inflammation of the breast, and he cites a table showing the periods at which inflammation of the breast chiefly sets in during lactation. We quote the following remarks in which he sums up the facts:—

"On casting the eye down the column which indicates the duration of lactation, it will be observed that the periods of attack all at once leap from before the eighth week, or thereabouts, to beyond the fiftieth.

"If the cases be arranged in groups, according to the

distance in months from the date of delivery, it will be found, that of the first thirty-seven cases twelve occurred during the first month, ten during the second, three during the third, eight beyond the eleventh month, leaving only four cases to spread over the intermediate months."

The author makes some observations on the treatment also, a few of which we quote:—

"Immediately the irritation accompanying the formation of the abscess has subsided, relief having been given to the state of tension by incision, and free evacuation of pus stimulated by a few hours of warm poulticing, we must endeavour to get rid of the effused lymph in the tissues around the abscess.

"Mercurial ointment with resin cerate, or the mercurial plaister with ammoniacum, are very useful agents for this purpose. The simple application of resin cerate proves often sufficiently stimulating.

"The ointment, whichever it may be, should be spread upon a piece of soft linen, of sufficient size to cover the whole of the inflamed region; an aperture should be made to correspond with the orifice of the abscess, and over the whole may be placed a *thin cold* poultice, to serve as a pad upon which the breast may imbed itself.

"Compression of the gland, by strapping with adhesive plaster, is an effective means for promoting absorption when the irritability is not great, individual cases varying much in this respect. The straps should pass from the upper part of the sternum, by the lower border of the gland, to the side of the chest, pressing the gland upwards, and others should skirt the upper margin and be fixed to the same part of the side."

Tonics are advised, and the opening of sinuses by extensive incisions is disapproved. It is a useful little work.

## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY SAMUEL THOMSON, M.D.

PART II.

(Continued from page 274.)

But what of the 1,150 persons, or thereby, who are left out of all those companies of merit? Are they indeed of no manner of worth in this summation, or are they only lost behind the veil of modest desert? Perhaps we have too hastily overlooked, or too severely repressed, such claims for notice as have ventured into the light. If some are not great actors on the public stage of medicine—if some are young, and have not yet found the opportunity of achievement—if some are indifferent to the charms or the praises of extraneous learning—these are not circumstances to render them less worthy members of a profession which has within its own field studies of exhaustless interest, and which, in every scene of its exercise, is of paramount importance to the sum of human happiness and safety. Neither have we given cause for a surmise that so many metropolitan practitioners make no approach to a meritorious ardour in the cultivation of medical knowledge. On the contrary, we have purposely kept in store for this place a class of scientific societies, not yet even alluded to, and which, because most nearly adopted—nay, entirely consecrated—to the proper interests of medicine, are the most honourable fraternities in which her followers can mingle. Numbers then of these men, whom we unwillingly leave undistinguished, are fellows or members of the Royal Medical and Chirurgical Society, of the Medical Society of London, of the Harveian, Hunterian, Pathological, and other professional institutions, which persons of the greatest figure in our orders of note have not forgotten to show among their decorations. And this brings a fitting occasion to point out some similar societies, where not a few of our medical men are enrolled, and which, though placed at too great a distance to favour the most active co-operation, confer no mean credit upon those whom they have received into their membership. Such are the Imperial Academy of Medicine of Paris, the Imperial College of Physicians of St Petersburg,



the Royal Medical Academy of Sweden, the Medico-Chirurgical Society of Berlin, the Academia Quirurjica of Madrid, and the Pharmaceutical Society of Portugal, with many others of the like purpose and celebrity.

There are some further species of honours that are neither of medical nor learned origin, and yet contribute in a high degree to the ornament of the profession. Knighthood and the Baronetcy, and other marks of Royal favour, as largely as upon any class of meritorious persons, have descended upon medical men, from an august source, which has both authority to honour and power to reward. In a word, the medical men of London have gathered from all the resources which fame and fortune possess for the encouragement of human excellence. If it were allowable to adorn this page with the names of 200 illustrious men, or if we could with unimpeachable justice limit the list to such a number, there are ample materials for the catalogue in the 'London Medical Directory.' But to decimate this legion of honour will neither occupy an extravagant space nor give cause for any to be sensibly disparaged, if they are not found among twenty. The following are, therefore, advanced as examples of many men, to each of whom Medicine—if she had a poet's voice—might address the eulogy of the lyric muse,

"O, et præsidium, et dulce decus meum."

SUMMI QUIDAM MEDICI LONDINIENSES.

Sir James Anderson, M.D., M.R.S.A.

Sir B. C. Brodie, Bart., D.C.L., F.R.S., Serj. Surgeon to her Majesty the Queen.

Sir W. Burnett, K.C.B., K.C.H., M.D., F.R.S.

Wm. Fred. Chambers, K.C.H., M.D., F.R.S., Physician to her Majesty the Queen.

Sir James Clark, Bart., A.M., M.D., F.R.S., Physician in Ordinary to her Majesty the Queen.

Sir C. Mansfield Clarke, Bart., M.D., F.R.S.

Sir David Davies, K.G.H., M.R.C.P.

Sir John Dorat, F.R.C.S., V.P. Royal Society of Literature.

Sir James Eyre, Knt., M.D.

Sir Stephen L. Hammick, Bart., F.R.C.S.

Sir William Jackson Hooker, M.D.

Sir James McGrigor, Bart., K.C.B., K.C.T.S., M.D., Phys. Ext. to her Majesty the Queen.

Sir John Liddel, C.B., M.D., F.R.S.

Sir Alexander Morison, Knt., M.D.

Sir B. Fonseca Outram, R.N., K.C.B., M.D., F.R.S.

William Fergusson, Esq., F.R.C.S., F.R.S., Surgeon in Ord. to H.R.H. Prince Albert.

John Forbes, Esq., M.D., Hon. D.C.L. Oxon., F.R.S., Physician to Her Majesty's Household.

John Ayrton Paris, Esq., M.D., Hon. D.C.L. Oxon. V.P.R.S., President of the Royal College of Physicians.

Henry Herbert Southey, Esq., M.D., D.C.L. Oxon., F.R.S.

With respect to medical authorship, and other indications of professional activity and zeal, which yet remain to be brought under review, and will open an extensive field of inquiry, we intend referring these to a better and more general opportunity; for, indeed, such things concern not a city alone, but the world. We shall therefore proceed next to take in hand the medical men of the English provinces, who are no doubt already overwhelmed with anxiety to see what kind of appearance they will make in this lofty and conspicuous place of professional history.

Radcliffe, Lancashire.

DR ALDIS has resigned the office of Superintendent of the Hunterian School of Medicine, and has received the unanimous thanks of the Lecturers for the manner in which he conducted it.

APPOINTMENT.—M. Dubois has been appointed accoucheur to the Empress. His father, M. Antoine Dubois, attended Marie Louise on the occasion of the birth of the King of Rome.

ON DEAFNESS, AND DESTRUCTION OF THE MEMBRANA TYMPANI.

[The following letter has appeared in a contemporary; and as we deem the subject of great importance to the reputation of the gentlemen concerned, as well as to the common interests of science, we feel it a duty to give it insertion in our columns.—ED. MED. CIRCULAR.]

SIR,—I have been much interested in the extract from 'Tod's Anatomy and Physiology of the Organ of Hearing,' which appears in the 'Medical Times' of March 11, affording as it does another confirmation of the important mode of treatment which it was my good fortune to introduce to the notice of the profession, and the benefits of which many of my patients are now daily experiencing. But not only by Tod, but by Itard and Deleau, had the fact been noticed, as the following quotations from their works will show, and to which I directed attention in a paper published in (if I remember rightly) the 'Provincial Association Journal' three or four years ago. In relating a case of a long existing otorrhœa, complicated with destruction of the membrana tympani, and fungoid growths in the meatus and tympanum, M. Itard observes:—

"Je m'aperçus que ce jeune homme recouvrait l'ouïe pour quelques minutes à la suite de la douche que je lui faisais donner chaque matin dans le méat auditif; bien que les deux oreilles fussent affectées de la même lésion et eussent été traitées de même, ce rétablissement momentané de l'ouïe par l'humectation ne s'observait que sur la droite. Pour rendre cet effet plus durable j'essayai de porter dans l'oreille un tampon de coton mouillé pas assez volumineux cependant pour la boucher complètement. Le succès de cette application fut complet; mais il ne se manifesta que lorsque, comme je l'ai dit plus haut, ce corps étranger toucha au fond de l'oreille, lequel dans ce cas devait être la caisse elle-même. Il fut très facile à ce jeune homme d'apprendre à placer lui-même cet officieux bouchon dans son oreille, et de la maintenir ainsi constamment dans un état analogue à la guérison la plus complète."—'Traité des Maladies de L'Oreille,' p. 92.

Conclusive and satisfactory as was the result of this simple application, no advantage appears to have been taken of it in similar cases, for not another word is mentioned of its remedial agency in a work exceeding nine hundred pages!

Again, M. Deleau, in a 'Memoir sur La Perforation de la Membrane du Tympan,' relates the case of a patient who suffered from diseased tympana, accompanied by otorrhœa.

"Richalet introduisit machinalement un petit morceau de bois dans l'oreille gauche; aussitôt, quelle fut sa surprise! tous les bruits que l'on faisait dans la rue vinrent frapper son ouïe. Mais aussi quel fut son déplaisir une fois que ce précieux morceau fut retiré du conduit auditif! Aujourd'hui à force de tâtonner, il parvient à entendre assez bien à voix ordinaire, quand il porte dans l'oreille gauche un germe d'oignon qu'il remplace par un autre chaque cinq ou six jours, ou quand il se dévie du lieu qu'il doit atteindre pour donner de la sensibilité à l'ouïe. Cet homme a répété souvent ces mêmes essais sur l'oreille droite, mais il n'est parvenu à aucun résultat."

This important fact is thus cursorily demonstrated in a foot note of a work professedly upon 'Perforation of the Membrana Tympani,' the very description of case in which alone the moistened cotton is of any avail. In conclusion, I take the opportunity of adverting to two points in reference to this interesting subject.

In the paper published in the 'Lancet' in 1848, I stated that it was from an American that I took the hint of introducing the moistened cotton; but, in point of fact, it was an English gentleman who came over from New York to consult me—an eminent artist, still resident in this country.

Secondly, in regard to the *modus operandi* of the remedy. By the destruction, partial or complete of the membrane, the chain of bones lose their support; the cotton delicately adjusted, re-supplies that support; so long as it retains its



position the improved hearing is maintained, the moment it becomes displaced the hearing is lost. Finally, in its adjustment, care must be taken not to cover up the perforation of the membrane;—it is a *sin quâ non* that an opening be preserved with the outer air.—I am, &c.,

15 Savile row.

JAS. YEARSLEY.

P.S.—The postponement of the publication of the above letter affords me an opportunity of a word of comment on the communication of Mr Toynbee, which appeared in your Number of March 26.

Notwithstanding the assertion of that gentleman to the contrary, I do not think that any member of the Profession will give him credit for originality in the method he has proposed for the treatment of perforated tympana, not that it is worth cavilling about, for though it may serve his purpose, I reiterate that it will not accomplish that which he asserts respecting it, and for the following reasons:—

From numberless experiments of my own, to improve upon the cotton-wool remedy, I can safely affirm, that no substance or apparatus, less simple or inoffensive than the cotton wool, can be worn by a patient, without causing a degree of irritation which is positively unbearable, and even perilous. Subsequently to my announcement of the cotton-wool remedy, M. Deleau, of Paris, proposed an appliance somewhat similar to that now proposed by Mr Toynbee, *and failed*. But not only has Mr Toynbee committed an error as to the means, but he has, relying upon a false theory, mistaken the principle upon which all such modes of treatment can possibly succeed. To close up the perforation and reproduce what he calls a shut chamber, is positively to deprive the patient of the little hearing he may happen to possess. For on the truth of two points I pledge my professional reputation. First, it is absolutely essential to success, that whatever be the remedy used, an opening be preserved with the outer air; in other words, that a shut chamber be *not* produced. Secondly, that the *modus operandi* consists in the application restoring the support to the ossicula, or the remaining portion of membrana tympani, of which the one or the other may have been deprived by the partial or entire loss of the same membrane.

Permit me to ask, upon what grounds Mr Toynbee associates the name of Mr Tod with mine, in the title to or merit of this important invention? Like Messrs Itard and Deleau, Mr Tod was undoubtedly an observer of the fact, but no more. In like manner, the Gloucestershire milkmaids made known to Dr Jenner their immunity from small-pox. Not only on this question, but on others which I could name, Mr Toynbee does not appear to me to appreciate the maxim of

Palmarum qui meruit, ferat.

J. Y.

—('Medical Times and Gazette,' April 9, 1853.)

## DRUGS, AND THEIR ADULTERATIONS.

### PULVIS ANTIMONIALIS.

The 'Medical Times and Gazette' compares in the last Number the chemical composition of various specimens of pulvis antimonialis, with the true James's powder. With respect to the latter, it says:—

"It has been a matter of question to which of the constituents of this preparation its activity must be attributed. Brande was of opinion, that its activity must be ascribed to the sesquioxide, and its frequent inertness to deficiency of that compound. Christison says, 'that as the antimonious acid constituting the greater portion of the antimonial contents is well known to be inert in the free state, the activity of the preparation seems in all probability to be owing in part to the antimonite of lime, but chiefly to the sesquioxide; and, therefore, the great aim of the process should be to increase the proportion of that oxide, and to prevent it from being peroxidized. This object may be accomplished by regulating the degree of heat, the duration of the heat, and the access of air in the stage of incineration.'

"There can be little doubt that the sesquioxide is the chief, if not the only active principle contained in the antimonial powder as in the original nostrum; for, if we refer to the analyses of both these remedies by Dr MacLagan, we shall at once see that the quantity of antimonite is extremely small, amounting, in one analysis of James's powder to only 0·3 per cent. out of 3·40 soluble in distilled water, while the whole soluble matter in the antimonial powder amounted to 0·8 per cent. Even if it were more abundant, there does not seem to be any sufficient reason why the antimonious acid derived from the antimonite of lime should be more active than the free antimonious acid, which forms from 30 to 50 per cent. of the powder, unless it is supposed that the uncombined acid is rendered absolutely insoluble by the action of heat. We have not been able, moreover, to ascertain on what grounds the complete inertness of antimonious acid is founded, nor to discover any experimental essays on that compound. It is quite possible that, although the antimonious acid may be insoluble in the acid gastric fluid, it may be, to a slight extent, soluble in the alkaline bile. The proportion of sesquioxide in the antimonial powder is extremely variable, as will be perceived by reference to the analyses we shall presently record."

Various analyses of specimens of antimonial powder are then given, and the conclusions are thus expressed:—

"In these analyses the loss was very small, seldom exceeding a few tenths of a grain, and, as the whole loss was evidently phosphate of lime, it has been estimated as such. The variation in composition of the antimonial powder sold in the shops is certainly very great. The antimonious acid varies from the minimum 30·4 to the maximum 52·40 per cent. The sesquioxide of antimony is equally variable,—its minimum 0·34, and its greater amount 3·97; while the James's powder contained 3·45. The phosphate of lime corresponded to the variations in the other constituents. In two cases, (Analyses 3 and 16), a fraudulent substitution of sesquioxide of antimony had been made; and it is by no means probable that, had our researches been further extended, and specimens obtained from the inferior shops of the metropolis, a greater proportion of instances of this unwarrantable substitution would have been brought to light. If, as is improbable, the efficiency of the antimonial powder depends on the proportion of sesquioxide, and if Mr Tyson's statements, which have been quoted in earlier part of this paper, be correct, the ordinary dose of these samples would produce violent emesis, and might perchance endanger the lives of young children, for whom this preparation is most commonly prescribed.

"In conclusion, it must be remarked, that all the analytical results tend to show, that the patent nostrum possesses little, if any, superiority over the ordinary antimonial powder, a superiority by no means corresponding to the extravagant price charged for it by the vendors. Believing, as we do, that the activity of both preparations depends mainly on the sesquioxide of antimony, it is easy to render the antimonial powder equally efficient by increasing the dose. It is evident that the two preparations are composed of the same constituents; but the manufacturers of the James's powder are somewhat more successful in regulating the proportion of sesquioxide than the manufacturing chemists. We hope that the misplaced and exaggerated confidence of some members of the profession in the nostrum will henceforth be destroyed, and that they will cease to afford their countenance to any form of quackery."

DR HOLLAND.—The Queen has conferred the honour of a baronetcy upon Dr Henry Holland, one of the physicians-extraordinary to her Majesty.

FEVER IN THE MIDDLESEX HOUSE OF CORRECTION.—Typhus fever of a very severe type has made its appearance amongst the prisoners. One fatal case occurred last week.

DEVON COUNTY ASYLUM.—During the past year, 116 patients were admitted, 51 males and 65 females. Deaths 30, recoveries 52, and 459 were resident at the end of the year.



## Medical Societies.

### PATHOLOGICAL SOCIETY OF LONDON.

DR BABINGTON, F.R.S., PRESIDENT, IN THE CHAIR.

#### ENCHONDROMA OF THE LEFT TESTICLE.

Mr Jabez Hogg exhibited a specimen exemplifying this affection of the testis, which had been removed from a gentleman 30 years of age. The disease appeared to have commenced in consequence of an injury received two years previously, while riding. After this accident, the patient suffered considerable pain in the testis and loins. The testis shortly afterwards began to enlarge, and continued to do so till July, 1852, when the gentleman came to London to consult Mr Hancock, who extirpated the diseased organ. The patient recovered from the effects of the operation without an unfavourable symptom, and has ever since remained perfectly well. Upon examining the morbid structure subsequent to the operation, it was found to weigh 4lbs. 6oz.; and on making a section the disease was found to be of an enchondromatous and cystic character, portions of the mass being occupied by nodules of cartilage, while in other parts cysts appeared, filled with coagulated blood, or containing flocculi, apparently fibrinous in character, or distended with a viscid, light straw-coloured fluid. The microscopic inspection of portions of the tumour revealed cartilage cells dispersed in a fibrous matrix, enclosing eight or ten nuclei, and a few fat globules. The seminal ducts were obliterated throughout the testis, except at the upper and outer border, where a small band of tubular tissue remained. The tubuli in this situation were found on examination to exhibit various stages of alteration, some being slightly and others considerably dilated, while nodules of cartilage, partaking of the outline of the dilated tubes, could be readily discovered and separated; so that it would appear, that all the nodules of cartilage in the tumour were originally developed within the tubuli.

Mr Adams also exhibited a specimen of enchondroma, of the testis, but he has neglected to furnish any account of it to the Secretary.

### THE MEDICAL SOCIETY OF LONDON.

#### STRICTURE OF THE ILEUM AFTER DELIVERY.

Dr Winn gave some interesting details of a puerperal case, in which a stricture of the ileum and a diverticulum were discovered after death. The patient was a young woman, aged twenty-seven, residing in the neighbourhood of the Caledonian-road. Dr Winn was summoned to see her on the 2nd of February, when he found her in an extremely exhausted condition. Mr Sillifant, her medical attendant, informed him that his patient had been delivered of her first child a week before Dr Winn saw her, and that she had been progressing favourably up to the fifth day, when the nurse, unknown to him, administered a strong dose of senna tea. This was followed by great intestinal irritation, tenesmus and some purging. Soon after, vomiting came on accompanied by hypogastric tenderness, with suppression of the lochia and milk. When Dr Winn saw her there were signs of approaching dissolution. The pulse was extremely rapid, the countenance anxious, the hypogastric region distended and tender, and the stomach incapable of retaining the smallest quantity of fluid. Stercoraceous vomiting had been in operation for many hours, and the bowels had not acted since the day on which the strong dose of senna had been administered, although enemata had been freely had recourse to. Dr Winn prescribed an opiate injection, and a blister to the hypogastrium, but with little hope of affording relief. It was evident that serious organic mischief had taken place, but as to the precise nature of the lesions it was by no means easy to form an opinion. Dr Winn diagnosed inflammation of the peritoneal covering of the uterus,

and mechanical obstruction of the bowels; he also conjectured that the obstruction was a secondary affection, owing to an extension of the inflammation to the coats of the intestines. The poor woman gradually sank, and died at eleven p.m. on the following day.

*Autopsy, fifteen hours after death.*—The body was well developed, and the adipose tissue, on the parietes of the abdomen was nearly an inch in thickness. The uterus was pale, flat, and flabby; and its walls about a quarter of an inch in thickness. The cavity was larger than is usually the case at the end of the first week after delivery, and contained a small quantity of mucus. The lining membrane presented a few vascular spots, but the other portions of its surface were natural in appearance. On cutting through its fundus, a small, cyst-like cavity was discovered, which contained some turbid serum, and was about a quarter of an inch in diameter. The fibrous structure of the uterus was softer than natural, and admitted of being easily torn. The principal abnormalities however, were a stricture, and, close to it, a diverticulum of the ileum, situated about a foot from the cæcum. The diverticulum, which Dr Winn considered to be congenital, consisted of an appendix, about three inches long, perfectly cylindrical, and a little narrower than the ileum, forming, as it were, a hollow tube, ending in a cul-de-sac. It was quite healthy, excepting a spot on the peritoneal covering of its apex, to which was adherent a layer of firmly coagulated lymph, about the size of a sixpence. The stricture was situated close to, and a little above the diverticulum—that is, between it and the upper portion of the small intestines, and was about a quarter of an inch in diameter. The small intestines were enormously distended with gas, but their textures presented a healthy appearance throughout. There is no doubt that the stricture in the above case had existed for a considerable period before death; that at some distant period inflammation might have agglutinated the apex of the diverticulum to some portion of the abdominal contents, and in this way the ileum might have become entangled. Dr Winn also thought it conceivable that the vomiting and inverted peristaltic action of the intestine shortly before death might have liberated the adhesions, and have thus restored the diverticulum to its original position.

In answer to a question, Dr Winn stated that diverticula ilei probably owed their origin to the umbilical vesicle, found between the chorion and amnion in the early months of uterine life; and he agreed with Mr Canton in thinking that there was a diverticulum in the interesting case which he, Mr Canton, had just exhibited at the meeting.

### ROYAL COLLEGE OF PHYSICIANS.

#### [DRAFT OF CHARTER.]

[Clauses 5 and 6 are drawn under the supposition that the Legislature will, in future, and without interfering with existing legal rights, or the privileges of the Universities of Oxford and Cambridge, render it imperative upon all physicians practising in England and Wales, to be enrolled in the College of Physicians of England.]

I. That the said Corporation shall henceforth be styled, "The Royal College of Physicians of England."

II. That the said Corporation shall consist of Fellows and members, including a President and Council, four Vice-Presidents, four Censors, a Treasurer, and a Registrar.

III. That all the present licentiates of the said Corporation shall be members of the said Corporation.

IV. That each of the present extra-licentiates of the said Corporation may be admitted a member of the said Corporation on the production to the said Censors of the said Corporation of testimonials of character which shall be satisfactory to the said Censors, and on his assuring the said Censors that he is not engaged in the practice of pharmacy, and on his paying to the said Corporation a fee of fifteen pounds fifteen shillings, exclusive of the stamp duty.

V. That every person practising as a physician in England or Wales, and who shall have taken the degree of Doctor in



Medicine at any University in the United Kingdom of Great Britain and Ireland, after regular examination at least three calendar months previously to the date of these our letters patent, and also every person who shall have received a license to practise physic from either of the Universities of Oxford or Cambridge, and also every person practising as a physician in England or Wales who shall have taken the degree of Doctor in Medicine at any foreign university at least three months previously to the date of these our letters patent, after regular examination and after having resided during a period of not less than two years in an university, and also every person practising as a physician in England or Wales who shall have been for a period of not less than three months previously to the date of these our letters patent a Fellow of the Royal College of Physicians of Edinburgh, or a Fellow or Licentiate of the Royal College of Physicians of Dublin, and who shall have been admitted as a Fellow of such Royal College of Edinburgh or Dublin or Licentiate of the Royal College of Physicians of Dublin, as the case may be, after regular examination, provided such person shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, shall at any time within twelve calendar months from the acceptance of these our letters patent by the said Corporation in the manner mentioned in the Act of Parliament hereinbefore stated to have been passed in the present year of our reign, be admitted a member of the said Corporation, without any examination, on the production to the Censors of the said Corporation of his diploma and of such testimonials of character and professional qualifications as shall be satisfactory to such Censors, and on his proving himself to be of the said age, and on his assuring such Censors that he is not engaged in pharmacy, and on his paying to the said Corporation a fee of fifteen pounds fifteen shillings exclusive of the stamp duty.

VI. That any person who after regular examination shall have taken a degree in Medicine at any University in the United Kingdom of Great Britain and Ireland, or at any foreign University to be from time to time recognised by the said Corporation, and who shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, and shall have gone through such course of studies, and who shall have passed such examination before the Censors of the said Corporation touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the bye-laws of the said Corporation, shall be entitled to become a member of the said Corporation without being subject to any other election.

VII. That the present Fellows of the said Corporation shall continue to be Fellows of the said Corporation.

VIII. That every member who shall be admitted a member of the said Corporation as hereinbefore mentioned, who shall be desirous of becoming a Fellow of the said Corporation, shall be capable of being elected a Fellow thereof, provided he shall, in addition to the examination hereinbefore mentioned, at any time after that examination, have passed such further examination before the Censors of the said College, touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the bye-laws of the said Corporation; provided, nevertheless, that such member shall not be capable of being actually elected a Fellow as aforesaid until he shall have been a member of the said Corporation for a period of not less than four years.

IX. That during the period of twelve months to be computed from the date of these our letters patent, the Council of the said College shall have the power to nominate such members thereof, as in the opinion of the Council shall have distinguished themselves in the pursuit of science and literature, provided the members so to be nominated shall have attained the age of thirty years, without any limitation as to the period during which such members shall have previously been members of the said Corporation, to be proposed to the Fellows for election as Fellows at meetings of the Fellows, to

be holden, with due notice, for this purpose at any time before the expiration of the said twelve months.

X. That after the expiration of the period of twelve months, to be computed as aforesaid, the Council of the said college shall have the power to nominate yearly such members thereof as in the opinion of the Council shall have distinguished themselves in the pursuit of science and literature, to be proposed to the Fellows for election as Fellows provided the members so to be nominated shall have been members of the said Corporation for a period of not less than four years.

(To be continued.)

#### DEPUTATION TO LORD PALMERSTON.

On the 1st instant a Deputation of the President, Fellows and Members of the Royal College of Physicians waited upon Lord Palmerston, at the Home Office, for the purpose of entreating His Lordship to take such immediate steps as might appear necessary to obtain a new Charter for the College.

The Deputation consisted of the following Fellows:—Dr Paris, *President*; Dr Munro, Treasurer, Dr Hawkins, Registrar, *Elects*; Drs Todd, Crawford, Webster, Owen Rees, *Censors*. Drs Meryon, Wilson, Spurgin, Alderson, Waterfield, Burrows, Copland, Tweedie, F. Farre, Aldis, Nairne, Daniell, Goolden, A. J. Sutherland, Barlow, Sayer, Rigby, Risdon Bennett, Kingston, Weber, Gull, King Chambers, Henry Monro, Philp, Basham, George Johnson, Peacock, Thompson, Barclay, Sieveking.

Dr Paris, the President, stated to His Lordship, that the College, the Medical Profession, and the public generally, suffered severely from the present state of affairs; and the evils of which they had to complain would be seriously aggravated unless measures were at once taken to place the College upon a better footing. Great inconvenience was at present felt with regard to licenses, which were granted upon different conditions to persons practising in London, and others practising in the country—a circumstance which created much unpleasant feeling, and was otherwise productive of bad consequences. The body over which he (Dr Paris) presided, earnestly entreated His Lordship to do what he could in removing the difficulties of which they complained, and in bringing about some practical improvement.

Dr Francis Hawkins, the Registrar of the College, read to His Lordship a statement which had been prepared for the purpose of presentation. It informed His Lordship that the principal points of difference between the present Charter and a new Charter which the members of the Deputation were desirous of obtaining were as follow:—The present Charter gave to the College the exclusive power of examining and licensing physicians in London. A similar power as to physicians in the country was given by the Act of Henry VIII, confirming the Charter, not to the College, but to a body chosen out of the College. Hence, persons licensed for one district were not so for another, and many dissensions and much inconvenience had arisen from this distinction. The new Charter, to which they now asked His Lordship's acquiescence, would extend the licensing power of the College to the whole of England and Wales, and would change the title of the college to that of "The Royal College of Physicians of England;" a similar change having recently been made, by Charter, in the title of the Royal College of Surgeons. The new Charter would provide for the admission into the College, on terms universally considered extremely liberal, of many physicians now practising throughout the country without the license of the College, and by whom such a measure as this had for many years been ardently desired. The new Charter made certain changes in the internal constitution of the College. In particular it transferred to the College at large the power of choosing its President, which was given by the old Charter to a select body, called the "Elects," who were self-elected. It gave



to the College the power of expelling any future Fellow or member who should be convicted of certain heinous offences; also that of conferring the title of Doctor of Medicine on persons who, being past the age of forty years, were found worthy, from their general attainments and long experience in the practice of medicine, to be licensed as physicians. Under other circumstances, the College was to be empowered to license those only who should have graduated at some University. The nature of the enactments thus proposed, and the reasons of them, had been explained more fully in a memorial which the President of the College had already had the honour of submitting to Lord Palmerston. By referring also to the preamble of the draft Charter sent with that memorial, His Lordship would perceive that the Act of Henry VIII, confirming the present Charter, must be partially repealed, and a new but short Act passed to effect the proposed alterations.

Dr Burrows begged leave to impress upon His Lordship one fact which had not been adverted to in the statement just read by the Registrar. They had laid certain suggestions before His Lordship, the result of much deliberation, and they could assure him that no opposition to their adoption was to be anticipated from any quarter. It was the general wish of the Profession that the College should be remodelled, and be made so efficient as to enable it to meet the altered requirements of the times.

Dr Todd reminded the noble Lord that, a short time since, he had been waited upon by a Deputation from the Provincial Medical Association, who represented very accurately the feelings of the Profession in the country with reference to this matter. They stated, what he believed to be strictly correct, that the Bill which that Association so strenuously advocated, was in entire harmony with the Charter of the College.

Dr Hawkins respectfully submitted, that as the object which the College had in view was one in respect of which no opposition was to be anticipated, it might be as well if the Government would direct their attention to it before they took in hand any other matter relating to medical affairs which might give rise to diversity of opinion.

Dr Todd remarked, that the object which the College had in view, was simply to procure the enactment of a law authorising them to surrender their present Charter, and to obtain a new one. In that object no other considerations were involved.

Lord Palmerston accepted a copy of the statement read by Dr Hawkins, and assured the Deputation that the subject to which it referred should receive the earliest and most serious attention of the Government.

The Deputation then retired.

## Parliamentary Intelligence.

### HOUSE OF LORDS.—TUESDAY, APRIL 5.

#### VACCINATION EXTENSION BILL.

Lord LYTTLETON, in moving the second reading of this bill, intimated that he proposed to introduce certain amendments, which would be printed in the bill previous to its going into committee, when the discussion might be taken.

The Earl of ELLENBOROUGH had no objection to the second reading of the bill, but thought great amendments were required in it.

Earl GRANVILLE approved of the bill so far as its general object went, but considered some of its provisions unnecessarily stringent; and, in consenting to the second reading on the part of the Government, he must reserve to himself the right of moving such amendments in committee as he might think proper.

The Earl of ELLENBOROUGH objected that while the bill imposed various penalties for neglecting to have children vaccinated, no facilities for vaccination were provided by it.

Lord LYTTLETON was not aware that there were any difficulties in the way of having children vaccinated, but if further facilities could be provided he should have no objection.

The bill was then read a second time, and committed for Tuesday next.

### HOUSE OF COMMONS.

#### THE INCOME-TAX.

April 4th.—A petition was presented by Mr Gaskell from the medical practitioners of Wenlock, praying for a re-adjustment of the income-tax.

April 5th.—Sir J. Y. Buller presented a petition in favour of an alteration in the adjustment of the income tax from the medical practitioners of Teignmouth and East Budleigh. On the same day, Mr C. Berkeley presented a petition from the medical men of Cheltenham, Wotton-under-Edge, and Dursley, against the income tax in its present form. Also, Capt. Scobell presented a petition from the medical profession at Bath, praying that a distinction may be made, if the income-tax is continued, between precarious and fixed incomes.

April 6th.—Sir G. Goodman presented a petition from physicians and surgeons in the town of Leeds, praying for a modification of the property and income-tax.

## Obituary.

Feb. 8.—T. T. SMITH, Esq., Surgeon to the 2nd Battalion Artillery, at St Thomas's Mount, Madras.

Mar. 19.—WILLIAM LINDOW DICKINSON, Esq., M.R.C.S. England, 1845, at Workington, Cumberland, aged sixty-five. Mr Dickinson was born at Broughton-in-Furness, Lancashire, in 1788, and was the son of Mr Dickinson of Workington. While but young, he was remarkable for his activity, intelligence, and zeal, in his profession. Before he had become a member of the Royal College of Surgeons, his skill and attention had gained him the confidence of some of his father's best patients. Workington being in the centre of a large colliery district, surgical cases were of frequent occurrence, and an extensive field for practice in the treatment of burns, amputations, &c., was afforded him; of these opportunities he gladly availed himself, in the cultivation of a more correct surgery than falls to country practitioners in general. In cases of aneurism, hernia, and lithotomy he was remarkably successful, and his experience in midwifery was very extensive. His fame as an accoucheur was great, and his surgical skill stood unrivalled by any of his countrymen; his strictly medical attainments were no less conspicuous. In the ordinary routine of cases he was remarkably quick in seeing what should be done; while, in those of an obscure kind, his great tact in eliciting the history, with a careful investigation of symptoms, enabled him generally to arrive at a correct diagnosis. With all his numerous engagements, he did not lag behind the rapidly-advancing steps of medicine. The physiological discoveries of Reid, and the generalizations of Marshall Hall no less than the improvements of surgery, he fully appreciated. Though devoted to his Profession, he was not unmindful of his duties as a citizen and a man of the world. In all matters pertaining to the social enjoyments and general prosperity of Workington, he took an active part, and was very zealous in labours of philanthropy. He was a county magistrate for many years, and truly assiduous in the discharge of his duties. He filled other important and responsible situations, in all of which he claimed the respect and esteem of his fellow-citizens. Being in the enjoyment of property and a lucrative practice, he was enabled to procure the comforts of this life, which however, he distributed with a liberal hand. He married, when rather advanced in life, and has left a widow, and two daughters, with numerous friends, rich and poor, sincerely to mourn his loss. He is succeeded in practice by his nephew.

27.—GABRIEL JOSEPH GALE, Esq., Surgeon, formerly



of Newington, Surrey, after an illness of only four days, aged fifty-two.

March 29.—WILLIAM HENRY THOMPSON, M.D., at 28 Osnaburg Street, Regent's Park, aged ninety two.

April 2.—WILLIAM MARTER, Esq., at his residence, 8 Chapel Road, Worthing, Sussex, aged sixty-five. The deceased was Surgeon to the Worthing Dispensary, and was in practice prior to the act of 1815.

2.—THOMAS DYER, Esq., M.R.C.S. Eng. 1813, at his residence, Ringwood, Hants, aged sixty-two. Mr Dyer occupied deservedly a high position, not only in Ringwood, but also in the surrounding country; he was universally esteemed, and his sudden death—which was caused by disease of the heart—will be much lamented. Mr Dyer was the Medical Officer of No. 1 District of the Ringwood Union, and is succeeded in his extensive practice by his son, Mr Samuel Sumner Dyer.

6.—RICHARD CHAMBERS, M.D. Edin. 1838; L.R.C.P. 1849; at his residence, 38 Wimpole street, Cavendish square. This distinguished physician was found dead in his bed at half-past eight o'clock in the morning. Feeling slightly indisposed on Tuesday night, he had directed that his patients should not be introduced to him until half-past twelve on the following morning; his death, which was wholly unexpected, was occasioned by atrophy of the heart. Dr Chambers held the office of Senior Physician to the Royal Free Hospital; Physician to the Cancer Hospital, to the Blenheim street Dispensary, and to the Dispensary for Consumption and Diseases of the Chest. He was a member of the Medical and Harveian Societies, and of the Provincial Medical and Surgical Association; and had contributed several papers on "Practical Medicine," which have appeared in the 'Provincial Journal' and 'Lancet,' 1846 1850.

Lately.—Dr FERNANDEZ, very suddenly, at Madrid.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the college at the meeting of the Court of Examiners on the 1st inst. :—John Matthew Biddle, Army; George Hickie Daly, Calcutta; Thomas Dandy, Rufford, Lancashire; Thomas Frederick Hale, Petworth, Sussex; William Naylor Kempster, Whitechurch, Salop; William Lucy, Greenwich; William Boyd Moss, London; Alfred Playne, Minchinhampton, Gloucestershire; Henry Hunter Raymond, Cirencester, Gloucestershire; John Tweddle, Carlisle.

At the same meeting of the Court Mr Henry Eales passed his examination for naval surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date July 24, 1848.

The following gentlemen were admitted members on the 4th inst. :—Oscar Byrne, Newcastle-under-Lyne; Edward Clapton, Stamford, Lincolnshire; Joseph Ewart, Holmehead, Cumberland; Joseph Ford, Cheddar, Somerset; George Yeates Hunter, Margate; Sydney Jones, Old Kent road; Bernard Kendall, Budleigh, Sallerton, Devon; William Thomas Lewis, London; John Grosent Reid, Exeter; Henry Cooper Rose, Edward street, Langham place; James Vaux, Plymouth.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, March 31st. 1853 :—Joseph Barker, Durham; Augustine Batt, Bampton, Oxon; Henry William Alexander Coleman, London; Alfred James Dale; David Conway Evans, London; Samuel Lob, Martin Bawtry, Yorks; William Brown Pepler, Tinehead, Wilts; Bransby Roberts; William James Shone, London; Richard Henry Thomas, Ibstock, Leicester; Richard Thomason, Hobner, Hereford; Thomas Tomlinson, Maldon, Essex.

ST THOMAS'S HOSPITAL.—The chair of chemistry in this institution has become vacant by the resignation of the Rev. Dr Leeson.

RICH, IF TRUE.—HOMŒOPATHIC PHARMACY.—A scene occurred the other day which pictures rather strongly the difficulties the scrupulous disciples of Hahnemann experience in dispensing, free from all adulterations, their infinitesimal doses. A respectable chemist was quietly dispensing in the old-fashioned allopathic fashion, when a gentleman entered his shop, and in a mysterious manner requested a few moments' conversation with him. He was led into a back apartment, and after a few preliminary sniffs, as though to assure himself that no invisible "pharmacie" floated in the air, entered into the object of his visit. "I came to speak to you," said he, addressing the chemist with 'bated breath, "on a matter of a very delicate nature, and of some little importance." The chemist bowed and was all attention. "The homœopathic practitioners," continued he, "practising in the neighbourhood, would be glad to know if you would have any objection to dispense their globules." A slight movement of astonishment was not unobserved by the stranger. "I do not mean," continued he, in an apologetic tone, "in your ordinary allopathic department, but in a portion of your establishment removed from foreign influences." "Might I ask," said the chemist, "why you apply to me in this delicate affair? I understand that your globules are already dispensed by ——" The stranger put his hand gently upon the speaker's arm. "That was what I was just about coming to," said he. "Mr S——, to whom you refer, is an admirable person, and has, on the whole, served us well—he is careful to our utmost wishes in a general way, but—he has one little failing. I scarcely like to dwell upon it to a stranger, as it might seem ridiculous. In any one else it would be perfectly harmless, but in a homœopathic chemist it is fatal. He, in short, sir," said the stranger, making a bolt of it, "takes snuff, and we cannot in consequence—so delicate is the manipulation required, so perfectly free from foreign ingredients—depend upon his doses." "I shall be very happy," said the chemist, "to do my best, but I am in the habit of carrying a camphor bag, and the particles——" "Oh, camphor," interrupted the stranger, with a slight shrug of horror, "that will be an insurmountable objection. Pardon me for having troubled you, and allow me to wish you a very good morning;" and, bowing himself out, he departed in search of an *unadulterated* chemist.

LONDON UNIVERSITY.—On the 6th instant, a special meeting of the Senate of the London University was held at Somerset-house, for the purpose of electing a Classical Examiner in the place of the late Dr Jerrard, and an Examiner in Materia Medica and Pharmacy, in the room of the late Dr Pereira. The meeting was very numerously attended. Among those present were Lord Monteagle, the Bishop of St David's, G. Cornwall Lewis, Esq., M.P., Henry Warburton, Esq., Dr Arnott, Dr Hodgkin, and Dr Kiernan. Out of a very large number of able competitors, the Senate eventually chose William Smith, Esq., LL.D., the learned Editor of the "Dictionaries of Greek and Roman Antiquities and Biography," as Classical Examiner; and appointed George Owen Rees, Esq., of Guy's Hospital, to the other vacancy. The candidates for the Classical Examinership were twenty seven in number, including Mr C. R. Kennedy, Mr Erskine Rowe, Mr George Long, the Rev. Dr Donaldson, the Rev. Professor Browne, of King's College and Professor Maine.

BEDFORD COUNTY ASYLUM.—Various advantageous changes are in contemplation at this Asylum. It is proposed to make similar changes to those lately effected at Bethlem, by the appointment of a Resident Medical Superintendent, with a salary of 300*l.* per annum, to improve the present building, and enlarge it, by laying out a sum of 17,000*l.* Total number of patients under treatment during the past year 327; cures 14, deaths 19.

TYPHUS FEVER IN PARIS.—This frightful disease, according to the latest intelligence, is raging in Paris and its vicinity, and more especially in the military hospitals. Messrs Begin and Levy have been ordered, as the medical inspectors, to make an official report of its origin and progress.



**MUNIFICENT BEQUEST TO THE CITY OF LONDON MEDICAL CHARITIES.**—A munificent bequest has just been distributed among City charities by the trustees of the will of Miss Hardwick, late of Chesterfield, in Derbyshire. This lady's father was in early life a surgeon in the mercantile navy, and, for some years before his decease carried on business in Bishopsgate street as a wholesale chemist. Miss Hardwick, his only daughter, at his death, withdrew herself entirely from the world, and lived an eccentric life in a small cottage, where her property was permitted to accumulate, as she did not expend upon her establishment a hundred a year. She died about a year ago, in the mayoralty of Alderman Hunter, leaving the bulk of her property to the Lord Mayor of London, and the Chamberlain for the time being, to act with her executor, Joseph Shipton, Esq., an eminent solicitor at Chesterfield, as trustees, to be distributed among such of the charities of the City of London as they might in their discretion select for the purpose. The executor immediately placed at the disposal of the trustees the sum of 18,000*l.*, the apparent amount of the residue, after the satisfaction of trifling debts and legacies left by the testatrix, and the following is a list of the medical charities:—Hospital for Diseases of the Chest, 550*l.*; St Bartholomew's Hospital, 1,100*l.*; ditto Samaritan Fund, 300*l.*; ditto ditto Maternity Charity, 220*l.*; Royal Maternity Charity, 330*l.*; City Truss Society, 330*l.*; Royal General Dispensary, 330*l.*; Western City Dispensary, 220*l.*; City Dispensary, Queen street, 330*l.*; Hospital for Diseases of the Skin, 550*l.*; Farringdon General Dispensary, 330*l.*; Metropolitan Free Hospital, 550*l.*; Metropolitan Dispensary, 330*l.*; London Ophthalmic Hospital, 550*l.*

### Notices to Correspondents.

**M.D. (Lond.)**—The College of Physicians is seeking for a new charter, which will give it powers to include all physicians practising in England and Wales. The objection which you entertain to the Bye-laws in question will be thereby removed. All practising physicians will become legal practitioners; and the anomaly will disappear. There can be little doubt that the college will get the charter.

**INVESTIGATOR.**—There is some obscurity hovering over the subject, but it seems to be concluded that soft water dissolves lead quicker than hard water: in truth the danger from lead pipes appears to be in proportion to the purity of the water. The lead in this case is in the form of a hydrated oxide, which may be precipitated by carbonic acid: an excess of the latter, however, redissolves the precipitate. Hard water, containing salines, acts upon the lead by galvanic agency: so that in truth, under any circumstances, lead cisterns for the storing of water, and lead pipes for its supply, are highly injurious and ought to be discontinued. Porcelain cisterns would be unobjectionable. The water may be filtered from its impurities by means of animal charcoal.

**PARACELSUS.**—Our note was correct. Liebig discovered creatine in the urine. Verdel has also discovered it in the blood. It is supposed to be a form of muscular tissue, adapting the latter for elimination from the system.

**MR. WILSON.**—There is a "hindrance" as you have surmised. The proposition cannot be received.

**S.W.**—We refer you to a short article entitled "Hints to Contributors," published in the first number of our journal for this year. You will profit much by reading that notice. Fine writing is not always good writing. Do not look for words; seek for ideas; and express them in the most direct and unartificial manner. When you have acquired facility in composition, you may use language as the potter his clay, than which it is infinitely more plastic. At present you must attempt something more humble; for many of your sentences are perfectly unintelligible. Your request that we would amend the style cannot be complied with. We say this in good feeling.

**T.W.B.**—We are always obliged by information of the kind. A note of the circumstance shall be made.

**STUDENS.**—The "nitrate," and the "azotate" are one substance. The latter term is used by French writers.

**MR. BOND.**—Thank you for your approbation: the hint will be attended to. A portrait of the gentleman named will be given in due season. If any number of copies of a portrait be required, they could be printed off on thicker paper; when they could be scarcely distinguished from engravings on copper-plate.

**M.D.**—As we cannot notice all the papers read before the London Medical Society, we make a selection of those which, in our judgment, will prove most useful and interesting to our readers. The paper in question shall receive our attention, and if it should prove to be as valuable as described, be inserted.

**DR. FOOTE.**—Communication received. We are obliged to you for the information it contains.

**AN ADMIRER.**—Transmit your case to the Admiralty, and if possible get some friend to recommend it. The letters now publishing in the 'Circular,' under the signature "Nil sine Labore," will contain a vigorous exposure of the evils referred to.

**GUSTATORY NERVE (Greenwich).**—Your letter is inadmissible, but we commiserate your sufferings. Every man who is master of his house ought to take care that his food is well cooked, but in public institutions it is difficult to cook all parts of a large joint equally, and the poor wretches must take their chance of a slice of leather, or lump of raw flesh, as it happens. The Greenwich pensioners are badly served, if your account be correct. We understand that upwards of three thousand pounds have been recently spent to erect Count Rumford's stoves in the hospital; and after all the expenditure, it has been proved by recent experiments that the dinners can be cooked by gas at a less expense, and in a much better manner than in the new ovens. Cooking by gas surpasses all other modes of cooking: a rump steak done nicely in this way is luscious; try it. Messrs Smith and Phillips, of Snow hill, have brought out an apparatus that can be employed by private families, the use of which is attended with so little expense that it is scarcely worth notice. Look to your coal bill, and gratify your gustatory nerve.

**BRITANNIA.**—Undoubtedly all that you want can be done, but it would occupy too much of our space to explain the mode. Distillation is an easy method. Look into any work on chemistry.

**DR. FREDERICK COLLINS.**—Communication received and attended to.

**DR. E. A. TURLEY.**—Communication received.

**W. B.—T.**—The insolent tone of your letter precludes its publication. Write like a sensible man if you can, and put your name to your letter, and we will publish anything in proof of your allegations that you can bring forward. There is not a tittle of evidence in the present note to show that you have not been guilty of bringing a wanton and false charge. Your impertinent observations on ourselves hardly deserve this notice.

**X.Y.Z.**—Your suggestions on "Medical Reform" deserve attention. We will think over the matter.

[The following *morceau*, received at our office, is too rich to be lost. We are exceedingly happy that we have been enabled to put the proprietors of Parr's Life Pills under an obligation; but we do not desire that it should be requited with a box of the pills. Is this gratitude?]

#### To the Editor of the 'Medical Circular.'

SIR,—The proprietors of Parr's Life Pills present their grateful thanks to the editor of the 'Medical Circular,' and the "Gatherer of the Leaves on Quackery," for having in a recent number made them some amends for the injury inflicted on them by the "SCAMP" who writes the articles entitled "Anatomy of Quackery." They have, hitherto, been compelled to do their own lying and perjury, but they are happy at length to find that the "Gatherer of the Leaves on Quackery" is ready to give them a lift. They have employed much time, and spent much money in investigating the life of old Parr, but although they wrote the results of their researches on damp parchments, and used as much force as possible to stretch it, they found that they could only make the duration of his life 152 years, barely. The discovery, therefore, of old Parr having lived another year is invaluable to them, especially coming from such a very high authority. They have accordingly ordered a new edition of their circulars and pamphlets, to embrace the important discovery, and have altered their advertisements accordingly. They thus feel deeply thankful, and shall be happy to present the editor with a box of pills gratuitously.

Crane court, April 8, 1853.

**A COUNTRY PRACTITIONER.**—Any London bookseller will procure it for you. South's 'Chelius' is a learned and able work, and ought to be in every library. With respect to your second question, we presume that it would be as cheap to go to Edinburgh and pass there, as to come to London, and undergo an examination in Lincoln's-inn fields. Write to Mr Belfour.

**M.D. (Heidelberg).**—The proposed charter of the College of Physicians is now publishing in this journal, so that you may judge for yourself.

**A POOR DOCTOR.**—We believe that fourteen or fifteen thousand pounds have been collected through the indefatigable industry of Mr Probert, for the purpose of establishing the New Medical Benevolent College. The restriction upon admission will be the possession of 15*l.* per annum. Unless you may enjoy that income, it will be of no use to you; but the college will not be open probably for many years, so that you need not give yourself any trouble. If you live within the county of Middlesex, you should join the Widows' and Orphans' Society, and by the payment of two guineas annually, your widow will receive between 30*l.* and 40*l.* per annum. There is no society, that we know of, for the support of disabled practitioners. It is a want that should be supplied.

**PATER.**—It would be undoubtedly less costly if your son were to finish his studies at a provincial school. He would be equally enabled to present himself for examination in London. The provincial schools are as good as those in the metropolis.

**CHEMIST** is informed that the quantity of jalap extract in Ching's lozenges, according to Gray, is three grains. The figure was omitted, owing to a casualty in printing.

\*—A correspondent, who has forgotten to attach a signature to his letter, is informed that Burgess's translation of Cazenave's work on 'Alopecia, and the Management of the Hair,' may be obtained from Mr Churchill, the publisher, in Princes street.



## MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

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(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Cæsar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

## John Robert Pike begs to

announce to his Friends and the Public generally, that he has OPENED OFFICES at this address as a MINING AGENT. From the great facilities obtained during his residence in Cornwall, he is enabled to afford more than ordinary information as to the state and prospects of the Mines in that County, many of which are paying from 15 to 20 per cent. profit on their present market value, and 300 to 400 per cent. on their original cost. J. R. P. can recommend several Mines in a progressive state, which, beyond doubt, will soon become dividend paying ones, that can now be obtained at a comparatively trifling outlay.

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Section of a piece of Lead Pipe taken up from a well on the grounds of Mr Dick, of Bonchurch, Isle of Wight. Vide 'Expositor,' Aug. 7, 1852.

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But there is something more that I can do for the public good. It ought to be more generally known to families, that there is a great advantage in having the Ale fresh—of the year's brewing, as the tonic properties and fragrant bitterness of the Hop are best elicited in the fresh state of draught from the cask. I am, therefore, prepared to supply "Allsopp's Pale and Bitter Ales" at once in casks, as follows—

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AND  
General Medical Advertiser.

No. 17, NEW SERIES. }  
No. 43. }

WEDNESDAY, APRIL 27, 1853.

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## The Medical Circular.

WEDNESDAY, APRIL 27, 1853.

### MEDICAL REPRESENTATIVES IN PARLIAMENT.

A LONG experience of medical affairs has convinced us that the failure of the various attempts that have been made to carry a measure of Medical Reform through the Legislature is in a great measure attributable to the paucity of medical men in the House of Commons. Hitherto the medical question has been, on every occasion but one, adopted by laymen, who, without experience of the evils they proposed to remedy, and unable to speak with confidence of the feasibility of their propositions, have schemed, trimmed, trifled, and procrastinated, until losing heart they have abandoned their efforts in disappointment and disgust. Conflicting opinions have embarrassed their judgment, hostile interests damped their courage, and the House of Commons, knowing well the difficulties of the subject, but ignorant of the means of relief, have regarded with distrust the well-meaning but irresolute championship of volunteers from their own ranks, who, although perhaps admitted to be a little better informed, were obviously only the more mystified by the difficulties they discerned.

Other disadvantages, not only to the profession but also to the public, have arisen from the same cause. It is a constant complaint that Lordlings, Barristers, Engineers, &c., are placed in public situations, which would be more suitably and profitably filled by medical men. Is a Board of Health to be established? Two noble Lords and a Barrister will constitute the Board, to which possibly and by favour a medical man may be subsequently admitted in a subordinate capacity. Is a report wanted by the Government on typhus, cholera, yellow fever, or any other scourge of humanity with which medical men may be supposed to be most conversant? The duty is confided to a lawyer and his clerks, and the document certified by a dilettanti orator on sanitary reform. Is a lunacy commission to go forth? The lawyers will most assuredly predominate, and hold the most honourable stations. If the Government should determine at any time to establish a Board for the purposes of vaccination, quarantine, or ought else, it will be unquestionably composed after the old precedent, and some juvenile Lord George or Sir Harry, with one or two subservient and hungry barristers, will undertake the important medical duties devolving on the office.

This custom is not only injurious to the public interests, but it is degrading to our profession. The fact that the physicians and surgeons associated with such public bodies act in inferior capacities, lowers the social position of the entire profession, and casts a slur upon each of its members. Our profession is essentially domestic, we know, but it need not be less so because its leading members are duly honoured by the State, when it requires the exercise of their

knowledge and sagacity for public objects. We do not desire that a physician should be Lord Chancellor, but we cannot concede the propriety of making a lawyer a Commissioner of Health. When legal knowledge is required by the State, let the honour, like the responsibility of the office, devolve on a professor of law. We ask no more for our own profession than we consider should be granted in common justice to another.

Our profession must not, however, forget that offices are the prize of influence, and are generally disposed at the solicitation of supporters of the existing Government. Even if intercession should not be employed or not prevail, it is difficult for any member of the Government in whose hands patronage may be lodged to select the most suitable man for a given office, inasmuch as the circle of his choice must be limited in most instances to his personal connexions. The House of Commons, therefore, being the focus of influence and patronage, is the only place where the just claims of our profession can be asserted with any hope of success. We have now three members of our profession in this assembly, and we trust that they will steadfastly insist upon a fair recognition of the value of medical services on all suitable occasions. The Board of Health, the Lunacy Commission, and the Poor-law Board, require remodelling, and in the two first especially the medical element should preponderate. To the latter a medical director, as the least change demanded, should be attached.

If we desire justice to be done to our profession in these matters—if we wish to see a sound and comprehensive measure of medical reform carried through Parliament, we must send to the House of Commons a sufficient number of intelligent and energetic medical men—not mere lay representatives of medical interests, whatever they may be—but professionally-educated men who have experienced our grievances, and understand the means of redress, who sympathise with us, and have the ability and character to represent us with honour in that august assembly. An effort should be made to establish an influence within the walls of Parliament. Surely there are competent men among us who would be willing to respond to our call.

### THE VACCINATION BILL.

WE observe that this Bill has undergone some modification in its passage through the House of Lords, but we regret that those provisions of the measure to which we have objected have not been amended. Hitherto, we believe that a deputation from the Epidemiological Society has been the only body in communication with Lord Lyttelton, the proposer of the measure; and as it cannot be presumed that this Society will be prepared to postpone legislation upon their "hobby" for the sake of defending the independence and interests of their brethren, we may consider that the voice of the profession has not yet been heard in the matter. The House of Lords is not perhaps the most suitable place for enforcing our views, but as soon as the Bill reaches the



Commons it will be the duty of the profession to take the necessary steps either to obstruct the measure until it has been brought more into consonance with our wishes, or to throw it out altogether. As it appears to us, the only legislation required from the Government is the establishment of a system by which pure lymph may be supplied gratuitously to medical practitioners, so that the difficulties now felt by every practical man may be effectually removed. The present Bill is a system without a principle.

#### THE INCOME-TAX.

MR GLADSTONE has announced his Budget, and it seems that we are to be saddled with the "Income-tax" for another seven years. We are informed, indeed, that it will become "small by degrees and beautifully less," until at the stipulated time it will arrive at its vanishing point, and disappear for ever. We have no faith in the promise. A gradual reduction of the impost from 7d. to 5d. in the pound will doubtless take place should this Budget be carried, but at the end of seven years the Government of the day will sagaciously discover some very cogent reasons for its maintenance. If Mr Gladstone cannot abolish it now with an overflowing Exchequer, he has no right to count on posterity. It may happen that at that time our Government may fall into embarrassments yet unanticipated, when it would be neither expedient nor wise to forego such an important source of revenue. We regard all such bills drawn by statesmen on the future as "flash notes," only intended to impose upon credulity.

Although Mr Gladstone recognises the wrong done to professional men by the indiscriminating character of this tax, yet he immediately afterwards coolly attempts to argue it away, because, forsooth, the amount of revenue raised from this class is comparatively small, and because a great variety of ranks and orders is included in the schedule. His arguments are stultified by his convictions. He, however, intends to allow that the premiums paid by professional men on life assurances shall be exempted from taxation, a point we have frequently urged, and for which he has our thanks.

**MEDICAL BENEVOLENT FUND.**—At the last meeting of the Committee it was announced by the Treasurer that one of the annuitants, who was blind, had lately died, leaving his widow and child in great distress. Resolved, that the sum of 10*l.* be given. Letters of acknowledgment of the receipt of moneys voted at the previous meeting having been read, the Treasurer stated that, since July, 1852, the sum of 500*l.* 15*s.* had been received in annual subscriptions, and 296*l.* 14*s.* in donations; that the expenses had been 51*l.* 12*s.* 3*d.*; and that 469*l.* had been spent in grants: leaving the sum of 20*l.* due to the Treasurer.—Case 1. The widow of a surgeon of Nottingham, who died in February last, having practised there thirty years, leaving eleven children, eight of whom were unprovided for. Voted 25*l.*—Case 2. The widow of a physician lately practising in London. Left in great distress. Voted 5*l.*—Case 3. The wife of a medical man, whose husband is imbecile, and who supports herself, her husband, and two children by letting lodgings. Relieved twice previously. Voted 5*l.*—Case 4. The widow of a medical man, also relieved previously. She supports herself by going out as a governess; and her two daughters, who are in bad health, endeavour to support themselves by working as milliners. All at present in difficulties. Voted 10*l.*

## Mirror

OF

### PERIODICAL LITERATURE.

(From the 'Lancet,' April 16, 1853.)

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHEA.

This is a continuation of Dr Tyler Smith's lectures on this subject, portions of which have already appeared in our columns. He writes:

"The sebaceous follicles or fat-glands of the vulva and external parts of generation, secrete an oily matter, which, when it is secreted in unusual quantities, or in persons not observing strict cleanliness, may be seen gathered between the folds of the nymphæ as white fatty matter. Examined by the microscope, nothing is seen but masses of sebaceous secretion, in the form of fat, mixed with a profusion of scaly epithelium from the surrounding surfaces. The secretion of these glands is highly acid, and emits a peculiar odour. The obvious uses of this sebaceous secretion are to defend the vulva from friction, and to preserve the surface from the irritation of the uterine and vaginal secretions, and of the urine. The fat-glands of the vulva are more concerned in the eruptive conditions of the genital aperture, than with leucorrhœal discharges. Dr Hassall has observed that the sebaceous glands in this situation present the peculiarity that after maceration they frequently come away entire in connection with the epidermis. This appears to show that they are of very simple construction, and consist of cells placed in pouches, having two or three divisions, in the epidermis. When the internal surface of a piece of epidermis of the vulva separated by maceration is examined, the glands are seen distinctly, and the white transparent points into which the papillæ have been inserted are plainly visible.

"The secretion of the glands of the ostium vaginæ is said to be connected with the sexual function, and to be increased under excitement. In some women a profuse emission of fluid appears to take place from these glands during sexual intercourse. The secretion from these glands, in the absence of excitement, is so inconsiderable, or it is so mixed up with the scaly epithelium of the mucous surface in this situation, that it is extremely difficult to ascertain precisely its microscopical qualities. Like the other vaginal secretions, it has an acid reaction. Modern anatomists have chiefly followed the descriptions of Bartholine and Duverney in their descriptions of these glands, with the exception of M. Huguier, who has written at considerable length on the diseased conditions to which the vulvo-vaginal glands are subject. I have often endeavoured to obtain some of the secretions of the muciparous glands said to exist in this situation, but have failed to find anything except large quantities of scaly epithelium and plasma. I have also tried to procure some of the glandular secretion after death for microscopical examination, but I have hitherto been unsuccessful. These glands and their secretions are certainly not understood, and require a careful investigation: I suspect their importance with respect to leucorrhœa has been greatly overrated."

After some interesting observations on the mucus of the vaginal canal, he goes on to say:

"In the unimpregnated condition, when the cervix uteri is found perfectly healthy, little or no discharge is seen issuing from the cervical cavity; but when the labia uteri are separated, the canal of the cervix appears to be full of its peculiar secretion. In examinations after death, in cases in which the uterine organs are in a healthy condition, the mucous crypts and the canal of the cervix are found filled with a clear, transparent, viscid mucus, so as to entirely block up the passage of the vagina to the cavity of the fundus. This appears to be the normal condition of the cervical canal in the unimpregnated state. At each catamenial period the whole of the tenacious plug of mucus must be washed away by the menstrual fluid, as the latter may be seen escaping freely from the os uteri at these



times; but in a few days after the completion of the period the mucous plug is again formed. Thus it would seem to be the function of the glandular structure of the cervix, in the unimpregnated uterus, to secrete each month a sufficient quantity of viscid mucus to fill the canal of the cervix, the mucous follicles becoming comparatively inactive when this has been accomplished, until after its removal at the next flow of the catamenia. The function of the cervix is therefore, in a certain sense, like that of the fundus, periodical, and we shall see hereafter that this periodicity is discernible in the diseased conditions of the cervix and its secretions. In healthy subjects the canal of the cervix is always full in the intervals between the menstrual periods, though there certainly seems nothing like a constant flow of the cervical mucus into the vagina. Just enough is secreted to maintain the plug entire. The plug itself consists of myriads of mucous corpuscles entangled in a transparent viscid plasma. The plasma is so tenacious, that the mucous corpuscles are found to be arranged in strings when placed under the microscope, and individual corpuscles are frequently seen to be elongated from the same cause.

"The use of the cervical mucus is probably two-fold. In the first place, it closes the cervix uteri, and defends the cavity of the fundus from external agencies as completely as though it were a stout sac. In the second place it appears to afford a suitable medium for the passage of the spermatozoa through the cervix uteri into the uterine cavity.

"The last part of the 'Cyclopædia of Anatomy and Physiology' contains an article on the vesiculæ seminales, by Mr S. R. Pittard, in which he suggests the ingenious hypothesis, 'That the office of the vesiculæ is to secrete and keep in store a mucus of such a nature as is congenial to spermatozoa.' He shows conclusively that the seminal fluid secreted by the testicle is very small in quantity, and that it is largely diluted by the mucous secretion of the vesiculæ. Now, the secretion of the vesiculæ seminales, like the secretion of the cervix uteri, is viscid, transparent, and alkaline. It is worthy of notice that just after the completion of the menstrual flow, the time when impregnation is most likely to take place, is also the time when the cervix uteri is most empty, or when its mucous contents are in the most fluid condition. During intercourse the spermatozoa are deposited at the os uteri, and there can be no doubt that when impregnation takes place some days after the completion of menstruation, the spermatozoa have to make their way through the plug of mucus filling the cervical canal, and it is a plain inference that this mucus must be adapted for their preservation and ascent to the cavity of the fundus uteri. To this progress of the spermatozoa upwards, the movements of the spermatozoa themselves, and the action of the cilia in the upper portion of the cervical canal no doubt contribute. The viscid secretion of the lower part of the cervix always contains some scaly epithelial particles, which have probably ascended from the os uteri. But I have seldom, if ever, found any cylindrical epithelium in the mucus of the cervix, though the villi in this situation are covered with this kind of epithelium. The cervical mucus, as I have before stated, is always, and very distinctly, alkaline.

"After the commencement of pregnancy, the periodical functions of the uterus cease, and in the generality of cases the plug of viscid mucus, when it is once formed, continues for the most part unremoved up to the commencement of labour. The chief changes which occur in the plug depend on the alterations taking place in the cervix uteri itself. At first the mass of mucus has the form of an elongated plug, which fills up the gradually enlarging canal of the cervix; and in cases of death during pregnancy, it may be drawn out entire. After the early months of pregnancy have passed, and as the cervix is developed, so as to become a part of the general cavity of the uterus, the mucous plug is shortened, and at the end of pregnancy it simply fills the os uteri and the lowest part of the cervix. During the whole of gestation, the lowest part of the plug is to a slight extent constantly wearing away, and is discharged in the form of *débris* into the vagina; but the secretion from the cervix

goes on only to such an extent as to keep the os and cervix closed. In other cases the secretion is more profuse, but the cervix is still kept full by an increased secretion from the glandular structure. The mucous plug formed during pregnancy is firmer than the mucus filling the cervix in the intervals between the monthly periods in the unimpregnated state, particularly at its lowest part, where it is perfectly white and opaque. In the upper parts of the cervix it is clear and transparent. The plug consists, in the upper part of the cervix, entirely of mucous globules and plasma; but in the lower portions of the plug these elements are mixed with scaly epithelium in considerable quantity. Though the os may be partially dilated, I have found it impossible to take any part of the mucous plug away without at the same time removing scaly epithelium. The epithelium is so intimately mixed with the mucous corpuscles and plasma, that I have no doubt it ascends from the os uteri and vagina, and enters the lowest part of the cervix. In the upper part of the cervix the secretion is alkaline, but the lower part of the plug gives an acid reaction. This acidity is owing to the effect of the acid secretions of the os uteri and vagina, which come in contact with the lowest part of the mucous plug of the cervix. The acid coagulates the albuminous matter of the plug, and it is in this way that the lowest portion is rendered white and almost solid. The uses of the plug during pregnancy are evidently to keep the os and cervix uteri sealed, and to prevent to a considerable extent the entrance or escape of matters to or from the uterine cavity. This account of the functions of the glands of the cervix uteri, during pregnancy, applies only to ordinary and healthy cases. As I shall have to show, when I come to the consideration of leucorrhœa during gestation, very great deviations from the normal conditions, both as regards the quantity and quality of the cervical secretion, may take place.

"I may here mention that I believe the pure white mucous secretion above described is not present in the lower part of the cervical canal in any other condition of the uterus besides pregnancy. It becomes, therefore, of considerable importance as a sign of utero-gestation, particularly in the early months."

(From the 'Medical Times and Gazette,' April 16, 1853.)

#### THE PHYSIOLOGICAL DEMONSTRATION OF THE TISSUES.

Dr Boon Hayes treats in this number of the microscopic characters of the catamenia, the semen, and chyle, and lymph. On the two former he remarks:

"35. The Catamenia, *κατὰ μῆν*, or monthly discharges of females, are essentially, when examined with the microscope, composed of blood, more or less altered in its appearance, either by being for some time detained out of its proper vessels, in its passage from the body, or by the action of the vaginal mucus upon it. In addition to this, the discharge generally contains large masses of epithelial scales, derived from the mucous surfaces over which it passes.

"36. The method of examining this fluid when it is obtained, is similar to that for examining most of the fluids of the body; but the manner of obtaining it must be left to the discretion of the practitioner.

"The addition of a little sugar and water to any specimen will generally reproduce the natural appearance of the blood corpuscles, unless they have been ruptured by endosmosis; and it will be observed, that there is little or no tendency among the globules to the formation of *rouleaux*, except in certain cases, as, for example, where there has been a very excessive discharge (*menorrhagia*).

"37. Now, the alteration in the shape of the blood-globules is doubtless referable to one or both of the causes above mentioned. For when there is an excessive discharge, the proportion between the acid vaginal mucus and the blood is greatly in favour of the blood, or, in other words, the mucus is diluted by the predominating quantity of the blood, and thus has not power or time to act upon it, so as to cause distension or rupture of the globules.



"38. It has been stated by some authors, that the fibrin of the catamenial blood will not coagulate. But this depends upon the amount of admixture with vaginal mucus (and the amount of vaginal mucus may generally be judged of by the number of epithelial scales, these being, in fact, in proportion to this discharge); in all excessive discharges clots are formed, though fibrillation is imperfect.

"These are points which should be borne in mind when giving evidence upon matters involving the diagnosis between the catamenia and blood; as in the case of blood saturating a napkin, when it is distinctly stated that this napkin has been used for the ordinary monthly purposes, and not to staunch the blood from a wound. A microscopic analysis would not perhaps be sufficient evidence for the decision of a jury *per se*, but would certainly be most valuable accumulative evidence.

"39. The catamenia occur at regularly stated intervals, from the age of about thirteen to fifty, allowing a slight margin on either side of the scale; sometimes from birth, though rarely, and sometimes continuing considerably beyond fifty. They are interrupted generally by pregnancy, and their cessation is about the earliest symptom of that condition. During lactation they are ordinarily absent. As their name denotes (catamenia, menses), they appear about once a month, and generally last from three to five days upon each occasion. The most distinctly diagnostic mark of catamenial and common blood stains, in addition to the amount of epithelium, as brought to light by the microscope, with which I am acquainted, is, that upon washing the suspected stain with pure recent liquor sanguinis, totally deprived of its corpuscles, more of the red globules will be restored to their original figure in common blood than in the catamenial blood; and this is what might be expected, for in common blood, the globules shrink and shrivel up, become corrugated from drying, etc.; and, therefore, can have their figure restored by admixture with their own proper liquor sanguinis; not so with catamenial blood, for in it the red globules have been ruptured by endosmosis, and, therefore, cannot have their figure restored.

"40. SEMEN, which may be variously obtained, but best from the testicle of a recently-killed animal, is composed of a fluid (*liquor seminis*) holding it, suspended *spermatozoa*, σπέρμα ζώή, life-seed, and small granules,—"seminal granules." When a small portion of this tenacious fluid, recently emitted or obtained as described, is placed upon the stage-glass, protected by an over-glass, and examined with a power of about 400 diameters, numberless little moving bodies will be seen. They are so delicate, that a very slight amount of light only is adapted to their perfect demonstration. They consist of a head or body in shape, oval, and slightly flattened, and a prolonged extremity or tail. And there is such a difference in the comparative thickness of the head and the tail, that the two cannot be seen synchronously, for, when one is in focus, the other is not; hence each requires a separate use of the fine adjustment. (I think this is the first time, through these demonstrations, that this adjustment has been really required.)

"41. The movement of a spermatozoon is peculiar. If carefully watched, it will be seen to be propelled forwards by the gyration or lashing of the tail, as a boat is by the sculling process. It may, perhaps, be regarded as a ciliated cell with a single cilium, and there appears to be no evidence which would lead one to the conclusion, that it is an animalcule or entozoon, as its name would denote. In short, its development is similar to that of common cells, as before alluded to in Lecture IV.

"42. It is stated by some, that admixture with urine destroys this power of movement, but I have seen the spermatozoa moving after they must have been immersed for eighteen hours in that fluid; nay, more, sugar and water, or even salt and water, will not affect them for some time, unless the solution be very strong. Their form is permanent, and easily detected, even after they have been dried upon linen for a considerable period (a year and ten months!) This is important to the medical jurist, and will be referred to more definitely at a future time.

"43. The seminal granules of Wagner are small round cells: they are colourless and granular; by some, these were thought to be mucous globules, which they much resemble. They are about the 1-4000 of an inch in diameter.

"In addition to these more definite structures, exceedingly minute granular matter may be observed, and squamous and columnar epithelium cells.

"44. If you treat semen with acetic acid, the albuminous matter is coagulated, and, in the coagulum, the spermatozoa are involved with the seminal granules of Wagner, etc., the motion of the spermatozoa instantly ceases, and cannot be reproduced, either by dilution with water, or neutralisation with liquor potassæ; and, after a long period, liquor potassæ has the same effect as acetic acid. Water, salt and water, etc. have little effect upon the movement, if any, and cause no alteration in the shape of the body or head of the spermatozoon."

Of the chyle and lymph he says:

"49. Place a drop, say of LYMPH, on the stage-glass with the microscope placed as for the examination of blood. You will now observe '*lymph-globules*;' these agree entirely with the white corpuscles of the blood (figure 23 and 26—c. Lecture V.) Perhaps, also, you will observe a few red globules. These have entered, probably, from the wound made in the coats of the duct by the pricking. A few very minute bodies will also be seen, which, as they disappear immediately upon the addition of ether, are in all probability fatty particles. There are also some undoubted oil-globules.

"With the exception named, the action of re-agents upon lymph is the same as that upon the white corpuscles of the blood. (25, Lect. V.)

"50. Now, all these structures are observed in CHYLE; and, in addition, minute structures, the '*minute spherules of Gulliver*.' Though of nearly the same size as the fatty molecules referred to, they may be distinguished from them by the want of effect of ether when added to them, they being totally insoluble in that re-agent.

"51. The fluid matter of both chyle and lymph is a plasma, containing fibrin in solution and serum. This fibrin coagulates on being drawn from the thoracic duct, and leaves the serum, as in the case of blood coagulation. The serum of lymph contains more oil-globules than the serum of chyle, but less fibrin. Fibrillation goes on rapidly in the clot formed from chyle taken from the top of the thoracic duct, when the conditions of fibrillation are observed."

(From the 'Lancet,' April 23rd, 1853.)

#### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

The following are some of the leading points in Mr Guthrie's Lectures.

"The Intercostal Artery, although often injured, rarely gives rise to hæmorrhage, so as to require a special operation for its suppression; but whenever it does so happen, the wound should be enlarged so as to show the bleeding orifice, which should be secured by one ligature if distinctly open, and by two if the vessel should only be partially divided. The vessel is sometimes so small as to be easily twisted, or its end sufficiently bruised as well as twisted, to arrest the hæmorrhage. It lies between the two layers of intercostal muscles, and in the middle of the ribs it runs in a groove in the under part of each.

"I have had occasion to twist and bruise the end of an artery bleeding in an intercostal space, and I have tied the vessel under the edge of the rib; but I have not met with any of the great difficulties usually said to be experienced in suppressing an hæmorrhage from this artery, when the wound was recent, and the parts were sound.

"When the parts are unsound, and the hæmorrhage is secondary, greater difficulty is sometimes experienced in arresting it, because the ligature easily cuts its way through the softened parts, and styptics are liable to fall into the cavity of the chest.

"Wounds of the neck which are made with swords, or by



knives or razors, by persons attempting to destroy themselves, are to be treated on two great principles. The *first* is, not to place the parts in contact until all hæmorrhage has ceased, lest the patient be suffocated. In the mean time, whilst any oozing continues, a soft sponge may be placed between the edges of the cut. When the larynx or trachea is obstructed by a quantity of blood, it may be sucked out, or drawn up by an exhausting pump, and it may be advisable in some cases to introduce a tube. If the trachea be cut across, a stitch will be necessary to keep the ends in contact. The *second* is, to keep the divided parts in contact afterwards, by position and bandage, but not by *suture*. If the œsophagus be wounded, nourishment should be administered by a gum-elastic tube introduced through the nares into the stomach. It is almost unnecessary to add that the artery should be secured by ligature. A hole in the internal jugular vein may be closed by a thread passed around it when raised by a tenaculum.

"Wounds of the face made by swords, or sharp cutting instruments, should be always retained in contact by sutures. When the cut is of small extent, and not deep, the skin only should be included by the thread, and that in the slightest possible manner, and the part supported by adhesive plaster and bandage. When the cheek is divided into the mouth, one, two, or more sutures may require to be inserted more deeply, but the deformity of a broad cicatrix will in general be avoided, by carefully sewing up the whole line, taking the very edge of skin only; and a cut in the bone or bones of the cheek should not prevent the attempt being made to unite the external wound over it.

"Incised or even lacerated wounds of the eyelids and brows should be united by suture, as far as it can possibly be done in the first instance, by which a subsequent painful operation may be avoided; great care should be taken in doing this; the suture must be inserted through the eyelid, and a leaden thread is often the best, the first being introduced at the very edge of the lid, and two, or as many more afterwards as may be necessary. They may remain for three or more days, as circumstances seem to require. If the eye be wounded, any part protruding beyond the sclerotic coat should be cut off with scissors; but the eye, however injured, should not be removed unless detached in every direction, or destroyed. The treatment should be strictly antiphlogistic, in order to prevent suppuration of the eyeball, which may in general be effected, if too much injury have not been done to it, and if the treatment be sufficiently decided and well-continued. These observations apply to the nose and ears, and all parts not actually separated, (or, if separated, for a short time only,) should be replaced in the manner directed, and every attempt made to procure reunion. If this should fail, surgery may yet be able to yield assistance by replacing the loss by a piece of integument dislodged from the neighbouring parts—a proceeding requiring a separate consideration. Injuries from musket-balls are often attended by considerable laceration, particularly when near the eye lids; whenever this occurs, the parts likely to adhere should be brought together by suture, after any splinters of bone which may present themselves, or can be seen or felt, have been removed from the holes made by the ball. If the bones should be broken, not splintered, they will frequently reunite under proper management.

"Wounds of the eye from small shot are remediable when these small bodies lodge in the cornea or scleroticæ, whence they may be removed by any sharp pointed instrument. When a shot, or piece of a copper cap, is driven through the cornea into the iris, or lies in the anterior chamber, it should be removed by an incision to the extent of about one fourth or one fifth of the cornea, near its junction with the scleroticæ, but in these cases a cataract, if not amaurosis, frequently results. When the shot passes through all the coats of the eye, it can neither be seen nor removed with safety; vision will be lost, much pain may be endured, and the eye will frequently be lost by suppuration, or by a gradual softening, and ultimate diminution in size. A confused wound from a large shot which only injures the coats of the

eye, but does not perforate them, will oftentimes be cured by a proper antiphlogistic treatment, which in all cases should be most strictly enforced, although the loss of sight is a frequent consequence after such injuries.

"When a ball lodges behind the eye, it usually causes protrusion, inflammation, and suppuration of that organ. If it be not discovered by the usual means, its lodgment may be suspected from the gradual protrusion and inflammation of the eye itself. If it be discovered, it should be removed together with the eye, if such proceeding be necessary for its exposure. If suppuration have commenced in the eye, a deep incision into the organ will arrest, if not prevent, the horrible sufferings about to take place, and allow of the removal of the offending cause. If the back part of the eye be left with the muscles attached to it, a stump remains, against which an artificial eye may be fitted, so as sometimes to render the loss of the natural one almost unobservable."

Mr Guthrie makes some further interesting observations on injuries of the bones of the face.

From the "Medical Times and Gazette," April 23, 1853.

#### LECTURES ON THE ACUTE SPECIFIC DISEASES.

This is the third Gulstonian Lecture delivered by Dr Jenner at the Royal College of Physicians. Dr Jenner states that all the specific fevers have remained unchanged, however confounded together, from the remotest time; and he enters into a critical disquisition to prove his opinion. We quote the following practical observations.

"With reference to pneumonia and intracranial inflammation, time permits me only to observe, that it is typhus fever alone that they bear any striking resemblance, and then only when occurring in persons of mature or advanced years; and in these persons typhus fever—if severe, at least—is attended by mulberry rash. If this fact be considered, and the physical signs of pneumonia be sought for, an error of diagnosis in regard of that affection will indeed rarely be made, even though the patient come under observation in a state of insensibility, and at an advanced period of the disease. In typhus fever, when delirium sets in, headache ceases; and the occurrence of partial paralysis is extraordinarily rare in that disease. If these two facts be added to that just stated in reference to the rash, the differential diagnosis of typhus fever and intracranial inflammations, with general adynamic symptoms, will not present any great difficulty. But excluding these cases, there yet remain three general affections, probably blood diseases, sometimes confounded with the specific fevers, requiring more particular notice. These diseases are—febricula, the acute purulent diathesis or pyogenic fever, and acute tuberculo-sis.

"The following are the characters of a moderately severe, a typical case of

"*Febricula*.—After fatigue, some slight excess, or without known cause: chilliness, with or without rigours; headache; sense of fatigue; pain in the limbs, very quickly followed by a hot and dry skin; the patient, however, rarely complains of a sense of heat; and, if in bed, when the clothes are removed, he quickly covers himself again from the discomfort produced by the cold air; the pulse is frequent, the heart often beating 120 or 130 times in the minute; the tongue is white; the appetite lost; the bowels somewhat confined; the urine scanty and high-coloured; drowsiness is sometimes present, but not infrequently the patient suffers from want of sleep. In young children a little wandering may be observed on first waking, or when about to fall asleep; and the little patient often talks while dozing. A physical examination of the thorax and abdomen demonstrates no deviation from health. The symptoms present on the first day continue, and sometimes increase in severity, for four or five days. About the end of the week a crisis occurs; most commonly an abundant perspiration, not infrequently an herpetic eruption about the lips; vomiting, diarrhoea, or hæmorrhage from the nose, uterus,



or rectum; and then, in twenty-four hours or less, the patient is well.

"As to particular cases, sometimes one symptom, sometimes another, is more marked than in the typical case I have so briefly sketched. I have seen the delirium or the vomiting give a character to the disease. The duration of this disease is sometimes less than forty-eight hours, and it is then called *ephemera* by some authors. In other cases it continues for nine or ten days, and such cases have been termed *synocha*, *synochus*, *la synoque non putride*, *la synoque plethorique*, inflammatory fever, &c.

"In some cases of *febricula*, an eruption of pale, bluish-coloured spots, neither elevated above the level of the surface nor affected by pressure, is observed; these are the *tâches bleuâtres* of Forget and other French writers. They bear no resemblance to the rose-spots of typhoid fever, nor to the mulberry rash of typhus fever. They are not confined to cases of *febricula*. I have seen them well marked in typhoid fever. They are therefore not characteristic of *febricula*.

"*Febricula* is essentially a non-contagious and sporadic affection; however, now and then, it has reigned as an epidemic: thus Ozanam refers to two great epidemics; the one described by Ingrassia, of Palermo, which occurred in 1557, and the other, the particulars of which were recorded by Hoyer, of Mulhausen, in 1700. Full descriptions of this affection are to be found in almost all writers, from Hippocrates to those who flourished at the commencement of the present century. About that time the influence of pathological anatomy on medical doctrines began more especially to be felt, and men hesitated to admit the existence of any essential fever, of any disease which the scalpel did not enable the anatomist to refer to some change of structure; and as *febricula* never proves fatal unless by complications established in its course, its existence was held to be apocryphal, and those who maintained its occurrence were regarded as bunglers in the art of diagnosis,—as men who overlooked the local lesion, and raised the sympathetic constitutional disorder to the rank of a substantive disease.

"The recognition of the existence of *febricula* is, however, of considerable importance in regard of the advance of the science of medicine, for two reasons especially: first, because by an acquaintance with its phenomena the physician is prevented falling into serious errors in over-estimating the effect of remedial agents in the treatment of the acute specific fevers; and, secondly, because in its course local inflammations are very frequently set up which experience, or appear to experience, a more or less marked abatement when the general affection has run its course, and the physician is in these cases led to overrate the potency of the drugs administered; and as the supposed effects are striking in character, the impression produced on the mind is proportionally strong; or he is led to under-estimate the severity, speaking generally, of the local inflammation, because it, in this striking case, did well without treatment, or under treatment singularly in opposition to received doctrines."

(From the 'Association Medical Journal,' April 22, 1853.)

#### CASE OF MALIGNANT DISEASE OF OVARIES: SUDDEN DEATH.

Mr King, of Melksham, communicates the following case:—

"Miss H., aged 47, a dressmaker, single, of cachectic diathesis, applied to me on 27th November, 1852.

"A short time previously, she had discovered a swelling in the left iliac region, which she assured me she had only very recently noticed. On examination, I found a tumour of considerable size occupying the greater part of the iliac region on the left side; it was circumscribed, and gave the sensation of indistinct fluctuation. She had experienced very little pain or inconvenience, nor was the tumour tender.

"On examination *per vaginam*, the os and cervix uteri were found healthy, and the uterus itself appeared of normal size. The catheter entered the bladder obliquely, but no urine was found there. The catamenia had flowed with

tolerable regularity, until quite recently, and her general health had been tolerably good.

"On inquiry, I found that the bowels had been somewhat confined; and thinking there might be some fecal accumulation, she was moderately purged for several days without diminishing the tumour. At the end of a week, there being some tenderness over the tumour, leeches were applied several times, and calomel with opium given. When the inflammation had subsided, iodide of potassium was administered internally, and the unguentum iodinii comp. applied over the surface of the tumour.

"Having persevered in this treatment for some time without any benefit, and feeling that the case was one of considerable obscurity, I urged her to see Mr Norman, of Bath. He quite agreed with me as to the obscurity of the case, and that the tumour contained fluid; but whether it was an abscess, or a softened cancerous tumour, he could not say, although, from the history of the case, he inclined to the former opinion. In this uncertainty, he recommended that we should wait the further development of the case, and in the interim give some simple tonic. This plan was persevered in for some time, and the case remained in much the same state until the 26th February, 1853, when I was hastily summoned to her. I found her in a state of extreme collapse. She revived, however, under the free use of stimulants; and when I saw her next morning, she was almost as well as usual. About eight o'clock that evening, however, I was again hastily summoned to see her, as her friends thought she was dying. I went immediately; but before I arrived, she had expired.

"*Examination of the Body* fifteen hours after death.—The body was well formed, but slightly emaciated, and bore the appearance of a person who had died of hæmorrhage. There was a tumour in the left iliac region; but it appeared less prominent than during life. On opening the abdomen, the bladder was found to contain about twelve ounces of urine, and was firmly adherent to a large tumour posteriorly. The tumour, with the bladder and uterus, were removed. The uterus was of normal size. There was a large cyst which originated in the left ovary, occupying the left iliac region, and firmly adherent to the bladder. This tumour contained about a pint of grumous fluid; and behind it, at its base, were several smaller cysts, containing encephaloid matter in different degrees of softening. There was no other trace of the left ovary remaining.

"The right ovary was not so entirely disorganised; but there were two cysts connected with it, which contained encephaloid matter, but no fluid. There was scarcely a trace of peritoneal inflammation, nor was there any extravasation of fluid in the peritoneal cavity. As far as we could ascertain, there was no disease of any other organ.

"The marked absence of pain in this case inclined us to hope that it was not malignant, and favoured the opinion that it was deep-seated abscess. The sudden termination of the case was quite unexpected; nor did the post-mortem examination clear up the difficulty; and it still remains a question what caused the sudden termination of life."

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#### Reviews.

*The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg, without Confinement.* By HENRY T. CHAPMAN, F.R.C.S. 2nd Edition.

Mr Chapman's method of treating ulcers on the leg has long been before the profession, and, we believe, has been somewhat extensively adopted. The chief point in the treatment is the substitution of watery solutions of nitrate of silver, chloride of lime, &c., for topical applications of unguents. Mr Chapman also urges, as his title page shows, the injudiciousness of mere rest, and the superior efficacy of bandages. He also gives equable support to the leg by using straps of lint wet with lotion and bandages, as a substitute for Baynton's method by strapping. This second edition is a decided improvement on the first work in which Mr Chapman propounded his views. Rural practitioners, especially, who find "bad legs" to be the greatest "bores" they meet with in the course of practice, would receive many useful hints from the perusal of this volume.

*On Prophylactic and Curative Syphilisation.* By VICTOR DE MÉRIC, M.R.C.S. Eng.

This brochure is a reprint of two papers that have recently appeared in the 'Lancet,' and of which we gave ample quotations at the time of their publication. We have only now to add that M. de Méric has analysed the evidence on syphilisation with great acumen, and that he draws conclusions against the theory, which he calls "insane," and the practice, which he calls "cruel." The investigation is creditable to the author.

*Practical Observations on the Treatment of Club Foot.* 2nd Edition. By JOHN LIZARS.

The object of Professor Lizars' work is to enforce the necessity of the persevering use of mechanical means by re-



gular bandaging, and properly-fitted spring instruments after the usual operation has been performed. He affirms that in every case of deformity a perfect cure can be, by proper management, effected. There are numerous plates showing the deformity in its various aspects, the mode of operating, and the mechanical instruments employed. We quote the following observations:—

"These deformities depend on the slow and progressive luxation of some of the tarsal bones, and the consecutive derangement of their ligaments and muscular tendons. In many cases, abnormal bursæ are formed at the part where the foot rests on the ground.

"As the child advances, the foot becomes smaller, atrophy of the muscles of the leg ensues, which may be confined to the diameter or the length of the limb. The latter is the more serious affection.

"Taken immediately after birth, either of these deformities may not only be rendered less hideous, but, by proper apparatus, completely removed. I may here remark, that success depends as much on the skill of the bandage maker as on the dexterity of the operator; and I consider, indeed, that the late Mr Fortune, of Edinburgh, has been more instrumental in curing patients than the most scientific practitioners. The practice of some surgeons of considerable notoriety cannot be too severely censured; they divide the tendons, put the foot in a stiff leather boot, or apply a fracture-splint to the leg, and then dismiss the case. I have known not a few patients, treated in this manner, who were soon reduced to as bad a state as before the operation. They required to undergo a re-division of the tendons, and have been ultimately cured by the use of the proper apparatus.

"The objects to be kept in view, are to turn the foot slowly outwards or inwards in the *varus* and *valgus*, and to make such addition to the thickness of the sole of the shoe or boot as will bring the limb into play, so that the child may use the deformed as much as the sound foot.

"The division of the tendo Achillis, and such other tendons or fasciæ as may seem requisite, is essential to the ultimate cure. The important question is, at what age should this operation be performed? Some contend, that the sooner it is performed the better. I have known it done at five months old; but the result was a failure. This was to be expected, and is indeed plainly unavoidable, as the child should be old enough to walk, seeing the due exercise of the muscles, ligaments, and articulations of the foot is indispensable for recovery. Without this, the operation must prove abortive. Two or three years of age is the earliest time at which the division should be attempted. I prefer three years, because the apparatus previous to that period, however carefully applied, often frets the skin, and the cure is retarded from the unwillingness of the child to put its foot to the ground.

"Again, the operation ought not to be had recourse to when the articular surfaces or facets of the bones of the tarsus have become so configured and hardened, that we cannot expect to remodel them; the age at which this occurs is, generally speaking, about thirty-five, although some cases have succeeded where the patient was older. I have known it fail at forty years of age."

Minute instructions are given on the mode of operating on the various forms of talipes, which make the essay useful for reference to the busy medical practitioner.

such cases to restore the bone to its place by an operation. On the one side, is the risk of inducing meningitis by the additional exposure of the dura mater, etc., which interference necessarily involves. On the other hand is the danger of inflammation resulting from the irritation of the displaced fragment; and the surgeon cannot but feel, in deciding to leave such a case to nature, that it is not improbable but in a short time he may have to regret that he has allowed the moment to pass by in which a disease, little controllable when once developed, might possibly have been prevented. In the case of young children, we may perhaps assume that the question has been unanimously decided in the negative. In the case of simple fractures occurring in adults, authorities are much at variance; while, in respect to compound ones, we believe that almost all agree in recommending recourse to instruments. Of the latter class is the following very interesting case. We are indebted for the details of it, and also of the two subsequent ones, to the notes of Mr Cogan, one of Mr Partridge's dressers.

William Quirtan, aged 28, a healthy Irishman, received, while walking in the street, a severe blow on his head from a tile, which was blown down from a great height. Admitted into the hospital almost immediately afterwards, it was found that he had sustained a contused wound of the scalp over the middle of the right parietal bone, and also a compound fracture of the latter, with depression, to a considerable extent, of a fragment the size of a half-crown. The dura mater was not exposed, nor could a probe be made to pass to it between the fractured portions. The man presented no symptoms whatever of cerebral mischief,—he had walked into the ward, and conversed in a rational and collected manner. Mr Lee, having examined the part, remarked to those present, that the circumstance of its being a compound fracture rendered the occurrence of suppuration inevitable; it was, therefore, important to provide a free means of escape for the matter from all parts. He also expressed his belief, that the probability of that suppuration being mild in degree, and of the non-extension of inflammatory action to the brain or its coverings, would be materially increased by the restoration of the depressed portion of bone to its place. The external wound was, accordingly, enlarged; and, the trephine having been applied over the sound bone, the displaced fragment was readily elevated. In doing this, Mr Lee found the inner table had been driven much further down than had been suspected. A small portion of the inner table was detached from the rest of the bone and almost loose; this Mr Lee removed entirely.

During the twenty-four hours immediately following the operation, the man appeared to be in a favourable condition, although somewhat restless. Symptoms of severe cerebral mischief, however, subsequently set in, attended with convulsions and hemiplegia, which terminated fatally fifty-two hours after the accident. Permission to make a *post-mortem* examination was refused by the friends of the deceased. Mr Lee, however, ascertained that the dura mater had been lacerated by a depressed spicula of the inner table, to the extent of two inches, which had also penetrated the brain. The substance of the brain beneath the seat of injury was completely disorganised by inflammatory changes.

At one period of his experience, John Hunter stated, that he had never known a case recover in which, during the operation, the dura mater had been wounded. Subsequent observations have, of course, furnished exceptions to this rule; but the extreme importance of that lesion will be still acknowledged by all practical surgeons, and it is, we suspect, in the last degree exceptional for an adult to recover after it. In Mr Lee's case the laceration was part of the accident, and it had unfortunately taken place at such a distance from the external wound that there did not appear at the time of the operation any reason to suspect its existence. On account of this complication, which was doubtless the efficient cause of the fatal termination, the result of this case cannot be considered as affording any evidence, either *pro* or *con.*, to the solution of the debated question, regarding the propriety of operating in the absence of symptoms of compression.

## Hospital Reports.

### KING'S COLLEGE HOSPITAL.

(Under the care of Mr LEE.)

#### COMPOUND FRACTURE OF THE SKULL.—DEPRESSION OF BONE, UNATTENDED BY SYMPTOMS OF COMPRESSION.—OPERATION.—DEATH.

In cases of fracture of the skull, with palpable depression of bone but no symptoms of cerebral compression, what treatment should be adopted? There are few questions in practical surgery in which it is more difficult to strike a balance of probabilities, than as to whether it is advisable in



The next case which we have to bring forward well exemplifies the extent of injury which the brain itself may occasionally sustain, and yet the individual retain perfect consciousness for a time. It also illustrates, what is not of infrequent occurrence, the separation of the dura mater from a part of the cranium not the seat of fracture, and the extravasation of blood between the two. Had the man lived longer, it is not improbable but that suppuration would have occurred at this point, and death of a portion of the bone.

LACERATION OF THE BRAIN.—FRACTURE OF THE SKULL,  
&c.—DEATH.—AUTOPSY.

(Under the care of Mr FERGUSON.)

John Rowe, aged 53, admitted at five in the afternoon of January 18th, having just previously fallen a height of thirty-eight feet, on to his head. On examination, a large scalp-wound was found over the junction of the left parietal with the occipital bone. The pericranium at this part was stripped from the bone, but the latter had sustained no fracture. On the same part of the opposite side, however, the cranium was unnaturally flattened, over an extent of about half-a crown. The man walked into the hospital with a firm step; he was perfectly sensible, and answered questions readily. He complained of a severe pain in his head. At 7-30 p.m. he was very restless, and talked in a wandering, disconnected manner, and in a short time afterwards sank into a state of insensibility, during which his respiration was attended with stertor. The pupils had hitherto been in a natural condition, but they now became motionless, the right widely dilated, the left contracted; the pulse became slower, and more laboured. Excepting that, after a while, both pupils became dilated, he continued in exactly the above condition up to the time of his death, which occurred at one o'clock on the following day—twenty hours after the accident.

*Autopsy.*—There was no fracture at the seat of the wound, but, on removing the scalp from the part where flattening had been noticed, a stellate fracture was discovered. Beneath this fracture there was no effusion of blood, but between the dura mater and the skull, in the part exactly opposite to the scalp laceration, was a large clot of blood. The under surface of the middle and posterior lobes of the left cerebral hemisphere was extensively lacerated, so as to very nearly lay open the lateral ventricle. In the middle fossa, and upon the tentorium, were large extravasations of blood.—*Medical Times and Gazette.*

HISTORY OF THE MEDICAL PROFESSION  
AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

BY WILLIAM FARR, ESQ., M.D., F.S.S.

CHAPTER III.—A.D. 1400—1711.

(Continued from No. 40.)

The Reformers looked upon the catholic roods, shrines, and wells, as "stocks and blocks of cursed idolatry." The blood of Hales was declared to be duck's blood; the Rood of Grace an old rotten stock: our Lady of Walsingham was dishonoured; St Thomas à Becket was pronounced by Henry VIII, the new Defender of the Faith, a stubborn rebel and a traitor. His images were everywhere dragged down, his pictures razed out of books, his bones burnt to ashes. The jubilee of 1520 was the last. In the mean time, the king seized all the saints' treasures.

The Anglican church gradually relinquished all pretensions to miraculous powers. Bishop Hall (b. 1574) has this passage in his travels:—"Costerus slipped into a cholerick invective against our church, which (as he said) could not yield one miracle; and when I answered, that in our church we had manifest proofs of the ejection of devils, by fasting and prayer, he answered, that if it could be proved that ever any

devil was dispossessed in our church, he would quit his religion."\* Barrow (1630-77) says that miracles are unnecessary now, but that they may be performed for the conversion of the heathen. "The church of Rome," observes Tillotson, "would bear us in hand that this miraculous power does still continue in their church." \* \* But we pretend to no such power, nor have we any reason to do so."† Warburton finally asserts, "We Protestants urge the testimony of the Gospel to prove the truth of demoniacal possessions: the Papists bring their demoniacs to prove the truth of the Gospel, or rather of their church."‡

The king wrought miracles as well as the church. The royal touch was an infallible cure for scrofula. This practice is carried as far back as Edward the Confessor, who dealt, as we have seen, a little in surgery. Sir John Fortescue § denied the virtue to queens, but Elizabeth "thought herself so much a king, that among other regal functions she frequently exercised this." Gold or silver, touched by the anointed hands, and made into rings, cured epilepsy. All the court physicians, down to Wiseman, bore testimony to the efficacy of the royal specific. The Colleges proceeded against James Leverett, the seventh son of a seventh son, who cured all manner of diseases, especially the king's evil, by stroking with his hand, without the use of any medicines, internal or external. || "And," exclaimed the honest prosecutors, "he adds scorn and contempt towards those whom the sacred hand of his majesty had touched for the evil" (1637)! || The miraculous touch was considered a test of sovereignty, and the monarch was afraid of removing the mask, and giving up the evident imposition. So much less dangerous is it to deceive than to deceive a people! The latter task is rarely attempted by statesmen.

Men had looked for life from the dead, the touch of the living, the stars, and the elixirs of alchemy; nor had they neglected the agency of good and bad angels. Robert Fludd, or de Fluctibus, as he was pleased to translate himself, at the head of the Rose Cross Society, invented a wild Theosophy, and endeavoured to reduce all the dreams of superstition to a system. The theory I will not enter into, the practice was this:—"The physician," he said, "should believe in the light of the Lord, and pray without ceasing, until the logos, light, wisdom, were shed abroad in his heart; when he would enjoy inalterable health, and be able to cure those who lay in darkness and the shadow of death." Prayers alone cured diseases; and he gave forms of prayer for different cases. This mad wave of a mad sea was a Fellow of the College of Physicians.

In the age of miraculous cures the common people—ninetieths of the nation—were entirely destitute of medical advice; the miraculous pretensions of the church, and superstition, soothed the mind, excited hope, and sometimes cured diseases by exalting the imagination. They filled up the vacuity of despair, and tranquillised the restlessness of suffering. But to prove that error and falsehood are always dangerous, we find in the fifteenth and sixteenth centuries the belief in miraculous powers, and supernatural agency, leading to dreadful results. Thousands were put to death under accusations of witchcraft, all over Europe. Two papal legates executed 6,500 inhabitants of the Electorate of Treves, under accusations of witchcraft. The devil had a great deal to do. A hundred and fifty individuals in Friedberg were said to be possessed of devils. The Reformers promoted the error. Luther ascribed nearly all diseases to Satan. The clouds of superstition began to roll away; and at the end of the seventeenth century, when science shed some rays of light, the horizon was almost clear.

(To be continued.)

\* Life of Bishop Hall. Wordsworth's Ecclesiastical Biography.

† Sermons, vol. iv, p. 376.

‡ Sermon on the Fall of Satan.

§ Defence of the Title of House of Lancaster.

|| Goodal. History of the College of Physicians.





## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XVI.

#### QUACKERY'S LAST!

##### HAKEEM ALI AHMED'S TREASURES OF THE DESERT!

Early last month the following laconic and business-like epistle, with sundry other documents connected with the consummate imposture which forms the subject of our present article, fell opportunely into our hands:—

Nos. 9 and 10 St Bride's avenue, Fleet street, London,  
February 19th, 1853.

SIR,—Enclosed I forward you a pamphlet referring to some pills and plaister about to be placed before the public through the medium of *agents* and *extensive* advertising.

I am desirous of knowing if you would interest yourself in the sale of the same.

The prices to those who may at once become agents will be as follows:—

1s. 1½d. boxes,	8s. 6d. per dozen.
2s. 9d.     "	20s.     "
4s. 6d.     "	32s. 6d.     "

Thus giving more than usual profit to the retailer.—An early reply will oblige your obedient servant, for the proprietors,

G. WILLIAMS.

P.S.—The proprietors will not object in the first instance to send a small parcel on *sale or return*.

No sooner was our attention thus directed to a new firm of nostrum-mongers, which by their audacity and display appeared likely ere long to make a serious inroad on the credulity and pockets of the public, than we determined to keep an eye upon their doings, and at some convenient opportunity to advise our readers of our progress. We have now been for some weeks attentive observers of the unscrupulous and persevering efforts of the quacks in question to force a sale for their nostrums; but we should not have taken up the matter in defence of the public as yet, had it not been for the numerous letters we have received from correspondents inviting us to do so without any further delay. With the month of April, the proprietors of the "treasures of the desert" determined to come out in "battle array" and to make a great demonstration, which should eclipse the efforts of the Holloways, the Morisons, and in short the whole legion of quacks which had preceded them. The time was happily chosen:—it was April-fool-day. Every spot where bills are commonly posted (and many where they are not) were suddenly found to be covered with huge posters, bearing attractive assurances, and the mysterious portrait of nobody knew who. The papers appeared with similar advertisements, and the monthlies had bound up with them pretty green and yellow pamphlets, liberally adorned with words and sentences professedly Ara-

bic, but which were figured in such a bold and free style, that they more resembled the hieroglyphics on the tombs of Egypt, or the strange figures on a chest of souchong, than anything we have seen since our last visit to the Chinese collection and the British Museum. We have now some of these singular documents before us, together with the "dashing-got-up" boxes of the nostrums, all of which we intend to carefully examine before the appearance of our next number. In the meantime, we cannot pass over a little blue bill lately thrust into our hand, without presenting the reader with a short extract:—

"*Hakeem Ali Ahmed's Treasures of the Desert*.—Under this presuming title, the public are introduced to the *veritable* and *only secure* remedies employed by a noted Syrian physician for the fundamental cure of those maladies which may be traced to be the fountain-head or mainspring of all the other thousand and one minor ills to which poor humanity is subjected. Through this medicine the sufferer is relieved, cured, and invigorated, without recourse to that hateful practice so prevalent amongst European practitioners in all countries, of drenching the system with calomel and other pernicious nostrums, thereby affording a temporary relief at the expense of a shattered constitution, and abbreviating, by many years, the natural term of a man's life upon earth. It is a remarkable fact, that in those countries where simple vegetable remedies have from time immemorial been resorted to, the men and women live to a robust old age, fulfilling the natural term of existence of from three score and ten to four score years; and then, in the full ripeness of their old age, die as a plant, without any symptoms of disease or suffering—time has meted out their years, and they pass quietly away like a shadow from the earth. This is more particularly applicable to the countries of Turkey, Arabia, and Mesopotamia, where the benevolent Ali Ahmed diffused far and wide the knowledge of his incomparable cures.

This medicine is pure as refined silver in its component parts.

Medical men are not acquainted with, and chemists do not possess those peculiar roots and herbs, native of the *wilds* of Arabia, the properties of which were familiar to our ancestors, the patriarchs, and which, accomplished by the celebrated Hakeem Ali Ahmed, now constitute the invaluable *Haboobul Salati*. Great indeed is the victory thus obtained." How wonderful!!! We must examine into the origin of these nostrums, and the pretensions set up by their proprietors.

(To be continued.)

#### ATKINSON'S INFANTS' PRESERVATIVE.

The remarks referring to Dalby's Carminative at page 287 also apply to this nostrum.\*

\* R. Bicarbonate of magnesia, 6 drachms; white sugar, 2oz.; oil of aniseed, 20 drops; compound spirit of ammonia, 2½ drachms; laudanum, 1 drachm; syrup of saffron, 1oz.; caraway water, sufficient to make the whole measure a pint. Dose, &c., as the last.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the 'Medical Circular,' in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the 'London and Provincial Medical Directory.'

Further particulars of this important and most interesting Work will appear in a future Number.





PORTRAIT OF WILLIAM COULSON, ESQ.

SURGEON TO ST MARY'S HOSPITAL.

(From a Daguerreotype by Beard.)

### Biographical Notices.

#### WILLIAM COULSON, ESQ.

It is always a pleasing task to trace the career of a virtuous and distinguished man through the rough and narrow path which leads to fortune, but this pleasure is greatly enhanced when the subject of our study is a member of the medical profession. In this vast metropolis, where thousands are contending for the same prize, and where the faint-hearted or the weak disappear from the scene or succumb during the struggle, it is well to fix the mind of the young aspirant on the fact that industry, perseverance, and talent are sure to meet their reward, and to cheer him with the hope that what others have gained he may attain also. Thus do the lives of eminent men instruct by their example, while they encourage by their success; and it is on this account chiefly that we have undertaken the biographical sketches which, from time to time, appear in the pages of this journal.

The career of Mr Coulson, the subject of our present memoir, affords an excellent illustration of the remarks

which we have just offered; for there is not perhaps any other surgeon in London whose progress and present position have been so much the result of individual exertion as his. He commenced life in an humble manner, without anything to depend on save himself; but in that self was the stuff of which distinguished men are made. He climbed the ladder gradually; he is now near its top. Let us follow him step by step during the ascent; the example will be useful. In this life, those who would win should never look behind them, but mount steadfastly, with courage and with hope.

Mr Coulson was born at Penzance, in Cornwall, in the year 1802. His connexion with literature and science was, if we may use the term, hereditary. His father enjoyed for many years the intimate acquaintance of Sir Humphrey Davy.\* He was long connected with her Majesty's dockyard

\* Vide Memoirs of the Life of Sir Humphrey Davy, Bt. Edinburgh, 1839, p. 42.



at Devonport, and died at an advanced age in the year 1845. On the maternal side, Mr Coulson descends from the Borlase family, one member of which, the Rev. Dr William Borlase, distinguished himself by a standard work on the "Antiquities and Natural History of Cornwall." His mother was the second daughter of Mr Walter Borlase, surgeon, of Penzance, and sister of Dr John Bingham Borlase. This latter gentleman was one of the founders of the Penzance dispensary, and enjoyed the honour of having directed the early studies of Sir Humphrey Davy. In alluding to this circumstance, Dr Davy remarks\* that his brother "was apprenticed to Mr Bingham Borlase, a man of talent, then practising as surgeon and apothecary at Penzance, who afterwards received a diploma, and was distinguished as a physician."

While yet a child Mr Coulson had the misfortune to lose his mother, but her place was nobly filled by an aunt, of

whose kindness and self-sacrifice we have heard him speak in terms of the most affectionate remembrance.

Mr Coulson received his early education at the Grammar School of Penzance. The history of a boy affords of course little interest, but we cannot avoid relating one anecdote connected with this period, inasmuch as it shadows forth the future character of the man. Through some circumstances to which it is unnecessary to allude, the charge of the Grammar School was temporarily entrusted to the Rev. Mr Le Grice, a distinguished scholar, the schoolfellow and friend of Coleridge and Charles Lamb.\*

Having heard that the reverend gentleman was still alive, the writer of this memoir applied to him for some information relative to his former pupil, and received in reply a charming letter, from which we are tempted to make the following extract :

"It is now thirty-seven years since I lost sight of Mr

\* Loc. cit., p. 12.

\* Vide Prose Works of Charles Lamb. Vol. II, p. 47.



Coulson, but I have not remained unacquainted with his deserved reputation. You are rightly informed as to my gratuitously undertaking the management of the Grammar School at Penzance on account of its being suddenly deprived of its master, in order that the scholars might not be dispersed and the reputation of the school injured. As I was Minister of the town, the Corporation had recourse to me, and I readily complied with their request. By this arrangement the family of the departed master were benefited.

"During the three months in which my services were given, Coulson, who was then I believe about thirteen years of age, evinced much ability, diligence and attention. He was also grateful. You will think this rather an unusual epithet as descriptive of a school-boy's character; and I shall therefore explain it in a manner which may not merely amuse you, but will be regarded as the most satisfactory reply which I could give to your inquiry.

"It will I trust be gratifying to Mr Coulson to find that an anecdote which he has forgotten, has been cherished in my remembrance for nearly forty years.\* When I entered the School for the last time, I espied a piece of inscribed paper pinned on the wall near my desk. On examining it I found that it was an inscription of grateful acknowledgement to me for my kind and studious attention, signed by Coulson and another scholar, by whom it had been prepared. I remember their anxious looks while I approached it, and their delight at the impression which it made on me. It was an indication of good feeling, and of thoughtfulness beyond their age. The scheme was a development of character."

Having remained at the Grammar School until the year 1816, our aspirant seems to have conceived the wise idea, that it might prove useful in future life, if he were to add a knowledge of some modern languages to that of the Greek and Latin, with which in former times school boys were exclusively crammed. He therefore betook himself to St Pol de Leon in Brittany, where he remained for two years, which were devoted to a study of French literature. On his return he was bound as an apprentice to Mr William Berryman, Surgeon of Penzance, an intelligent practitioner, devotedly attached to his profession. The precept and example of this worthy man were not without effect on the pupil, who set to work with such assiduity, and made such rapid progress, that long before the period of apprenticeship had expired, Mr Berryman advised young Coulson's friends to send him to London, in order that he might commence his anatomical studies without further delay. This flattering and unusual proof of confidence in the future career of his pupil was gladly accepted; Mr Coulson set out for London, and entered as a pupil at Mr Grainger's School in the Borough. While engaged in anatomical pursuits, he found time to attend at St Thomas's Hospital, where he acted as a dresser under the late Mr Tyrrell, and had the fortune to become acquainted with Mr Wakley. The friendship of this gentleman sprung out of a casual acquaintance then formed, and Mr Coulson always speaks of his friend in the kindest manner. During his attendance at St Thomas's Hospital he was distinguished for his industrious assiduity, and we believe contributed numerous reports to the 'Lancet,' then in its infancy.

This may be regarded as the commencement of Mr Coulson's literary career, which he has pursued ever since without interruption, and we may add "*vires acquirit eundo.*"

At the termination of his anatomical studies, Mr Coulson resolved on visiting Berlin, towards which school he was attracted by the fame of Rudolphi, of Graeffe, and of Rust. These distinguished men have passed away, but at that time they presided over the Prussian School with an éclat which rivalled, if it did not eclipse, the less solid though more noisy reputation of Parisian Surgery. A voyage to the Continent in 1824, was a much more serious affair than it is now-a-days, yet young Coulson, by industry and prudence while a student, saved enough of money to defray his expences at Berlin—a fact highly creditable to him, and

which may in some measure explain his success in after-life. This was a busy period for our young student; hand and head were constantly at work for two years, during which he supplied the foreign correspondence to the 'Edinburgh Medical and Surgical Journal,' and, still better, acquired the esteem of some of the most distinguished amongst the German professors.

At this period also he formed the friendship of Campbell, and the terms in which our great poet alludes to the kind attentions of his young friend are so characteristic, that we shall extract a passage or two from his letters.

"I begin to speak German so as to be able to support conversation; but still there are many inconveniences that a stranger feels from incomplete acquaintance with the language of a place. These I should have felt in many instances had I not fortunately met with two \* of my countrymen, who are studying medicine here. These young men make me feel very old, for they pay me such attention that I think I must appear in their eyes as venerable as Nestor. They regulate their business for the day, so as to keep themselves at my service, as they phrase it, whenever they can be useful; so that I have no trouble but to eat and drink, and go about to see sights. From anybody such attention would excite a kindly feeling; but from young men of most respectable attainments and gentlemanlike manners, it is even flattering. I am not suffered even to carry my own cloak or umbrella, nor to bring anything for myself that I want; and they offered even to write out a translation of some difficult German which I had to get through, to the amount of sixty very large-sized and small-printed quarto pages. As they are in very good circumstances the offer was perfectly gratuitous; but I thought it would be unfair to allow them to sacrifice so much time from their own proper studies. Finally, my devoted friends have taken their places for Hamburg, in order to be present at the dinner to be given me, whether it shall prove public or private. This is more zeal than I would show for Tom Campbell myself; for unless I were obliged to return by way of Hamburg, I would not undergo the thumping of a German coach 400 miles to hear Mr Thomas Campbell's health drunk for the whole city of Hamburg." †—Berlin, October 5th, 1825.

This is a pleasing eulogium, of which the subject, even at this distance of time, may justly feel proud. But his days were not absorbed by devotion to the representative of English poetry. Mr Coulson availed himself of every advantage presented by the Berlin school; and the solid information there acquired probably contributed to impress on his subsequent writings that character of practical utility by which they are distinguished.

In 1826 he returned to London, visiting Paris *en route* for a few months, and was admitted a member of the Royal College of Surgeons on the 26th September, 1826.

Many young men, when they have passed their examination, are too apt to believe that all their troubles are over. But the active duties of life only then commence; and the laggard who neglects to gird up his loins at once is sure to be left behind in the race. Our young surgeon was not of a temperament to remain idle; his previous life had accustomed him to unceasing activity, and he felt that to attain great things we must aim at great things.

The anatomical school of Mr Grainger in the Borough at this time enjoyed a great and deserved reputation; and it was evident that a private establishment on the same plan might be attempted with some prospect of success in the neighbourhood of St Bartholomew's Hospital. The truth is that the profession in London was beginning to wince under the monopoly which had previously weighed on every branch of medical education, and a spirit of resistance was aroused that subsequently led to a reform of many of the abuses engendered by nepotism. However this may be,

\* Mr Coulson and Mr Spry are the two students alluded to by the poet.

† 'Life and Letters of Thomas Campbell,' edited by Wm. Beattie, M.D., vol. ii, p. 448.

\* The Rev. Mr Le Grice is upwards of eighty years of age. Time has not dried up the fountain of his benevolence.



an independent standard was raised, and the Aldersgate School was established by the late Mr Tyrrell, Dr Jones Quain, and Mr Coulson, aided in the surgical department by Mr Wardrop and Mr Lawrence. Mr Coulson took part in the teaching of anatomy. His first step in life was made in the best company, and this has great influence on a man's future career. Three years were devoted to the interests of the school, yet time was found for the cultivation of professional literature. During this period Mr Coulson had charge of the foreign department of the 'Lancet,' for which duty his intimate knowledge of German literature eminently qualified him. He also translated 'Edwards's Manual of Surgical Anatomy' and edited Blumenbach's work on 'Comparative Anatomy,' which had been previously translated by Mr Lawrence.

In the year 1828, the subject of our memoir was elected Surgeon to the General Dispensary in Aldersgate street, thus becoming the colleague and friend of Drs Birkbeck and Clutterbuck. While connected with this institution, which afforded large opportunities for experience, Mr Coulson published several lectures on various subjects—on Stricture of the Urethra, &c.; but his relations with it were unexpectedly interrupted in the year 1832 by an unfortunate dispute between the medical officers and governors of the Dispensary. These latter gentlemen, apparently acting on the commercial principle that what is worth having is worth paying for, insisted that all the medical offices should be sold to the highest bidders. It is unnecessary to say that the medical staff rejected a proposition of so degrading a character, and retired from all communication with men who conceived that physicians and surgeons should pay for the privilege of affording relief to the poor.

We should not omit to mention that Mr Coulson was appointed Consulting Surgeon to the City of London Lying-in Hospital in 1830. This gave him an opportunity of investigating the subject of puerperal affections of the joints; and the results of his experience were published at the end of the second edition of his work on the hip-joint. This may account for the fact that these interesting observations are much more familiar to continental obstetricians, by whom they are frequently quoted, than to writers on diseases of women in this country.

Mr Coulson did not remain long on the retired list, for in a few months afterwards he was elected member of the medical board of the Royal Sea-Bathing Infirmary at Margate, an office which he still continues to fill, and which has afforded him valuable opportunities of becoming acquainted with the various forms of scrofulous disease that abound in this crowded metropolis. In 1833 he met with his first and, we may say, his only reverse, for he was beaten by Mr Curling in a contest for the office of Assistant Surgeon to the London Hospital. Professional business, the reward of activity and skill, now began to increase, and that to such an extent that Mr Coulson found it expedient to remove from Charterhouse square to his present residence in Frederick's place, Old Jewry, where he has continued to reside ever since. Here, as in all other acts, he showed that science does not exclude worldly wisdom, without which advancement is slow and precarious; for no better site could be chosen as a centre of extensive practice than the modest, quiet court of Old Jewry, which seems as if it were intended as a refuge for the sick, though within a stone's throw of the most crowded thoroughfare in the universe.

We have already alluded to Mr Coulson's connexion with the Margate Infirmary, an institution which receives more scrofulous patients during the year than perhaps any other establishment in Europe. The opportunities afforded by this extensive field were not lost; and accordingly we find Mr Coulson turning them to account in a work on the hip-joint, which has gone through two editions.

Practice now rapidly increased, and with it the literary exertions of Mr Coulson bore corresponding pace. Many professional men write to obtain practice, and become silent as soon as their object is attained, their first efforts seeming to exhaust them. Not so the subject of our present memoir.

The wider his field of observation the more diligently is it cultivated; and hence we find him bringing forth in successive publications a work "On the Deformities of the Chest and Spine," his *opus magnum* "On the Diseases of the Bladder and Prostate Gland," besides contributing various professional articles to the 'Cyclopædia for the Diffusion of Useful Knowledge,' and to the medical journals of the day. About this time he was appointed Surgeon to the Magdalen Hospital.

This constant exertion of mind and body continued for twelve years, at the expiration of which it began to tell. The public are too prone to believe that the fees of a medical man are easily gained, or to grumble at the exchange of a guinea for a scrap of paper covered with hieroglyphics. But few are aware of the outlay of capital, the bodily labour, the mental exertion, the industry, the perseverance, the talent, all of which must be combined in the same individual before he can obtain the rank of a successful consulting surgeon. In the lottery of professional life there are a thousand blanks for every prize, and it is but just that the prize should be elevated in proportion.

Though naturally of strong constitution, the incessant duties of an extensive city practice began to be felt by Mr Coulson, and to such a degree that in the year 1846 he found himself compelled to take a house at Hampstead, partly for health's sake, partly as an excuse for retiring from business at an earlier hour in the afternoon. City consulting practice differs in a remarkable circumstance from that at the West End or elsewhere, inasmuch as the practitioner is a slave to the business habits of the City folk, and must be at his post till a late hour in the evening. Time in the City is so valuable that many patients, unless seriously ill, will not consult their medical adviser until they have shut up for the day—that is, until eight, nine, or even ten, p.m.; and hence a surgeon in vogue can never count on having an evening to himself.

Mr Coulson's semi-country life continued for about two years. At this time an event occurred which rendered it imperative that some decided resolution—a "to be or not to be"—should be adopted. We allude to the death of the much-lamented Mr Aston Key. From the position which Mr Coulson had hitherto occupied, it was evident that the mantle of the departed surgeon was destined to fall on his shoulders, and that he must either be content with a secondary rank, or step forward into the vacant space left by the decease of Mr Key. Hesitation would have been fatal. The struggle for professional eminence in this huge city is like a battle; and when a man falls, the next in order must step into his place, for if he delay an instant that place will be occupied by another. Mr Coulson, like a valiant soldier, flung aside all personal considerations, and returned to his post in the city—an act equally beneficial to himself and the public. At this time he was appointed Consulting Surgeon to the German Hospital as successor to Mr Key, a distinction obtained partly in consequence of his extensive German connexion and of his early familiarity with German literature.

Only two dignities now remained which he could accept,—that of an Hospital Surgeon and of Member of the Council. They followed in due course. In March, 1851, he was elected Surgeon to St Mary's Hospital; and in July of the same year he became, by election of the popular constituency, a Member of the Council of the Royal College of Surgeons.

(To be continued.)

**THE INCOME-TAX AND THE PROFESSION.**—Petitions against the present mode of levying the income-tax have been presented during the present week to the House of Commons from the medical practitioners of Hull, London, Manchester, and Reading.

**THE LEVEE.**—At the levee, on Wednesday last, Dr Hunter Lane was presented by Dr J. C. B. Aldis. The following were among the company:—Drs Faraday, Ashley, Aldis, Evans, Forbes Winslow, McCann, and Gillkrest; also Mr Erasmus Wilson.



## Original Communications.

## ABSTRACT OF EVIDENCE FOR THE IMPORTATION OF THE 'ECLAIR' FEVER INTO BOA VISTA IN 1845.

FROM THE OFFICIAL CORRESPONDENCE AND THE REPORT OF DR McWILLIAM.

(FROM A CORRESPONDENT.)

Dr McWilliam has no doubt learned, during his residence in our great commercial emporium, that printers' ink plentifully distributed is one of the surest means of success in trade, and on every opportunity he has recourse to the press, seemingly with a hope that either the vigour of his invectives or the reiteration of his statements may divert public attention from the defects in his premises and weakness of his arguments. In his latest effort,\* he appears to trust his cause chiefly to "the salient points" in the history of fever in the Eclair and on the island of Boa Vista;—but the official papers relative to this history having most probably never been in the hands of the majority of the profession, even in London, it may be well to show that these "salient points" can be presented "with a difference."

The letters of the late Captain Estcourt prove that the Eclair anchored at Boa Vista on the 20th of August, 1845, and that "the ensuing week was occupied in clearing holds and lifting the tanks" (Correspondence, p. 45). The sickness among the men increasing (Ibid, p. 45, and Consul, p. 35), the sick and crew were landed on the small island on the 31st of August, placing those under the cover of tents who were well, and the sick within a building in the fort. Here they remained thirteen days, during the first nine of which the sickness and mortality increased, whereas on the last four there were only two new cases, but on the three first days after re-embarkation there were no fewer than fourteen new cases (Correspondence, p. 89).

According to Captain Buckle, the senior British naval officer on the spot (Correspondence, p. 94), the sick were re-embarked on the 12th, therefore the concourse of labourers on deck on the 13th (the day the ship sailed) could hardly have brought Luis Pathi or any other of them into contact with the sick.

The evidence of the labourers, as given in Dr McWilliam's report, shows that though about twelve of their whole number had been in the hold, several others on the lower deck, two or three in the engine-room, and five or six at the fort, yet none of *them* went among the sick of *her crew*, either in the ship or in the fort. Antonio Angela, Joaquim Pathi, and Antonio Maria Simon, indeed, assisted in getting the sick on board, but through them the disease cannot be traced from the ship to Boa Vista.

Such are the "salient points" relative to the ship, her crew, and the labourers employed on board, while at Boa Vista.

The "salient points" in the history of the fever at Boa Vista itself, however, are involved in inextricable confusion. The population appear to have been healthy when the Eclair anchored off Porto Sal Rey, where she was almost immediately admitted to pratique (Corresp. pp. 35-45); and, according to Mr Macaulay (Corresp. p. 40), "no injury whatever had resulted from the *unrestricted* intercourse which had subsisted during the whole of the Eclair's stay in the harbour [twenty-four days] between the officers and men (not in hospital at the fort) and their friends on shore." The leading particulars of this intercourse, which are detailed in Dr Stewart's report (Corresp. p. 88), show, among other things, that some of the officers and servants were attacked with fever whilst living in the town, but all who fell sick were immediately removed to the fort, except one, whose disease it has been since alleged was not fever.

The Consul (Corresp. p. 36) and Mr Macaulay (Ibid. p. 40) agree that the residents in Boa Vista [proper] con-

tinued healthy for *nearly a month* after the Eclair had sailed, and the Governor-General confirms their statements in a letter written after the Correspondence had been printed by order of the House of Commons. The evidence of Senhor Carvahal (Dr McWilliam's Rep. p. 31), of Sen. Baptista (Ibid. p. 32), of John Jamieson (Ibid. p. 26), and of Dr Almeida (Ibid. p. 75), and Mr Macaulay's despatch of the 21st October, all tend to the same conclusion.

On the other hand it appears, from Dr McWilliam's Report, that a corporal on guard at the fort was taken unwell (p. 20), the day after the sick were landed, and a publican in Porto Sal Rey (p. 30), much about the same time. Next follow the attacks of two Portuguese soldiers in the fort, after the Eclair left (p. 23), of two females in Porto Sal Rey (p. 29), and of Luis Pathi (p. 43), at Moradinha, all nearly simultaneous, if the evidence of the three survivors can be credited. These cases are stated to have been followed, within no long time, by others at various points, viz., Luis Santos Nazario (p. 52), at Boaventura; Antonio, Silvestion, and Jono da Silva Marques (p. 72), at Cabegada; Antonio des Santos (p. 20); Manoel Antonio Alves (p. 21); Lorenzo Samed (p. 25); and José Sancha (p. 26); at Porto Sal Rey; also one child (if not a second) of Luis Pathi (p. 48), and a child of Manoel Fachina (p. 66), at Cabegada. In short, Mr Macaulay (Corresp. p. 40), mentions "the general sickliness of the place" at the time of Anna Gallinha's death, and the Consul (Ibid. p. 36) says, "up to the 9th of October extraordinary heat, and the fall of a great quantity of rain had been experienced, events which were surprising to the oldest inhabitant. The fever then began to show itself, and the first *fatal case* in the town is said to have taken place in the house where the two coloured soldiers from the fort had been brought and recovered from their sickness." Besides, the replies to queries 266-7 283, 285, 317-8, and 1565, in Dr McWilliam's Report, would appear to lead to the inference that there were a good many cases of fever in Porto Sal Rey about the time Anna Gallinha is said to have died.

As regards the occurrences at the fort, the replies of the military commandant (p. 18) show that one of the Portuguese soldiers (Roque) died there on the 20th, and the other (Agosthino) on the 21st of September; whereas the testimony of Alves (pp. 21-2) and of Barbosa (p. 23) would prove that Agosthino died first and Roque after. Indeed it might be, and has been surmised, from Barbosa's replies (to ? 218, 19, 20), that the one died on the 17th and the other on the 18th of the month. These discrepancies in the testimony naturally raise doubts as to its truth; but supposing the deaths to have taken place as stated, it does not necessarily follow that the disease of which they died was communicated to these soldiers by the sick of the Eclair. Unless it be supposed that the soldiers were exempt from the general panic, it is not probable that they should have sought admission into such a charnel-house; and the usage of our naval hospitals forbids us to believe that much intercourse with the sick would have been permitted where officers were almost always present. The testimony of the soldiers themselves, that they were constantly in the hospital, then, is highly improbable, from its being incompatible with the maintenance of discipline and order. Besides, Dr McWilliam admits (Rep., p. 105) that "the soldiers had only a week before they were seized with fever come from Porto Sal Rey, where, at least in a theoretic view, the condition of the soil during and after the rainy season is such as may cause fever." This inference, *à priori*, acquires much importance from the indubitable testimony of Capt. Buckle and Dr Carter, of the Growler, as well as the evidence of Dr Almeida, proving that the rains had begun before those men left Porto Sal Rey; and, in addition, there are the other cases of fever just enumerated from Dr McWilliam's Report, two of which preceded, three almost coincided with, and the others shortly followed, the fatal attacks in these soldiers to support this theoretic view.

The next point for examination is the channel by which the fever is alleged to have been conveyed from the fort into Porto Sal Rey. Consul Rendall (Corresp. p. 36), in noticing the alarm at the mortality among

\* 'Medical Times and Gazette,' January 29th and March 5th, 1853.



the crew of the *Eclair*, says, — “the fears of the people had not subsided at the events already recorded, *when it was reported*, the 20th September (seven days after the steamer had left), that one of the white Portuguese soldiers who had been housed at the island with the crew of the *Eclair* had died in the fort. The following day another also died, and the remaining soldier in the fort (a coloured man) was reported sick. Another coloured soldier was sent to assist his comrade, but who being also taken sick, the authorities at once abandoned the fort and island, and caused the two sick men to be brought to the town, and they were lodged in a house near the sea beach.”

Mr Macaulay (Corresp. p. 40), in noticing other incidents connected with the *Eclair*, says, — “this brings me to observe upon the mode in which *it is generally believed* the *Eclair* fever was communicated to Boa Vista. When the fort which had been used as an hospital by the *Eclair*'s crew was *re-occupied* by the small military guard who usually do duty there, two of the soldiers were seized with fever, and were immediately removed into the crowded town of Porto Sal Rey.”

These two accounts of the same events, both drawn up by intelligent men, differ widely in the details, and this difference shows that they were repeating vague hearsay rumours, not facts, which they had ascertained to be true.

On turning to the evidence of the soldiers in question (Dr McWilliams's Report, pp. 23-4) it will be seen that Barbosa says nothing to warrant the belief that either he or his comrade had been in the least unwell while in the fort; and if the word “still,” in his reply to ? 234a, be not altogether misplaced, it would seem to refer to some previous illness, from which he was then recovering. His companion, Manoel, says (? 241) “I was not quite well [in the fort]; and the commandant fearing my comrade and myself might have fever about us, did not allow us to return to the barracks at Porto Sal Rey, but put us both into a small house in Pao de Varella.” But there is not another word in his testimony which could possibly be made to imply that Barbosa had been complaining either in the fort or in the Pao de Varella. Manoel further says (? 242) they were seven or eight days in the Pao de Varella; they then went to barracks, and in three or four days more he (Manoel) was taken ill; that he then lived in the house of a publican named Joana, where he was in bed fifteen days; had black vomit, and was visited by the doctor of the Governor-General, as well as (? 243) by his own friends. There is nothing in these details to prove that his very trifling ailment in the fort, 11 or 12 days before, was yellow fever, or that he had been in the least unwell in the Pao de Varella; on the contrary, the whole weight of his testimony leads to an opposite conclusion, and accords with the evidence (p. 24) of the publican Joana. Barbosa, however, says (234a) he (Barbosa) “was laid up in bed the next day,” after going to barracks, and adds (238a) “Luis Briza” was then sick there. The illness and death of a brother soldier were events likely to make a profound impression on his memory, but this statement must be fatal to Barbosa's claim to be the original importer of yellow fever into Porto Sal Rey, because Briza did not die until the 12th of November.

It is necessary to add that the assumption as to the illness of those men in the Pao de Varella is countenanced by the opinion of Romess (? 316) that they were sick, and (? 333) that they looked ill, “particularly Miguel Barbosa,” and by the evidence of Joanna Texeira (? 337) that “they were not in bed, but they both complained, and were restless and had headache; they looked ill.” Senhor Carvahal (? 442) “had heard of her [Anna Gallinha] as a Portuguese woman who had attended and cooked for Miguel Barbosa and Pedro Manoel, the soldiers who came from the fort;” and Sen. Baptista thinks (? 450) the sickness got into the town “by the negro soldiers who came from the fort after the Portuguese soldiers died.” It would, then, appear that the oral testimony of one class of witnesses proves too much, while that of another class proves too little; and, if Romess and Texeira belong to the former category, all the others are added in the latter.

It is stated that Anna Gallinha, who had cooked for the two soldiers during their stay in the Pao de Varella, fell the first victim (on the 16th of October) to the Boa Vista epidemic of 1845; and, according to Dr McWilliam (Remarks, p. 9) the disease “was for a considerable time strictly local, being confined to Beira and its immediate neighbourhood.” Voluminous evidence is adduced in his Report (pp. 85-6), and Remarks (pp. 8 and 10) to prove this temporary localisation of the epidemic, and no antagonist has appeared to dispute the fact.

Had the fever been really contagious, is it possible that this localisation could have continued “for a considerable time?” Barbosa passed through his attack in barracks at Porto Sal Rey, and Manoel through his well-marked illness in the house of the publican Joana, in the same place, whose testimony is adduced (Rep. p. 24) to show that he was himself taken ill there when the soldier was recovering! The epidemic, nevertheless, confined itself to Beira,—the district where the two soldiers had lodged before either of them was laid up with fever. It would be vain to seek the explanation of this mystery, in want of predisposition, or individual unsusceptibility, the favourite resources in medical controversy. Such speculations must be utterly inapplicable where large numbers are concerned, and there are few places of more general resort than the public-house and the barracks.

A transient impression seems to have crossed the doctor's mind, that another cause might possibly be in action when he admitted that “by the time Anna Gallinha was taken ill” there “existed the recognised elements for malarious evolution.” But the agency of malaria is forthwith rejected, because the prevalence of the theoretic conditions was general, and the manifestation of the disease was not equally general. The same reasoning would enable a sceptic to deny the existence of malaria anywhere, because ague does not appear everywhere.

The decisive testimony of Captain Buckle (Corresp. p. 94) that the sick were re-embarked on the 12th, the day before the ship sailed, precludes the necessity for entering into details regarding the illness of Luis Pathi, and the occurrences at Cubegada, which may be safely left in abeyance, as the sole chance of connecting Pathi's illness with the sick crew depends upon proving that he had stolen *something* from on board the *Eclair*.

This is the evidence, nevertheless, which has been held to be conclusive, that yellow fever may be sometimes imported, particularly into insalubrious localities, during unhealthy seasons; these being the very conditions which careful inquiries would admit must involve the facts in such obscurity as to prevent the possibility of arriving at any trustworthy conclusion.

Dr McWilliam ignores the evidence of the Governor-General, of Mr Macaulay, and of Consul Rendall, as to the unusual state of the weather which preceded the epidemic, the epidemic among the cattle, the approach of the sickly season, pointed to by Dr Almeida (? 1545), not to say by LIND, and the recurrence of the disease next year.

The Doctor is master of the Portuguese, and a few lines of French cannot be unacceptable to him.

“La plupart des observateurs ont coutume de découvrir le côté affirmatif des choses et d'en voiler le côté négatif; c'est vouer son art à l'opprobre que d'en agir ainsi. Le temps porte son flambeau dans l'obscurité la plus ténébreuse, et l'on aperçoit l'imposture.”—*Zimmermann*.

The Jacksonian prize has been awarded by the Council of the College to Mr Henry Thompson, of Wimpole street, Cavendish square, surgeon to the Blenheim Dispensary, for his Essay on the Pathology and Treatment of Stricture.

SINGULAR CASE OF POISONING AT STETTIN.—A gentleman, who had a number of stuffed birds in his study, covered them with arsenic to secure their preservation. Soon afterwards he became seriously indisposed without being able to assign any cause for his illness, until it was discovered by a physician whom he consulted at Berlin that he had, from constant residence in the study, absorbed the deadly poison, with which his system became gradually impregnated.



## ENLARGED TONSILS AND DEAFNESS.

[We reprint, from the "Medical Times and Gazette," the following letter, which is supplementary to a previous letter, already quoted in the 'Circular,' on the same subject.—  
ED. 'MED. CIR.']

*To the Editor of the 'Medical Times and Gazette.'*

SIR,—Having so recently felt it to be my duty to advertise on the strange opinions put forward by Mr Toynbee, relative to the artificial tympanum (see 'Medical Times and Gazette' of April 9), it is with no little reluctance that I feel myself again called upon to combat the no less singular ideas he has advanced in respect to the connexion of enlarged tonsils with deafness. In your report of the discussion at the Medical and Chirurgical Society, on a paper read by Mr Toynbee, he is stated to have said:—

"Enlarged tonsils are never the cause of obstruction in the Eustachian tubes."

What Mr Toynbee's experience may be in tonsil-cutting I know not, but I may state that my own has extended over many years, and has exceeded three thousand operations. Probably no man living, therefore, can speak so authoritatively on the subject as myself. To the throat I have, from my earliest career as an aural surgeon, looked for an explanation of the mystery of deafness; to its lining mucous membrane, and its extension along the Eustachian tube, when in a state of congestion, I have laid the charge of causing so grievous a calamity. Hence it is that the treatment of the outer passages of the ears by acoustic drops and insertments, and by applications of solutions of nitrate of silver, have invariably met with my condemnation. The subject of enlarged tonsils (seeing this complication with deafness so frequent) necessarily engaged my attention also. I saw cases of very large and projecting tonsils and no deafness. I saw other cases with thickening about the region of the tonsils, with deafness, and I passed in my finger to feel between the arches the condition of those glands, when they were frequently found enlarged, and stealing upwards towards the mouths of the Eustachian passages. Thus it was that I arrived at the conclusion, that enlarged tonsils did sometimes produce deafness, and upon this idea I proceeded to act. Success was too frequently followed my operation to leave a doubt of the fact, that occlusion of the Eustachian tube does occasionally arise from the presence of enlarged tonsils.

But when relief does ensue from excision of an enlarged tonsil, Mr Toynbee would attribute it to "the loss of blood consequent on the operation." From this extraordinary remark, I really must be allowed to question the extent of that gentleman's experience in such cases; for I can most positively affirm, that not in one case in a hundred on which I have operated has the patient lost a tablespoonful of blood. A bungling or inexperienced operator makes no distinction between the arches of the palate and the enlarged gland, but grasps them indiscriminately with his instrument, there may be a greater loss of blood than I have mentioned; but the tonsil only be seized and cut, and there can be no hemorrhage, for no vessel is cut to bleed from. If relief

\* Sir John Richardson, Kt., M.D., Dr Rae, Dr King.



Esq., the Under Secretary of State for the Home Department:

Royal College of Physicians, April 18, 1853.

SIR,—I am directed by the President and Charter Committee of the Royal College of Physicians to request that you would be pleased to lay before Viscount Palmerston the following observations upon a letter from the Vice-Rector of the University of St Andrew's, a copy of which you have been good enough to transmit to them by his lordship's direction.

They cannot admit that the clause cited in that letter from the proposed new Charter for the College of Physicians will affect the *just* rights and privileges of the Universities, or their *legitimate* revenue.

The clause consists of two parts, the first of which states that it shall be lawful for the College to admit as a member any person who shall have exceeded the age of forty years, on the production of satisfactory testimonials, and on his passing a sufficient examination. The second part enacts, that such person shall, after his admission, be entitled to have and to use the degree and designation of Doctor of Medicine. Strictly speaking, the clause cannot be said to confer any new power upon the College of Physicians. It was not, in fact, intended for the benefit of the College, but that of a meritorious class of persons to whom, when the College, in the exercise of powers which have always belonged to it, shall have found them competent to practise as physicians, this clause concedes the designation or title by which physicians are usually known and addressed in this country. But the concession is limited to persons who have not had, and have no longer the opportunity of obtaining, the advantage of an academical education, and who have no claim, therefore, to a University degree (which ought to imply that the holder of it has had that advantage), but who have established a claim to the rank of physician by their long experience and by their eminent science and skill. In a practical profession like that of medicine, it is always right that those who by superior talents and industry have raised themselves in public estimation, should have the power of rising from a lower even to the highest rank in the profession. It seems reasonable that, together with the legal authority to practise as physicians, for which such persons must apply to the College, the title should be granted, which, through common usage, is necessary to render the licence intelligible by the public, and useful, therefore, to the possessor of it. In this way, a want which is in some cases felt in the profession may be supplied, and that, too, without substantial detriment to the Universities. For it is the earnest wish of the College that such cases should be exceptional only, and that, as the rule, physicians should be induced, indeed compelled (as they will be by the new Charter), to resort to the Universities for their preliminary and general education. In furtherance of this object the College offers voluntarily to surrender, by the sixth clause of its new Charter, a portion of the powers which it has hitherto possessed, and to debar itself in future from licensing as a physician (except in the cases above mentioned, of persons of advanced years and unusual attainments) any person whomsoever who shall not previously have obtained University degrees. A concession



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 15th inst:—William Hogarth Adam, Royal Navy; Harry Leigh Atkinson, Weaverthorpe, Malton, Yorkshire; John Brake, Tottenham; Thomas Howarth Cockcroft, Keighley, Yorkshire; Thomas Francis Edwards, Denbigh, Denbighshire; Thomas William John Goldsborough, Welchpool, Montgomeryshire; William Gabb Jenkins, Aberystwith, Cardiganshire; William Robert F. Marchant, North Curry, Somersetshire; Thomas Chambers Palmer, St Kitt's, West Indies; Frederic Savignac Stedman, Great Brookham, Surrey; William Steventon, Cheadle, Staffordshire; James Robert Tunmer, Ipswich, Suffolk. The following gentlemen were admitted members on the 18th instant:—George Pigott Barton, Rolands Castle, Hants; David Cremen, Cork; Wynne Peyton Frazer, Dublin; Marcus William Mott, Church Stretton, Shropshire; Charles Turner, Grantham, Lincolnshire.

**LICENTIATES IN MIDWIFERY.**—The following gentlemen having undergone the necessary examinations were admitted licentiates in midwifery at the meeting of the board on the 13th inst. :—Messrs. John Edmunds, Wrexham, diploma of membership dated August 4, 1852; Thomas George David Davies, St Andrew's court, Holborn, March 23, 1853; John Vinall, Hackney, April 29, 1839; James Nicholls, Trekenning, October 15, 1852; Octavius William Hoffman, Reading, March 23, 1853; John Tibbits, Warwick, March 23, 1853; John Thomas Muriel, Ely, July 2, 1852; Oscar Byrne, Newcastle-under-Lyme, April 4, 1853; John Humphry, Birmingham, March 30, 1849; Thomas Lawes Rogers, Alvediston, Wilts, April 8, 1853; Frederick Augustus Stutter, Wickhambrook, April 11, 1853; Samuel William North, York, Dec. 3, 1852; and Thomas Fisher, Buckfastleigh, Devon, April 18, 1845.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, April 14th, 1853 :—John Archer, Saffron Walden; Harry Leigh Atkinson, Weaverthorpe, Malton, Yorkshire; Thomas Henry Cheatle, Blaford, Oxon; Edward James Exeter; Charles Watson Kitching, Smarden, Kent; David Mathias, Cardigan; Frederick Northover, Winchester; William Bird Parker, Brightlinsea, Essex; Edward Prentice, North Walsham, Norfolk; Richard Thomas, Llanclly, Carmarthenshire; William Walker, London; John Wright, Mountsorrel, Leicestershire.

**VACCINATION EXTENSION BILL.**—On Thursday, the house of Lords went into Committee on this Bill. The following important alteration was made in the 1st Clause: "And such Guardians and Overseers shall require such medical officer and practitioners, in all practicable cases, to perform such vaccination in the presence of the parent or other person by whom any child may be brought to such place for such purpose, from the arm of a healthy child there present; and where any such medical officer or practitioner shall not so perform vaccination as hereinbefore directed, he shall forthwith report the same, together with the reason thereof, to such Guardians or Overseers, who shall thereupon, if they shall not be satisfied with the reason so assigned, proceed, subject to the approval of the Poor-law Board, to take such measures as to them may seem fit for vacating the contract entered into with such medical officer or practitioner for the purpose of vaccination, or for enforcing the payment of any penalty provided for such case in such contract." On Clause 8, providing that notice shall be given by the registrar with regard to vaccination, Lord Ellenborough called attention to what he thought was an inadvertency in this clause. It directed that the registrar should prepare the notice in the manner provided, pointing out that it was the duty of the father or mother, or person having charge of the child, to see that it was vaccinated in the manner directed by the Act;

but it was directed likewise that the registrar should deliver such notice at the time of the registration to the person giving information thereof, who was to give information to the father or mother. Now, the person who came to register the birth might be almost wholly unconnected with the father or mother, and yet by this bill it was proposed to impose upon that person the burden of giving notice to the parents or persons having charge of the child, under the penalty of fine or imprisonment. He should propose, therefore, that instead of the provision he had alluded to, the registrar should deliver the notice of vaccination to the father or mother of the child, or to such other person as might have charge of it, and should, together therewith, deliver a notice of the time and place within the district in which he officiated at which the medical officer or practitioner should attend for the purpose of vaccinating. His Lordship said in conclusion:—"A society had, he believed, been formed in this country, —he would not venture upon the extraordinary name by which they were designated,—to investigate the cause and the extent of epidemics; and their view, he understood, was, that there should be in every union or in every district a public vaccinator, whose duty it should be not to remain fixed in one place, but to go from house to house to propose to operate upon the children or persons whom he found had not been vaccinated. He thought the nearer this system was approached, the more perfect they would make this bill; and since their lordships were disposed to adopt the principle of compulsory vaccination, it was most desirable to have every ancillary provision to effect that object." The clause, as amended, was then agreed to. The remaining clauses of the bill were also agreed to.

**CREWKERNE AND YEOVIL DISTRICT MEDICAL ASSOCIATION.**—The general meeting of this society was held at Crewkerne on Thursday, April 14th, when, after the business transactions, the new bill for the promotion of vaccination was discussed. The general principle of compulsory vaccination was approved, but it was considered that the fees paid were not equivalent to the trouble taken by the public vaccinator in going, as he is generally obliged to do, from house to house through his district, in order that he may be enabled to persuade persons to have the operation performed. One penny was also deemed an insufficient remuneration for the registrar's notice. A complaint was made that the present working of the Vaccination Act interferes with private patients, who frequently require to be vaccinated gratis, the public vaccinator being of course unable to refuse so to do. The association have determined to institute proceedings under the Apothecaries' Act against unlicensed practitioners in those cases which may be deemed advisable. Each member is requested to take notice of and report to the honorary secretary any case of illegal prescribing which may come under his notice. The late president, Dr Tompkins, of Yeovil, and the late honorary secretary, Mr G. T. Wills, of Crewkerne, were re-elected to their respective offices.

**APPOINTMENT.**—Mr Thomas Allen, M.R.C.S.E., of Oxford, has been appointed Medical Superintendent to the Warneford Hospital for the Insane. Salary 300*l.* per annum, with board, &c. We could have wished to see this appointment filled by some one who had had experience in lunacy, in one of our large Asylums. The appointment was not advertised in the medical journals.

**SUPPRESSION OF CITY SEPULTURE.**—With a full determination of putting down, as soon as possible, burials within the City, the authorities have advertised for 100 acres as a cemetery, north of the river Thames. They have also applied to the Woods and Forests for ground in Epping Forest.

**A MILITARY LUNATIC COMMISSIONER.**—Lieut.-Col. H. Morgan Clifford, M.P., has been sworn in a commissioner, vice Lord Seymour, resigned.

**QUACKERY.**—An ignorant pretender in Paris was recently fined, and sentenced to three years' imprisonment, for vending quack medicines. Our Gallic neighbours are "ahead" of us on this subject. Why should John Bull be too proud to receive a lesson from the other side the Channel?



## Notices to Correspondents.

**DR TURLEY.**—We hope that you will excuse a private note in the present instance. As you have surmised, we are restricted by the advertisement duty from giving all the intelligence desired. All books reviewed by us are noticed three times—first, in the Bibliography; second, in Books received for Review; third, in the Review itself. The Bibliography gives the title of the work, the author's name, the edition, size, price, and style of binding, &c., the publisher's name being omitted. The notices under "Books received for Review" generally give the name of the publisher, omitting usually as unnecessary the other particulars. We have special reasons for this arrangement. The "Review" being written for scientific purposes does not contain any trading information. Any gentleman, however, who is anxious to procure a work, can have no difficulty in ascertaining all the particulars concerning it. Other correspondents who have written to us on this subject will be kind enough to receive these observations in answer.

**MR J. WILSON.**—We have no knowledge of the fact, if fact it be. Lord Palmerston is a bold man, but the Home-office will tame him. A medical bill will be very suitable regimen.

**OXON.**—Your opinions are not so peculiar as you think; the difficulty has hitherto been to get a sufficient amount of agreement upon them. A more explicit letter will be published.

**MR D'ARCY BOULTON (Leamington).**—The editors of the 'Medical Directory' request that you will return the order you gave them for that work, which, relying on your honour, they forwarded to you for your inspection. Further notice will be taken of this strange procedure.

**A CORRESPONDENT** has called our attention to the recent regulations for the Naval Service, by which the license of the Faculty of Physicians and Surgeons of Glasgow is received as qualifying for the post of Assistant-Surgeons. It used to be only one of the Royal Colleges that was recognised. This proves that the standard of education has been reduced in consequence of the lack of candidates caused by the shameful treatment of the doctors'-mates.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Calculating on the spirit of equity in the 'Medical Circular,' I send the following facts in reference to "Rich, if True—Homœopathic Pharmacy," in your last number:—Messrs Pressley and Taylor, 10 Pallmall (now—Frendi), most respectable and intelligent allopath chemists, were coeval, if not preceding Mr Headland in the preparation and sale of homœopathic remedies. A large room, separated from their shop by a long passage, was exclusively devoted to their homœopathic pharmacy, and every one who knew Mr Taylor especially, valued him for his integrity and skill, indeed elegance in all his preparations. He was the first to open a shop for the sale of homœopathic remedies in the City (at Foster lane), which succeeded well, as the present proprietor, Mr Ernest Storn, can testify. Nevertheless, the objection to the fact of the vicinity to allopathic drugs, &c. in the Pallmall establishment, was so great as to prevent any countenance from being given to it, by any of the homœopathic practitioners of that day. Are we, then, so changed? or, is "Rich, if True," both a poor and false jest? Yours, &c.,

A SUBSCRIBER, AND AN OLD HOMŒOPATH, M.D.

**PROVINCIALIS (Newcastle-on-Tyne).**—We are not aware that there is any hotel in London especially frequented by medical men, like Wood's by the clergy. A London Medical Club has often been talked of, but no attempt has been made to realise the scheme. If your business lie in the City, choose Radley's or Anderton's; more westward, either of the hotels in Covent Garden, or the Craven, or Morley's at Charing cross.

**MR BEST.**—No.

**R.B.**—It does not follow that because there is hæmorrhage there is rupture of a blood-vessel. We apprehend that most cases of internal hæmorrhage are the result of mere exhalation from the mouths of the capillary vessels, as a breach of surface is rarely visible. In hæmatemesis melæna

many instances of hæmorrhoids, and the bloody stools of dysentery, the discharge of blood is an exudation from the mucous membrane. Consider this point, and probably you will be able to arrive at a more satisfactory judgment on the case. We do not think it expedient to publish your notes.

**MEDICUS.**—The subscription is one guinea annually. You must be nominated and seconded by a Fellow.

**MR JAMES S.**—We are unable to comply with your request.

**GULIELMUS.**—We cannot undertake the inquiry. It would occupy too much of our time, and would not be productive of any useful results.

**M.R.C.S. (Hull).**—The newspaper has not been received. A written account of the circumstances would oblige.

**ALPHA.**—Your communication partakes too much of a mercantile character for insertion, except as an advertisement. The principle is old; the application may have some novelty, but we cannot discover much practical utility in the apparatus.

**MR J. W—S.**—Communication received, but must stand over.

**A PRACTICAL SURGEON.**—The use of arsenic in the instances cited is well known, but your cases are too curtly stated to add anything satisfactory to the evidence already collected on the subject. For the credit of the remedy, therefore, it is desirable that you should enter more minutely into the history and diagnosis. There is a great objection to a report of cases from memory. They are apt to be very inaccurate, and incomplete; the symptoms of one case being often attributed to another, and though such reports may be in a general way sufficiently descriptive of the malady, yet they are of no value towards the compilation of statistical tables. The note-book is the only sure foundation upon which to build up the fair structure of medical science.

**OMICRON.**—Hoblyn's 'Dictionary,' is the work you want.

**L.M.N.**—Your qualification is not legal. We agree with you that the present laws are "absurd and scandalous," but we cannot agree with you that the Board of Guardians would be justified in setting at nought the requirements of the Poor-law Board. This would only make "confusion worse confounded."

**QUID RIDES?**—Had there not been so much already in our journal on the subject of quackery, we should have been happy to publish your communication. A very humorous volume might be written on the "Facetiæ of Science," but at the present time, we have not space to devote to the matter.

**R.B.**—An apparatus for the fumigation of the scalp has been made by Fergusson, of Smithfield, and is recommended by Dr Burgess. We dare say it would answer your purpose. Whether the hair is an organic or inorganic structure is not yet decided, but the preponderance of opinion is adverse to its possessing any nutritive or organising power. Mandl, however, believes that it is endowed with these vital functions.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Having seen in your 'Circular' repeated complaints of the difficulty of procuring vaccine lymph; perhaps it may not be amiss to inform such of your readers as may not be aware of the fact, that a supply of fresh vaccine lymph may at any time be procured, without any expense, from the National Vaccine Establishment, No. 8 Russell place, Fitzroy square, London, by addressing a letter of application, unsealed, to Dr Hue, Registrar of the N.V.E. (as above), and enclosed in an outside cover, directed thus:

To the Right Honourable

The Secretary of State,

Home Department,

National Vaccine Establishment.

Whitehall

All that is required is, that the party shall report to the establishment the number vaccinated with each supply, and with what result.—I am, &c.,

J. BUTLER.

New Basford, Notts, April 23, 1853.

**DR BURNETT's** communication arrived too late for insertion this week.

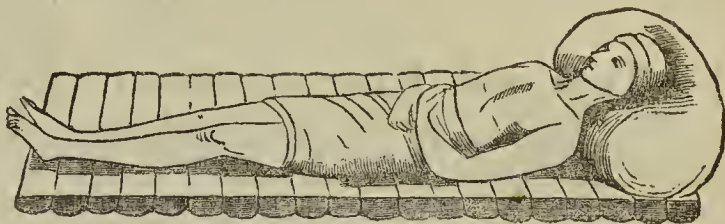
**MR COX's** interesting communication on Laryngismus shall appear next week.



## MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

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(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

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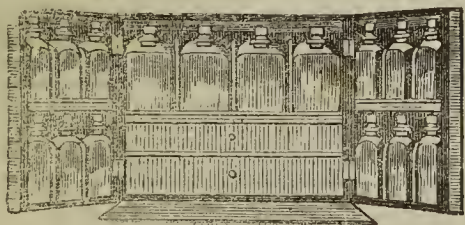
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AND  
General Medical Advertiser.

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No. 42. } WEDNESDAY, APRIL 20, 1853. {THREEPENCE  
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engagements with the Assured, the Directors of the Beacon Assurance Company have thought it not unimportant to acquaint the Medical Profession that they have determined that all Medical Reports shall be transmitted direct to the Medical Officers of the Company, at the Head Office in London, by whose opinions thereon the Board will be chiefly guided in its decisions in respect to the Assurance; and as no reason will ever be assigned for declining a Proposal, the Medical Advisers of this Company may at all times confidently rely that the purport of their communications will never transpire nor become in any way the subject of observation.

The Medical Profession being unconnected, as a body, with any Fire Assurance Office, might not improperly exert their powerful influence in support of an Institution which, akin to Life Assurance, promotes forethought and prudence, and tends to lessen calamity. The Directors of the Beacon Life and Fire Assurance Company are not unnaturally desirous of obtaining support so influential in behalf of that branch of the business of their office also; and whilst they solicit the combined assistance of the Profession in furtherance of these objects, they invite them to partake in that prosperity to which their extensive interest would so largely contribute. A limited number of Shares has, therefore, been reserved for such Members of the Medical Profession as may be desirous of applying for them.

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## Queen's College, Birmingham.—

The SUMMER SESSION will commence on MONDAY, May 2nd, 1853.

Maternal Medicine and Therapeutics—T. P. HESLOR, M.D., Physician to the Queen's Hospital; G. B. KNOWLES, F.L.S., Surgeon to the Queen's Hospital.

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Students who intend to graduate at the University of London are recommended to enter during the ensuing Session the Arts Branch of Medicine, so as to matriculate at the July Examination 1854; and afterwards to enter upon the course of study required by the College of Surgeons and Society of Apothecaries on the 1st of October of the same year.

The Prospectus will be forwarded on the receipt of two penny stamps; or the College Calendar on the receipt of thirty penny stamps.

WILLIAM SANDS COX,  
Dean of the Faculty.

Queen's College, Birmingham, April 10th, 1853.

## Dr Hall Davis, Physician to the

Royal Maternity Charity, and to the St Pancras Infirmary, will commence the TENTH ANNUAL SESSION of his "Lectures on Midwifery and the Diseases of Women and Children," on the 2nd May, 1853. Fees, 3*l.* 5*s.*

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## The Medical Circular.

WEDNESDAY, APRIL 20, 1853.

### THE NEW MEDICAL REFORM BILL.

WE have postponed from week to week the duty of commenting on the new Medical Reform Bill, drawn up under the auspices of the Provincial Association, because we were unwilling to place any impediments in the way of what might possibly be a useful measure, and were anxious to know what might be the exact provisions of the Bill after it should have received the last corrections of its originators. There is nothing we dislike so much as vague criticism of shifting and shadowy illusions. It is most unsatisfactory to be told after pages of criticism have been carefully written on a public measure that we had not been favoured with the veritable *opus mirabile*, but a rough draft, an inchoate conception, which was never intended for public inspection, and was universally admitted to be too imperfect for legislative action. We have, therefore, waited, and not in vain.

Our contemporary, the 'Medical Times and Gazette,' clapped its wings last week, and crowed rather immodestly, because it had discovered a concurrence of opinion with Dr George Webster, of Dulwich, and somewhat ludicrously took credit to itself for retarding the adoption of the measure, to which the Provincial Association has with so many pangs given birth. Whereat the 'Association Journal,' the authorised organ of the Society, crowed too, and with a vehemence equally noisy and equally meaningless. "He has ventured," quoth the Editor of the 'Association Journal,' referring to the Editor of the 'Medical Times and Gazette,' "to criticise a Bill, regarding the exact provisions of which he is ignorant, and *regarding which we are also in the same predicament!*" This is an apt comment upon the play "Much Ado about Nothing;" but we do not think that the responsible authors of the Bill owe much to the Editor of the journal for his implied reproof. The 'Provincial Journal' knows nothing; the 'Medical Times' knows only what is erroneous; the 'Lancet' never pretended to be informed on the subject; and we must confess for ourselves that for once we too can assert no superiority over our contemporaries. [Though the medical press is admitted to be in this delightful state] of ignorance, the conductors of the Provincial Association still aver their expectation of being able to carry their measure through the present Parliament. Ignorance and unbelief are twin, and we may be excused for incredulity.

If the Editor of the 'Association Journal,' acting under instructions, desire to repress criticism, by professing an ignorance of the measure, it is not a course of proceeding that will be attended with success. It would be uneandid and unworthy the dignity of the Association for its council to place a Bill in the hands of Lord Palmerston of which they deliberately shake off the responsibility, and in the event of

the measure proving offensive to the great mass of the profession, to throw the odium upon the shoulders of the Minister.

We want to know what the Bill is. We have published the draft of a Bill, which we are told is not the real measure. The profession asks—*Has the Bill which the Association has placed in the hands of the Home Secretary been published or not?* The 'Medical Times' assailed a draft Bill which the 'Association Journal' affirms is no Bill, and proclaims that the critic has been dealing with "assumptions" and "a man of straw." If this be so, what must the profession conclude? Is this Bill to be jockeyed through Parliament?

### THE VACCINATION BILL.

THE decisiveness with which we pronounced against the new Vaccination Bill has been echoed by the rest of the medical press. Such unanimity will, doubtless, arrest the progress of this measure through the Legislature. To make vaccination compulsory on the medical practitioner as well as on the parent, and to deprive the vaccinator by Act of Parliament of an adequate remuneration for his services, is not a way to insure efficiency in the working of the measure. The bill proposes an interference with the independence of private practitioners, which is wholly indefensible on grounds of policy or justice. Its introducer, who has received many encomiums on his philanthropy, should remember the counsel to be "just before generous."

Many objections may be urged against those provisions by virtue of which the duty of carrying out the measure will be entrusted to the boards of guardians—bodies of men who are totally incompetent to judge whether a child has or has not been successfully vaccinated. No further power over medical practitioners should be given to a class of men who have already proved their indisposition to deal justly by our profession. As regards the machinery of the bill, it is open to all the objections that have been urged against the present system, the shortcomings of which have necessitated further legislation. There is the same want of intelligent supervision, the same liability to evasion and omission. It is idle to suppose that if the vaccination of a child should be neglected, as it undoubtedly would be in numberless instances, the needy parent would be subjected to the penalties enforceable by law. Compulsory vaccination will prove a failure—first, because the poor-law authorities will not carry out the law with sufficient stringency; and secondly, if they attempted to do so the public would regard such paternal anxiety for their well-being as a meddlesome interference with private action—more consonant with the institutions of Prussia or Austria than this country. It is right that all children should be carefully vaccinated, but the means provided for that end in this bill are highly questionable.

Our view is that Government should make provision in every district for a constant supply of fresh and pure lymph



to every practitioner who might apply. The cause of vaccination being delayed or neglected, in the majority of instances, consists in the difficulty which private practitioners feel in keeping up a continuous succession of cases of vaccination, and, when a failure occurs, in procuring a new supply of the lymph. Six weeks' since, as well as on former occasions, we adverted to this matter in reply to a correspondent, and suggested that the Union vaccinators should be required to supply lymph to their professional neighbours; we are now, however, of opinion, that since a Bill has been introduced for the sake of increasing the facilities of vaccination, a more comprehensive system should be adopted. We observe that some of our contemporaries take the same view of this question, and we trust that a proper representation will be made to the Government, so that the measure, if adopted, may be made both just and efficient. As it at present stands, it ought not, and cannot pass through the Legislature.

#### MEDICAL BENEVOLENT COLLEGE FESTIVAL.

THE Festival of this excellent Institution, which is fixed for Wednesday, the 4th of May next, will no doubt be numerously attended, if we may judge from the large and influential list of Stewards that appears in our columns of today. We are informed that the arrangements for the dinner are of the most liberal character, and such as will give general satisfaction.

### Mirror

OF

#### PERIODICAL LITERATURE.

(From the 'British and Foreign Medico-Chirurgical Review,' April, 1853.)

##### DISEASE OF THE KIDNEYS.

Among the original contributions in this number we observe a most elaborate one by Dr T. K. Chambers, on 'Chronic Disease of the Kidneys,' being a continuation of the 'Decennium Pathologicum' which originally appeared in the 'Medical Times and Gazette.' We quote the author's conclusions relating to Bright's disease:

##### "Deduction One.

"In 454 cases of Bright's disease were found 273, or 60 per cent. of diseased hearts.

"In 1,707 cases without Bright's disease were found 512, or 30 per cent. of diseased hearts.

"Therefore, that a person with Bright's disease will have also diseased heart is as 3 to 2, and that a person without Bright's disease will be so affected is as 3 to 7.

##### "Deduction Two.

"In 1,371 cases of healthy hearts were found 176, or 12.8 per cent. of Bright's disease.

"In 785 cases of diseased hearts were found 273, or 34.7 per cent. of Bright's disease.

"Therefore, that a person without diseased heart will have also Bright's disease is as 1 to 7, and that one with diseased heart will be so affected is as 1 to 2.

##### "Corollary from Deductions One and Two.

"That a person with Bright's disease will have also dis-

eased heart is one-third more likely than not; and that a person with heart-disease will have Bright's disease is but half as likely as not;

"And therefore, probably, Bright's disease is a frequent cause of cardiac affections, but cardiac affections are not a frequent cause of Bright's disease.

##### "Deduction Three.

"Where the muscular structure of the heart was morbidly altered:

"In Bright's disease, of 236 cases, 116, or 49.1 per cent., had diseased valves.

"Without Bright's disease, of 424 cases, 159, or 37.5 per cent., had diseased valves.

"Therefore, the association of diseased hearts with valvular lesions is as 4 to 3, or one-fourth more common in cases of Bright's disease than in those free from it.

##### "Deduction Four.

"Where the muscular structure of the heart was natural in size and form:

"In Bright's disease, of 213 cases, 37, or 17.3 per cent., had diseased valves.

"Without Bright's disease, of 1,283 cases, 88, or 6.9 per cent., had diseased valves.

"Therefore, valvular lesions in healthy hearts are nearly three times as common where Bright's disease exists than where it does not.

##### "Deduction Five.

"Recent fibrin on the valves was seen—

"In the 454 cases of Bright's disease, 12 times, or in 2.6 per cent.

"In the 1,707 cases without Bright's disease, 29 times, or in 1.6 per cent.

"Therefore, patients afflicted with Bright's disease are more prone to acute valvular inflammation than others.

##### "Corollary from Deductions Three, Four, and Five.

"As, therefore, in Bright's disease, valvular lesions are oftener found in both morbid and diseased hearts, and that both in a chronic and acute form, than in those who have not Bright's disease, we may infer that they are the consequence, more generally than the cause, of renal degeneration.

##### "Complication of Bright's Disease with Tuberculosis of the Lungs.

"In 11 cases of the first class, 2 had tubercle in the lungs.

"In 128 cases of the second class, 32, or 25 per cent., had tubercle in the lungs.

"In 315 cases of the third class, 52, or 16.5 per cent., had tubercle in the lungs.

"In total 454 cases of Bright's disease, 86, or 18.9 per cent., had tubercle in the lungs.

"In total 1,707 cases without Bright's disease, 417, or 24.4 per cent., had tubercle in the lungs.

##### "Deduction.

"The atrophic forms of Bright's disease are one-third less likely to be complicated with pulmonary tubercle than those where a rapid copious deposit of the peculiar matter takes place, and these latter are about on a par with those free from renal degeneration.

"The explanation of this is, not that Bright's disease confers any mysterious immunity from tuberculosis, but simply, that the second-class kidneys are found generally at the same junior periods which are subject to tubercle; while the third class, like all atrophies, abounds in the later periods, which are also the least liable to the said pulmonary disease.

##### "With Vomicae.

"In the 32 cases of pulmonary tubercle in the second class, 20, or 62.5 per cent., had vomicae.

"In the 52 cases in the third class, 31, or 59.6 per cent., had vomicae.

"In the 417 cases without Bright's disease, 289, or 69.3 per cent., had vomicae.



“Deduction.

“The liability of tubercle to run into vomica is probably somewhat diminished by Bright’s disease.”

(From the ‘Glasgow Medical Journal,’ April 1, 1853.)

This is a new “northern light” in the region of science, and promises to shine with considerable lustre. The first number contains many valuable articles, among which we call attention to the following, on an interesting subject.

EXCISION OF THE HEAD OF THE FEMUR.

Dr Buchanan reports a case in which this operation was performed, and makes the following remarks upon it:

“Differing as the above case did from all others in which this operation had been previously performed, it was of course somewhat difficult in execution, and attended with more danger. This proceeded not only from the extent of the incisions required, but also from the liability of the branches of the internal iliac artery, and sacral plexus of nerves to be injured. By proper attention, however, to the relative anatomy of these parts, I can safely affirm that I never performed a more bloodless operation. After making the transverse section through the gluteus medius, and minimus muscles, and exposing the capsular ligament to the extent of two inches, I passed the bistoury a short distance under the bellies of the psoas and iliacus muscles, and by this means I extended the opening into the joint, so as to allow easily of the disarticulation of the head of the bone, assisted by projecting and inverting the diseased limb over the opposite one. From the extreme debility and exhaustion of the patient, the great danger of the operation proceeded from the risk of hemorrhage during its performance, for I felt convinced, that if any of the large branches of the gluteal or external circumflex arteries had been wounded, death might take place on the table. In consequence of this fear, I made my transverse incision immediately above the insertion of the gluteus medius muscle, and thus avoided injury to any of the above-mentioned blood vessels. Another difficulty which I anticipated was the attachments of the round ligament. On opening the capsule, however, I found that the ligament was gone, the ulceration of the acetabulum and head of femur having involved it in their destruction.

“From a review of the results of the operation of removing the head of the thigh bone, the above case will be found to differ from all others previously reported, in the following particulars:

“*First.* The capsular ligament was found entire, with the exception of a small opening at its inferior border, from which the pus made its escape.

“*Second.* The head of the femur was consequently found in its normal position.

“*Third.* Although the acetabulum was diseased, still, only a part was removed, and yet a successful result followed.

“*Fourth.* The advanced age of the patient; most of those operated upon by Messrs Fergusson, Smith, and Notman, having been under twenty, some of them in childhood.

“Let us now consider how far the condition of this patient coincided with the rules laid down by surgical authorities on this subject, as justifying operative interference. The information which I have derived is chiefly from the contributions of Messrs Fergusson, Smith, and Notman, in the ‘Lancet’ for 1848 and 1849, and from the report of the proceedings of the Medical Society of London, in the ‘Lancet’ for January 1851. My patient possessed the first and most necessary qualification for the success of the operation, namely, a sound constitution originally; or one, at least, apparently free from any organic disease. It has been asserted, that even in such a case as the one narrated, the operation of excision should not be performed, because the patient might recover, were he only let alone. It is my opinion, however, that such an objection cannot, in fairness,

be urged against the present case, because surgical aid was not resorted to until all the resources of nature had, after a protracted trial, signally failed, and the patient was reduced to the last stage of debility, emaciation, and hectic fever. I am not aware of any recorded case of this malady, in which recovery took place by natural or medical resources, after the disease had progressed for such a length of time, and was attended with so severe constitutional symptoms, the head of the femur still remaining in its socket. Again, it has been said that death is produced in all such cases, not by the local malady, but by the constitutional affection, and therefore that removal of the local cause of irritation can be of little service. That the constitutional symptoms may arise *solely* from the local disease, the above case affords, in my opinion, abundant proof. Compare the miserable state of the patient previous to the operation, the agonizing pain, the great emaciation and prostration of strength, the profuse perspirations, and other severe constitutional symptoms under which he laboured, with the great ease and comfort he experienced after the removal of the diseased bone. The whole train of hectic symptoms rapidly disappeared, and from the day of the operation to that of his dismissal from the hospital, his progress towards recovery was gradual and well marked.

“Disease of the acetabulum has always been regarded as the greatest drawback to this operation. In such cases it has been recommended to remove the diseased bone with the gouge, but I consider such a procedure highly objectionable, for, from the thinness of the bone at the bottom of the cavity, perforation into the pelvis would be very liable to occur, and serious symptoms, probably death, would ensue. In this case the greater part of the acetabulum was affected, but I contented myself with removing the edges with the cutting forceps; and although, after the death of the patient, some parts of the cavity were found rough, still the progress towards cure was sufficient to confirm Mr Walton’s opinion, ‘that there is a reparative power displayed in an unhealthy acetabulum, which is not to be met with in the head of the femur when diseased.’ It is true we cannot well account for the fact on pathological grounds. The only reason which can be assigned for it is, there being less cancellated structure in the acetabulum; the disease does not advance so rapidly, and its extent being therefore less, the efforts of nature are more successful in establishing a healthy reaction. Besides, it is but natural to suppose that the head of the femur being in a carious state, it will act like a *foreign* body, and, by keeping up a constant irritation, prevent the cure from taking place, which nature might otherwise be able to perform. Indeed, in my opinion, it is this reparative power of nature, in filling up the acetabulum, which is the main cause of the displacement of the head of the bone on the dorsum of the ilium, and which accounts for the success which has attended its removal by operation when situated in this abnormal position. Whether the cavity would ultimately have become altogether sound had the patient lived longer, it is not possible to determine, but the result was, I think, sufficient to warrant the operation in this case, and to indicate the practice in others of a similar nature, especially in patients a little younger.

“It has also been urged that the reparative power of the soft parts is greatly lessened in morbus coxarius, and that the smallest quantity of blood lost must prove highly injurious. Now, in this case, nothing could exceed the rapidity of the cure. Adhesion by the first intention took place over the greater extent of the incisions, and around the remainder healthy granulations springing up immediately, almost the whole wound was cicatrised in the short period of four weeks.”

Dr Buchanan concludes with some observations advocating the propriety of an operation while the capsular ligament remains sound and the head of the bone, *in situ*. There are other articles in this journal to which we shall take a future opportunity of referring.



(From the 'Lancet,' April 9, 1853.)

## SCROFULOUS OPTHALMIA.

Mr France gives a good description of this form of disease, and thus speaks of the treatment :

"Next to withdrawing the causes of disease comes removal of their effects. This you will accomplish by due attention to the principal secretions. The bowels must be regulated by occasional alterative doses of a mercurial, in combination with a purgative or antacid, accordingly as constipation or diarrhoea prevails. We generally use to fulfil this indication powders of mercury with chalk and rhubarb, and the soda-powder, with mercury of our Guy's Pharmacopœia. The former may be given in proportion to the age of the individual, twice a week, or every other night, should constipation be obstinate. Ten grains contain three of the grey powder. The soda powder with mercury may be given in the same way ; eight grains consisting of half a grain of calomel, two and a-half grains of dried carbonate of soda, and five of compound chalk powder. If the inflammatory action be acute, and the child possess moderate power, it is sometimes well to produce rather active purging at first ; and with this view, besides the powder just mentioned, infusion of rhubarb with magnesia may be given as required. It is in the majority of cases preferable to refrain from active purging, but to exhibit a mildly aperient alterative, as above recommended, and combine the same with some gently tonic medicine, as the Guy's compound rhubarb julep. Half an ounce of this, the average dose for a child, consists of four grains of calumba, two grains of rhubarb, and two of dried carbonate of soda in mint-water. So soon as the evacuations have resumed a healthy state, have become regular in period and normal in character, and the tongue has become clean, more decided tonics may be resorted to with advantage, though considerable inflammation be still present in the conjunctiva. The disulphate of quinine is especially useful, and occasionally the addition of some drops of diluted sulphuric acid to the mixture containing it will be found very serviceable. Should there be difficulty in getting the child to take this, the same active ingredients may be given in a teaspoonful or two of syrup. In cases where, from the general torpidity and feebleness of constitution, and the indolence of the local disease, a more stimulant plan seems indicated, the sesqui-carbonate of ammonia may be ordered thrice daily ; while, should there still remain inactivity of the bowels, a few grains of the compound rhubarb powder may be given with each dose of the ammonia. In the convalescent stage, when the little patient only requires restored tone, iron proves most beneficial in conjunction with ammonia.

"The plan of constitutional treatment just laid down is so uniformly successful, that I habitually adopt it in routine cases. It occasionally happens, however, that although the marks of gastric and intestinal disorder have been removed, still the local disease continues unabated in intensity, so that a resort to tonics is evidently out of the question, or, on being tried, fails. Now, under these circumstances, the exhibition of antimonial medicines is one of the most promising means of effecting a cure. The potassio-tartrate of antimony may then be given in doses proportioned to the age of the subject thrice daily, its diaphoretic effect being promoted by combination with acetate of ammonia, by the occasional use of the warm bath, and particular attention to warm clothing. I have seen strikingly good results from this plan.

"Another valuable remedy, cod-liver oil, like the last mentioned, is, in my opinion, principally eligible when the ordinary means previously described have failed, and is far from being entitled to supersede them in routine practice. The iodide of potassium again deserves a trial in intractable cases ; I have known it prove beneficial.

"When a case is seen in the earliest stage, and strumous irritability only is present, little local treatment is requisite ; counter-irritation behind the ear by mustard poultices, and the use of a shade or veil until the symptom is reduced will generally suffice. When true strumous ophthalmia has set in, if the activity of local inflammation demands it, if the

colour of the inflamed conjunctiva is vividly red, tumefaction of the lids has arisen, and intolerance and lachrymation are excessive, leeches in proportion to the age and power of the subject may be applied to the temple, or, still better, to the exterior or the inside of the eyelid. Fomentations seldom prove beneficial. Different forms of counter-irritation sometimes exert a surprising influence in removing that peculiar intolerance of light on which so many of the other local phenomena depend. It is generally undesirable to employ blisters in early childhood, on account of the mischief they are liable to occasion when suffered to remain on for several hours. Sloughing of the integuments and glandular swellings have often been occasioned from their incautious use. But, care being taken that the plaster should be applied only for a short time, or that silver paper should be interposed between it and the skin, small blisters may be placed behind the ears, if intolerance remain obstinate, notwithstanding the subsidence of the other symptoms. A less severe, and more generally applicable counter-irritant is the mustard poultice, made simply by covering the surface of an ordinary bread poultice with mustard flour. It should be applied every night, alternately behind the ears and to the nape of the neck, for a few minutes, until the skin has become red and tender. If longer persevered with, of course it is open to all the objections to which any other blistering substance is liable. Another very useful method of counter-irritation, is by means of the tincture of iodine, which, unlike most remedies of that class, may be applied in the immediate neighbourhood of the affected part. It should be painted over the skin of the lid, and above the supercilia, every second or third day, and at the temple in the intervals. Its influence in subduing intolerance is often most striking. For the same purpose a belladonna collyrium, made of one drachm of the extract to one ounce of rose water, or the vapour of laudanum, will sometimes prove efficacious ; but all these means are to be regarded as quite subordinate to that constitutional plan of treatment which I have already described.

"Lastly, when the chronic form of the complaint proves obstinate, issues at the temple are of great benefit. I should add, that it is of consequence to discard all bandages, which are often adopted with the view of more effectually excluding light, but which prove very injurious from increasing the heat of the affected regions, and preventing the escape of their secretions. The light, however, should be modified by a shade for continual use, and a veil in addition when the patient goes abroad. The every-day occurrence of strumous ophthalmia may tempt us to estimate the interest of the disease inadequately ; but on this very ground would I bespeak attention to its practical study ; for upon actual acquaintance with the malady in its detail will depend success in a class of cases numerous, distressing, and too often calamitous—a class than which none more conspicuously and equivocally display the good effects of judicious treatment."

(From the 'Lancet,' April 16, 1853.)

## LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

Mr Guthrie continues his observations on important points in surgery in this lecture. We quote the following remarks on wounds of the heart :

"When the heart is supposed to be wounded, even without much loss of blood, there is fainting ; palpitation ; irregular movement or total cessation of its action ; coldness of the extremities ; ghastliness of countenance, succeeded by great anxiety ; a sense of anguish ; an intermission or cessation of pulse, followed, if the patient should survive, by reaction, which renders it very frequent, and sometimes increases its impulse, whilst the anxiety is increased by pain, sometimes intolerable, referred to the part. These symptoms imply a serious injury, although they may not all be present, and many of them differ in intensity. If the patient should survive, the ordinary sounds of the heart will return, with more or less irregularity, accompanied after a few hours by



the endocardial murmur, although something like it may perhaps be observed from the first period of injury. The friction, or attrition sound, indicating the presence of inflammation of the pericardium, may be absent, and will not be discernible, if a layer of blood is effused into the cavity of that membrane, whilst the natural sounds of the heart are rendered more indistinct as the heart is separated from the walls of the chest by the effusion, which distends the pericardium, and impedes the regular action of, but cannot compress the heart, as an empyema does the lung. If inflammation take place without an effusion of blood, the friction sound will be heard, and will usually continue even after some effusion of serum and of lymph have occurred, as the quantity of serum is rarely sufficient to prevent the effused and attached portions of lymph from rolling against each other.

"The presence of a larger quantity of fluid may be more distinctly known by percussion; if it can be borne in cases of injury, the degree and extent of the dulness being the measure of its existence and accumulation. It may extend over a part or the whole of the præcordial region, reaching as high as the second, or even the first rib, beneath the sternum, and even under the cartilage of the ribs of the right side.

"That the heart when wounded is capable of recovery by the permanent closure of the wound, in a few rare instances, is indisputable; and it would seem, from a consideration of the different cases which have been recorded, that such recovery takes place in consequence of there being little blood discharged through the wound, or into the cavity of the pericardium, or into that of the pleura. The absence, or the cessation of hæmorrhage, by the contraction of the wound, or the formation of a coagulum, is the first step towards a cure, and it was to one or other of these circumstances that most of those who survived the injury for several days or weeks owed their existence for the time, although they usually died from the effects of inflammation, more of the inner lining and outer covering, than of the heart itself.

"If the wound be inflicted by a musket or pistol-ball, it cannot be closed, although pressure may be made upon it for a time, so as to suppress the external flow of blood. If this should succeed, it is more than probable that the hæmorrhage will continue internally, and that the patient may die after much suffering, principally from oppression, caused by the escape of blood into the cavity of the chest.

"If the wound be a stab, the external opening may be accurately closed, and the escape of blood prevented; but as the pressure of the blood in the pericardium is unequal to restrain the action of the heart, blood forced out through the opening fills the cavity of the pleura, and causes suffocation, unless from some accidental circumstance the opening in the heart becomes obstructed and the bleeding ceases.

"If all the circumstances be considered, there can be no doubt of the propriety of closing the wound in the first instance, if the flow of blood is excessive and appears likely to endanger life. It seems to be as little doubtful that the wound should be re-opened after a time, if the danger from suffocation be imminent. The relief obtained by the escape of a little blood may be efficacious, whilst it does not necessarily follow, although it is more than probable it will be so, that its place will be occupied by a further extravasation of blood, which will prove fatal. It is a choice of difficulties, and death from hæmorrhage is easier than death from suffocation.

"In the case of the Duke de Berri, whose right ventricle was wounded, and who died from loss of blood, Steifensand reprehends Dupuytren for having opened the external wound every two hours, to prevent suffocation; but if death were actually impending from the filling of the cavity of the chest being about to cause suffocation, there was nothing to be done but to give relief at all hazards.

"When the sufferer has recovered from the imminent danger attendant on the infliction of the injury, and the pericardium is believed to be so full of blood or of serum as to prevent in a great measure the movements of the heart, it has been proposed by the Baron Larrey to open the pericardium by the following operation—equally, as he thinks, applicable in an ordinary case of hydrops pericardii:—

"An oblique incision is to be made from over the edge of the ensiform cartilage, to the united extremities of the cartilages of the seventh and eighth ribs. The cellular tissue being divided with some fibres of the rectus and external oblique muscles, there remain only a portion of the peritonæum, called its false layer, above the pericardium, which can be seen after the division of all intervening cellular tissue, projecting between the first and second digitations of the diaphragm. Into this the bistoury is to be entered, with the precaution of doing it with the edge turned upwards, and directed a little from right to left, to avoid the peritonæum. The smallest portion possible of the anterior border of the diaphragm is next to be divided, where it is attached to the inner part of the cartilage of the seventh rib. The internal mammary artery is to the outside. The patient should be placed perpendicularly, and supported on his bed, which inclines the anterior part and base of the pericardium to the fore-part of the chest.

"*Lacerations and ruptures of the heart* have frequently taken place from blows or other serious contusions.

"Ollivier, who devoted much time to reading and collecting the observations made by different writers on the injuries of the heart, says, 'that of forty-nine cases of spontaneous rupture of the heart, thirty-four were of the left ventricle, eight only of the right, two of the left auricle, three of the right, and that in two cases both ventricles were torn in several places; and that these results were in an inverse proportion to those which occurred after blows or contusions; the right ventricle being ruptured in eight out of eleven cases, the left ventricle three times; the auricles being also torn in six of these eleven cases; the ruptures not being confined to one spot, but taking place occasionally in several different parts, or even in the same ventricle.' In eight of the cases he had noticed, the heart was ruptured in several places. That a spontaneous rupture may be cured as well as a wound, seems likely from a case reported by Rostan, of a woman, who died after fourteen years suffering with pain about the heart, and was found to have the ventricle ruptured. A cicatrix was observed to the left side of the recent rupture, half an inch in extent in every direction, and in which the new matter was evidently different from the natural structure of the heart."

(From the 'Medical Times and Gazette,' April 16, 1853.)

#### ON THE ORGANIC DISEASES AND FUNCTIONAL DISORDERS OF THE STOMACH.

The author, Dr Budd, considers in this lecture the various kinds of hæmorrhage from the stomach. The subjoined observations are corroborative of the views now entertained of the treatment of the Asiatic cholera:

"In malignant cholera, for example, it sometimes happens that, after the discharges have continued some time, and while they are still profuse, the matter ejected from the stomach, instead of having its usual appearance, which has caused it to be compared to 'whey' or 'rice-water,' is brown, or blackish, from the presence in the whey-like fluid of brown or black flakes, sufficiently numerous to impart their colour to the whole mass. When the matter is poured on a filter, the colourless liquid transudes, and the brown or black flakes are left on the filter. These brown or black flakes consist of minute coagula of blood which has exuded from the mucous membrane of the stomach, and has been coagulated and blackened before it has had time to collect in a mass. In cases in which this black vomit occurs, the matter discharged from the bowels has often a reddish or plum colour, from the presence of blood which has exuded from the mucous membrane in some part of the small or large intestine, where it is not exposed to the action of an acid, and consequently is not clotted and blackened, as it is in the stomach.

"After death from cholera, the vessels of the stomach and intestines are found congested, and in those cases in which hæmorrhage has occurred, some ecchymosed spots may



usually be seen on the mucous membrane, marking, no doubt, the chief sources of the effused blood.

"It is very important, in the treatment of cholera, to consider the nature of the process of which the stomach is the seat. The abundant flux from the mucous membrane, which results not from mere passive congestion, but from an active process of secretion; the burning heat which is usually felt there; the craving for cold drinks; and the great vascularity of the stomach which may be seen after death,—all speak the same language, and forbid the use of alcoholic drinks, and of acrid and stimulating drugs, which have been often resorted to in cholera, with the view of keeping up the temperature of the body and supporting the strength, but which, unless they have some specific action, must by irritating the coats of the stomach, tend still further to increase the flux, and thus to hasten the collapse which they are given to prevent."

#### ON VAGINAL CYSTOCELE, OR PROLAPSUS OF THE ANTERIOR WALL OF THE VAGINA AND BLADDER.

Mr I. B. Brown has communicated an interesting paper on this subject. He observes:

"This condition of the vagina is not uncommon, and is sometimes mistaken for prolapsus uteri; it is generally met with in females who have passed the middle age, and have borne children.

"There are three modifications of prolapsus of the vagina, viz.: prolapse of the anterior and posterior parietes of the vagina, and of its entire circumference,—the two first connected with other organs; the third occurs independently. Of the first of these I purpose to speak in this paper, *i.e.*, prolapsus of the anterior parietes of the vagina, and of the bladder; or, as it is also called, prolapsus vesicæ, or vaginal cystocele.

"Here the vagina, or, more properly speaking, the inner membrane only, becomes relaxed, generally from repeated child-bearing; and the urine, having been allowed to accumulate, distends the bladder, and, pushing it downwards, protrudes the yielding vagina.

"Every fresh accumulation increases the distension to a greater degree, and complete prolapse through the external parts is the result.

"*Symptoms*—The patient complains of a weight and bearing down, and sensations of dragging in the lower part of the abdomen, unpleasantness in walking, and more or less dysuria,—the bladder having, to a great degree, lost its power of contraction; some patients are obliged to replace the bladder before they can evacuate the urine.

"On examination, a soft, elastic, fluctuating tumour is felt at the orifice of the vagina; it is of a red or bluish-red colour; and this tumour can be greatly diminished by catheterism; the finger can be passed into the vagina below the tumour, and the os uteri can be felt behind, nearly in its natural situation. The surface of the tumour, when distended, is smooth, moist, and shining; but, when the bladder is empty, it is thrown into transverse folds. There is always very considerable mucous discharge, which is exceedingly irritating to the labia and soft parts generally; and there is sometimes a very distressing irritability of the bladder, and the urine when passed is fetid, and contains much ropy mucus. This arises from a small portion of the urine being always left in the bladder, and, consequently, decomposition of that secretion. This subject has been lately dwelt on in an excellent paper by Dr Golding Bird, in the '*Medical Times and Gazette*,' Jan. 1st of this year, headed '*Remarks on Prolapsus of the Anterior Wall of the Vagina, as an Occasional Cause of Fetid Phosphatic Mucous Urine.*' This short paper is well worthy of perusal.

"This condition may be easily distinguished from prolapsus of the uterus; it is soft and yielding to the touch, and, on introducing the catheter, the point will be felt through the walls of the tumour, towards the anus, and, on passing the finger upwards, the os uteri can be felt in its natural position; it can also be distinguished easily from prolapsus of the posterior wall of the vagina, or rectocele, or from inversion

of the uterus; that condition preventing the passing of the finger into the vagina at all.

"*Treatment*.—This will depend on the extent and duration of the prolapsus. If it be of recent date, and occurring in young females, the treatment should be frequent catheterism, recumbent posture, astringent injections within the vagina, such as alum, oak bark, infusion of galls, sulphate of iron, cold water, &c., or keeping a bent metallic catheter constantly in the bladder, to which is attached an elastic bag, so that the bladder is constantly empty, and at the same time keeping a sponge tent within the vagina, so as to uphold the bladder. I have now under my care a young lady of 24, the mother of two children, who came up from the country, to place herself under my care for prolapsus of the womb, as was supposed. This patient is very considerably improved by the above-mentioned treatment, and will shortly be convalescent.

"If, however, the prolapsus be of long standing, and occur in females beyond the period of child-bearing, the treatment should be more severe and radical in its nature. Some recommend plugging the vagina with pessaries, made especially for this condition; and great ingenuity has been displayed in their formation. All these contrivances, however, frequently produce so much irritation as to prevent their being used, and hence the necessity for some surgical procedure. It has been recommended to remove a slip of the mucous membrane, in the form of a triangle, the base being towards the orifice of the vagina, and bringing the edges together by sutures, thus contracting the calibre of the vagina. Others recommend the use of the actual cautery over the tumour, so as to produce a slough, and subsequent cicatrisation. Another plan has recently been proposed by M. Jobert, of Paris. He encloses within two curved transverse lines an oval space, more or less considerable, in the posterior surface of the vagina, by means of caustic, so as to form an isolated spot, repeating the application of the caustic till the mucous membrane is destroyed. He then pares the edges with scissors or a bistoury, draws them together, and maintains them in apposition by means of straight needles (the points of which are removed) and a twisted suture. He operated thus on a patient in July 23, 1838, and on two others subsequently, with success. I propose, in this paper, to show the results of a new operation I devised for this distressing condition of the female, and shall therefore give the history and symptoms of Mrs Triggs, aged 52, on whom I operated in the theatre of St Mary's Hospital a few weeks since."

The case is reported and the operation thus described:

"The patient having been prepared for the operation by emptying the bowels, was, on February 15th, placed under the influence of chloroform, and then put in the position for lithotomy, each leg being held by an assistant, a third assistant holding up the tumour with Jobert's bent speculum, and pressing it under the pubis in its natural position. A piece of mucous membrane, about one and a-quarter inch long and three-quarters of an inch broad, was dissected off longitudinally, just within the lips of the vagina. The upper edge of the denuded part being on a level with the meatus urinarius, the edges were drawn together by three interrupted sutures, this being repeated on the other side of the vagina. The next stage of the operation consisted in dissecting off the mucous membrane laterally and posteriorly in the shape of a horse-shoe, the upper edge of the shoe commencing half an inch below the lateral points of denudation, taking care to remove all the mucous membrane up to the edge of the vagina where the skin joins it. Two deep sutures of twine were then introduced about an inch from the margin of the left side of the vagina, and brought out at the inner edge of the denuded surface of one side, and introduced at the inner edge of the other denuded side, and brought out an inch from the margin of the right side of the vagina, thus bringing the two denuded surfaces together, and keeping them so by means of quills, as in the operation for ruptured perinæum. The edges of the new perinæum



were then brought together by interrupted sutures, and the patient placed in bed on a water-cushion; two grains of opium given directly, and one grain every six hours; simple water-dressing applied to the parts; beef tea and wine for diet. A bent metallic catheter was introduced in the bladder, to which was attached an elastic bag to catch the urine. By this means the bladder was constantly kept empty. This patient progressed satisfactorily from day to day without a single bad symptom, and on the 22nd the deep sutures were removed, and the parts found firmly united. The lateral interrupted sutures were gradually removed, and firm union found to have resulted.

"On the 26th, I examined very carefully the vagina, and found the deep union perfectly sound, about three-quarters of an inch thick, the lateral wounds well contracted; the tumour could not be brought down by coughing.

"March 8.—The parts are all firmly healed, the patient much improved in health, with a very cheerful aspect of countenance. She can walk about without inconvenience, and no amount of exertion produces any prolapsus. She can empty her bladder with comfort, and all the leucorrhœal discharge, which was so distressing before the operation, has entirely subsided; the offensive smell of the urine has also disappeared. On passing the finger into the vagina, the os uteri can be felt easily in its normal position, and the ulcerated spots which formerly existed on its surface are healed.

"On the 10th she was discharged cured, and resumed her duties as domestic servant."

(From the 'Association Medical Journal,' April 15th, 1853.)

#### THE RESULTS OF RE-VACCINATION AS OBSERVED IN 257 CASES.

Dr Bird Herapath has published a series of tables showing the results of his observations on re-vaccination. We quote his summary of inferences as follows:

"The inferences to be deduced from a consideration of these experiments are the following:—

"I. That three cases re-vaccinated within seven years were not again susceptible to vaccine.

"II. That vaccine, after the interval of from eight to seventeen years, does not prevent the reception of vaccine again, except in 22·174 per cent.

"III. That the distinctness or imperfection of the vaccine cicatrix does not materially alter these results.

"IV. That variola does not prevent the formation of the vaccine vesicle, except in about 23·53 per cent.

"V. That the occurrence of small-pox subsequently to vaccination does not destroy the susceptibility of the human system, to again receive the vaccine poison, except in about 10 per cent.

"VI. That in all the previous cases, whenever the secondary vaccine vesicle assumed its perfect form, its subsequent history was the same as if the system had not previously laboured under vaccine variola or varioloid.

"VII. It is probable that the protective influence of vaccination has diminished in consequence of repeated transmission of the vaccine matter through the human body.

"VIII. It is desirable that re-vaccination should be extensively followed, as one means of giving additional protection to the masses.

"IX. That when possible, the stock of vaccine should be renewed by going back to the original source."

**BETHLEM HOSPITAL.**—The House Committee of Bethlem, at a recent meeting, resolved that, in consequence of the appointment of a Resident Physician, it was not necessary to continue the office of Visiting Physician, but that, instead of holding that office, Dr Monro should be elected Consulting Physician to the hospital, receiving the usual remuneration whenever called in.

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**Medical Times and Gazette.**—(No. CXLVI. April 16, 1853.)—ORIGINAL LECTURES.—Dr George Budd's Lectures on the Organic Diseases and Functional Disorders of the Stomach. Dr Boon Hayes's Lectures (VI) on Histological Anatomy and Microscopical Manipulation.—ORIGINAL COMMUNICATIONS.—Dr T. H. Tanner on a Case of Ovarian Dropsy in which the Removal of the Tumour was followed by Death. Mr I. Baker Brown on Vaginal Cystocele; or, Prolapsus of the Anterior Wall of the Vagina and Bladder, and a New Operation for its Cure.—HOSPITAL REPORTS.—St Bartholomew's Hospital: Enormous Growths of Medullary Cancer from the Skull and Clavicle; Death; Autopsy. Middlesex Hospital: Gonorrhœa; Orchitis; Acute Abscess in the Inguinal Canal around the Vas Deferens—Fracture of the Os Pubis; Recovery. The Middlesex and London Hospitals, the Hospital for Diseases of the Skin, &c.: Treatment of Ulcers of the Leg. The Royal Free Hospital: Obstinate Ulcer of the Leg; New Mode of Inducing Cicatrization. Manchester Royal Infirmary: Bilateral Operation for Stone; Unreduced Dislocation of the Patella. Plymouth Parochial Infirmary: Extraordinary Case of Delirium Tremens. Scientific Lectures. List of Scientific Meetings.—EDITORIAL ARTICLES.—The Present State of the Medical Reform Question. Lord Lyttelton's Vaccination Bill. Dr Babington on the Testimonial System.—REVIEWS.—



The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. Vol. XI. The Practical and Descriptive Anatomy of the Human Body. By T. H. Ledwich and E. Ledwich. A Dictionary of Medical Science. By R. Dunglison, M.D. Hysterical and Nervous Affections of Women. By W. J. Anderson, F.R.C.S. —PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals. —PROVINCIAL CORRESPONDENCE.—Scotland.—REPORTS OF SOCIETIES.—Medical Society of London. Epidemiological Society.

**Association Medical Journal.**—(No. XV. April 15, 1853.)—LEADING ARTICLES.—Compulsory Vaccination not necessarily Efficient Vaccination. The Medical Reform Bill. The New Charter of the Royal College of Physicians. Hospital Abuses: A Glance at Nottingham, Bath, and Bolton. Dr Golding Bird and Pulvermacher's Electric Chain. Her Majesty's Accouchement: Chloroform. The Income Tax Petitions from York and Leeds.—ORIGINAL COMMUNICATIONS.—Dr Edmund Lyon's Cases of Abscess of the Spleen, with Remarks on the Pathology of that Organ. Dr Edward W. Murphy's Lettsomian Lectures: 3. Importance of a Scientific Medical Education to Practitioners in Midwifery. Dr W. B. Herapath on the Results of Re-Vaccination, as Observed in 257 Cases. Mr F. Mason's Case of Occlusion of Duodenum: Fluid resembling Meconium passed for Eighteen Days. Dr W. H. Cullen's Case of Stomatitis Materna during Pregnancy.—PERISCOPIC REVIEW. Ophthalmology: Colour-Blindness.—ASSOCIATION INTELLIGENCE.—Medical Benevolent Fund.

**Dublin Medical Press.**—(No. DCCXLV. Vol. XXIX. April 13, 1853.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: Dr Bagot on Treatment of Spasmodic Cholera, and its Consecutive Fever, by administration of Opium. Royal Medical and Chirurgical Society: Gangrena Senilis treated by Amputation of Thigh.—ORIGINAL COMMUNICATIONS.—Dr John Gason's Notes upon the Climate and Temperature of Pisa, the Baths of San Giuliano and Lucca.—SELECTIONS FROM MEDICAL JOURNALS.—Abstract of a Lecture on Caoutchouc and Gutta Serena. On Oxygen Gas as an Antidote to the Deleterious Effects of Anæsthetic Agents; Peat Charcoal as a Deodoriser; Death from Chloroform. Case of Glanders in a Female.—LEADING ARTICLES.—Leader. Medical Life in London. Registered Apprentices of the College of Surgeons: Letter of "A Forgotten Apprentice and Licentiate." Curiosities of Medical Evidence: Letter of Arthur H. D'Esterre, L.R.C.S.I.

#### BOOKS RECEIVED FOR REVIEW.

- On Diseases of Women and Ovarian Inflammation, in relation to Morbid Menstruation, Sterility, Pelvic Tumours, and Affections of the Womb. By Edward John Tilt, M.D. 2nd Edition. London: J. Churchill.
- First Annual Report of the Commissioners for Administering the Laws for Relief of the Poor in Ireland under the Medical Charities Act, 14 and 15 Victoria, Cap. 68.
- The Glasgow Medical Journal, No. I, April 1, 1853. Glasgow: Rd. Griffin and Co., 40 Buchanan street.
- On Continuous Molecular Changes, more particularly in their relation to Epidemic Diseases, being the Oration delivered at the 80th Anniversary of the Medical Society of London. By John Snow, M.D., Vice-President of the Society. London: John Churchill.

**APPLICATION TO CLOSE ST GILES'S CHURCHYARD.**—A memorial is now in course of signature from the parishioners of St Giles's in the Fields to the Home Secretary, praying for an order to close the churchyard in High street, some part of which has been used for interments ever since the year 1117, and another part since the year 1667. So long back as the year 1803, it was stated, in an act of Parliament, that the ground had become extremely offensive and dangerous to the health of the inhabitants of the neighbourhood. The memorialists describe the present use of the churchyard as a place of interment as a fruitful source of disease and death, and earnestly intreat the interference of the government.

## Hospital Reports.

### KING'S COLLEGE HOSPITAL.

#### EXCISION OF THE KNEE JOINT.

This operation was performed by Mr Fergusson.

Emma S—, aged twenty-eight years, unmarried, was admitted January 22, 1852, under the care of Mr Fergusson. the patient is a resident in Essex, and has followed the occupation of cook for the last few years, but was formerly a housemaid, and accustomed to much kneeling. Eleven years before admission she noticed that the left knee had taken to swelling, whilst she was employed as housemaid and had much work to do. There was not much pain, but the leg became œdematous, though not very stiff; the girl was nevertheless able to go about as usual, though the knee was weak, and occasionally gave way under her as she walked. By the use of leeches and cold lotions the state of the joint improved, but the patient suffered at various intervals from returns of the same symptoms up to about three years before her admission into this hospital. As much as a twelvemonth would sometimes intervene between the attacks.

Three years before the present examination the girl had one of these attacks, which lasted much longer than usual, and was accompanied by much pain, considerably more indeed than had previously been experienced, and she became totally incapacitated from walking. The patient went at this period to the London Hospital, where she remained three months, the leg being strapped and bandaged with great benefit; and when she left that institution she could walk tolerably well.

One year after her discharge the girl was admitted into this hospital, with a return of the old symptoms in an aggravated degree. She had then sharp shooting pains in the joint, which were worse at night, and prevented sleep altogether. The limb was secured in the usual way, but the patient left the hospital at the expiration of one month in a very unsatisfactory condition. She went home, and from that time to her present admission she has been unable to use the limb, and the joint had gradually become worse.

On examination, the left knee was found larger than the right, the chief difference being across the head of the tibia; little or no fluid could be detected in the joint, but there was a great deal of shooting pain in the articulation, which pain was much worse at night. Steady pressure round the knee gave ease, but much uneasiness and a kind of grating was reproduced by pressure on the patella. The slightest lateral motion could hardly be borne, and distinct roughness was felt on attempting to bend the joint; the latter was slightly deviated outwards, and there was a little thickening of the femur at its lower third. The patient's health has of late been declining, and she has lost flesh.

Mr Fergusson used for several months the means best calculated to give the patient relief; strapping, counter-irritation, rest, tonics, &c., were successively tried, but did not induce any favourable change in the articular malady. No external signs of diseased joint were, however, observable, such as fistulous apertures, &c.; in fact, no abscess had ever opened outwardly, and it was evident, in spite of the continual pain, that the acute stage was quite over. Mr Fergusson however, despaired of the cure, and it was clear that many years must elapse before any relief could be obtained. Amputation was therefore proposed to the girl, but she refused; and preferred running the chances of excision of the joint, which chances were made plain to her. Mr Fergusson told her, in fact, that he could not foresee the results of the operation, and that it might be favourable or the reverse.

On the 2nd of April, 1853, the patient was brought into the operating-theatre, and placed under the influence of chloroform. When the anæsthetic agent had produced its full effect, Mr Fergusson made a longitudinal incision on each side of the joint, about four inches in length, and nearer to the posterior than the anterior part of the articulation. The extremities of these incisions were about on a level with the condyles of the femur and the articular sur-



faces of the tibia. From the centre of the internal line of incision the knife was carried across the joint and over the patella, by which cut the letter **H** was completed. Mr Fergusson then dissected the two flaps thus prepared, upwards and downwards, the patella adhering to the upper flap, and the joint became thus exposed. The knee was now forcibly flexed, and the adhesions which had already taken place between the articulating surfaces were heard to give way as the flexion was made. Mr Fergusson now dissected away the tough fibrinous layers which had been thrown out around the condyles of the femur, divided the lateral and crucial ligaments, and sawed off the lower extremity of the femur just above the condyles. The articular surfaces of the tibia were now likewise cleared, and about an inch of the upper part of the bone removed by the horizontal action of the saw. During these steps of the operation Mr Fergusson had to take away from the concavity and crevices of the joint a concrete substance looking like wet mortar, which was considered as strumous matter deposited in the articular cavity.

There was very little bleeding, and when the lower extremity of the shaft of the femur was examined, it was found that the periosteum came off very easily. Mr Fergusson thought it prudent to remove about an inch and a half of the denuded bone. The patella, still attached to the upper flap, being eroded on its articular surface, Mr Fergusson removed it likewise. The flaps were now brought together, secured by sutures and adhesive plaster, and covered with lint wetted in cold water. A splint with hinged sides had beforehand been prepared, and the limb was carefully placed in it, protected by pads covered with oil silk. When the patient had been removed, Mr Fergusson made a few remarks upon the case.

He said that this case had become familiar to most of the pupils, as the patient had been for several months in the hospital, when every means was used to relieve her but to no effect. After the best efforts had proved useless, he (Mr Fergusson) considered that no chance of cure was left, and as the patient refused amputation, excision of the joint had been proposed and accepted. Mr Fergusson had, however, stated to the patient that he could not answer for the results. He thought that the present case was favourable for this operation, and he had long contemplated it, but had delayed its performance owing to the unfavourable turn which the last case of excision of the knee-joint had been taking. The abscesses which had formed in that case had been attributed to the peculiar operation which had been performed; but that view was erroneous: because after all, the incisions necessary for resection are less extensive than those which are indispensable in amputation. Hardly had the abscesses ceased to form, that the girl was attacked with erysipelas; and it is really astonishing that she withstood all these untoward circumstances. But it would appear that these severe trials did the patient some good, for she has progressed very favourably since the erysipelas has subsided. Still Mr Fergusson was in no hurry to perform the operation which the pupils had just seen, for he did not consider himself a warm advocate of this excision, but he thought that this measure presented features which required further investigation. Books and the accounts found in them were very useful, but surgeons were in want of a sufficient number of facts touching excision of the knee-joint.

Mr Fergusson proceeded to state that the present case was the third which had been thus treated in London, and they were all under his own care. The first was that of a man who died soon after the operation, and the two other cases were now in the hospital. Excision of the knee-joint might turn out to be a great addition to operative surgery; time would show the soundness or error of the doctrine, as several individuals were at the present time endeavouring to elucidate the question by facts.

Mr Jones, of Jersey, for instance, has had five cases, four of which had done well; but still the results had not been quite so favourable, when all the cases recorded were taken together. He (Mr Fergusson) had thought the present one very favourable for this operation, especially as the patient

refused amputation; and he would repeat that he considered the extent of wounded surface larger in amputation than in excision. Before he opened the joint he expected to find it partially ankylosed, but the patella was situated rather higher up than had been anticipated. Mr Fergusson further stated, that as there was very little swelling of the joint he was obliged to proceed very cautiously in this resection, for fear of wounding the large vessels and nerves situated posteriorly; he had also made his longitudinal incisions more towards the back part of the knee than in any of the preceding cases, in order to allow of the more ready and easy discharge of the purulent matter. The concrete substance which had been found during the dissection he (Mr Fergusson) considered as strumous matter deposited in the joint.

The appearances of the articulation were very peculiar: the cartilages were absorbed in every portion of the articular surfaces, and replaced over a small portion of the condyles of the femur by a kind of ivory deposit; the lateral portions of the same condyles, where the ligaments are generally implanted, were in a carious and rough state, as also the articular surface of the patella. The upper part of tibia was not in a carious or necrosed state, but the cartilages were replaced by thick fibrinous matter, probably thrown out as a preliminary step to ankylosis.

We shall not fail to keep an accurate account of the progress of this case, and acquaint our readers with the ultimate results of the operation. Up to the 14th of April—viz., twelve days after the resection, matters have gone on very favourably, excepting a little vomiting and shivering, which are being subdued.—*Lancet*.

## An Epitome of Toxicology,

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY FOR THIS WORK.)

(Continued from p. 286.)

The consideration of the three principal divisions of our subject, before referred to, may also be regarded with reference to—

GENERAL TOXICOLOGY, which embraces the study of poisons generally; and—

SPECIAL TOXICOLOGY, which treats in like manner of all that relates to individual poisons.

The knowledge of the properties of a particular substance, and its deleterious action on the living body, belongs to the division of special toxicology; the investigation of the absorption of poisons, their diffusion or localization, their dynamical or physiological effects, and such other matters that refer to their common properties or actions, or to any of their principal divisions, or to several of them, come under the head of general toxicology.

Before entering on the systematic consideration of our subject, it may not be amiss to offer a few general observations on the circumstances which usually first engage the attention of the practitioner, and excite suspicion that poison has been taken; and also on some other particulars that are sometimes noticed in medico-legal investigations.

Of those matters of COMMON EVIDENCE that may accompany all cases of suicide and homicide, it will merely be necessary to give a passing notice. The general conduct of the accused or suspected person,—the common treatment received by the victim, and his relations with those with whom he may recently have been placed in contact,—the motives of interest or revenge which may be present in the same parties,—the simultaneous occurrence of similar symptoms in several persons who have partaken of the same meal, beverage, or substance; together with other like matters, deserve the attention of the medical toxicologist, simply so far as they may arouse suspicion and observation, and lead to the



recognition of symptoms, and elicit evidence of a more precise and important character.

The *circumstances of a more definite description that usually arrest our attention and first excite suspicion in cases of poisoning*, are the sudden occurrence, without any premonitory symptoms, of severe illness, in a person previously in good health, after eating or drinking, or exposure in any particular manner; which symptoms continue regularly to increase in severity for some time without any marked change in their character, and either rapidly prove fatal, or reach a crisis; after which their active effects gradually lessen and disappear, leaving the patient in a state of exhaustion and suffering for sometime afterwards. The presence of severe vomiting or diarrhoea; gastric and abdominal pains; colic; the sensation of a sickly or disagreeable smell; a metallic or unpleasant taste; burning or heat in the mouth, throat, or stomach; extreme thirst; discoloration of the lips, teeth or gums; obstinate constipation; hiccup; deranged pulse and respiration; cold sweats; difficult micturition; mental alienation; vertigo; delirium; stupor; distorted countenance; convulsions; extreme exhaustion; and similar symptoms, or several of them, under *suspicious circumstances*, ought to lead us to suspect the existence of poisoning. The presence of these symptoms, is, however, far from conclusive evidence in such an important matter. The *suddenness* of the attack, *similarity* of symptoms, and some of the circumstances under which they occur, are common to many well-known disorders, and cases of organic disease. Both the English and Asiatic Cholera, the plague, apoplexy, epilepsy, acute inflammations, strangulations, or other obstructions and ulcerative diseases of the primæ viæ, together with some fevers, and diseases of the heart, commonly attack persons apparently in perfect health, or are preceded with such slight premonitory symptoms, as to escape notice or be disregarded. They also frequently attack the patient soon after a meal, or the liberal use of some stimulating beverage, and the irregularity of their progress in their early stages may also greatly resemble that of poisoning. Hence, mere suddenness of attack, or the development of certain symptoms, or the permanent or regular exacerbation of such symptoms, or the rapid progress or fatal termination of the case, cannot be regarded as either general or distinctive signs of poisoning.

The mere presence of the common symptoms of poisoning, as usually given in works on toxicology (any more than the particular circumstances to which we have just referred), apart from information of a *more positive* character, cannot be regarded as more than sufficient to justify suspicion and to arouse inquiry. Nor, on the other hand, can the absence of such circumstances or symptoms be regarded as sufficient to disprove a suspected case of poisoning. To this it may be added, that when poisons are exhibited in *small doses, frequently repeated*, the symptoms resulting from their deleterious action are of extremely modified and protean character, generally bearing little resemblance to those resulting from large doses.

THE POWER OF OBSCURING OR MODIFYING THE ACTION OF POISONS is also possessed by other circumstances than those just mentioned. Thus sleep generally retards the development of their action, and the presence of much food in the stomach, frequently both retards their action and lessens its severity. On the other hand, the absence of solid matter, or the presence of certain acids or saline matter in the stomach or intestines, greatly increases their effects. Under the former condition, the symptoms of poisoning do not appear until many hours after the poison has been taken; whilst in the latter case they are very rapidly developed. The length of the interval that occurs between swallowing the poison and the commencement of its effects on the system in the one instance, renders the cause of the attack less likely to be suspected.

The evidence of poisoning depending on mere general circumstances, and the presence of suspicious symptoms, being insufficient data on which to rest our judgment, the skilful and experienced observer will be cautious in adopting his course of treatment, and in expressing an opinion on the

case. His knowledge of diseases and their symptoms will, however, in general, be sufficient to enable him to discriminate between the sudden attacks of disease and the effects of poisons. Information that may be gained on the spot, or from the friends or attendants of the sufferer, or from the sufferer himself, will in many instances not only at once determine the cause of the attack, but also the particular substance that has produced the unpleasant or dangerous results. The physician and toxicologist will therefore find little difficulty in the treatment of the case. But it is different when an opinion is to be given as a matter of evidence in a case of poisoning. Mere suspicions, or loosely-formed inferences, or pre-conceived notions, must be at once abandoned; and a rigid examination of the symptoms and lesions caused by the poison, and its presence, shown by its behaviour with chemical re-agents, made the basis of his evidence. In our ensuing numbers we shall furnish our readers with a systematic notice of this subject; merely premising, that though many of the symptoms of poisoning may greatly resemble those of ordinary diseases, yet that some of the phenomena which we shall describe are of such a constant and unmistakable character, that when *absent* it may be fairly inferred that the case is one of the many diseases which simulate poisoning.

(To be continued.)

#### THE ANATOMY OF QUACKERY.

We regret that, owing to the pressure of other matter, we are compelled to postpone an article in continuation of the interesting series of papers on this subject until next week. (ED. 'Medical Circular.')

#### EXTRAORDINARY COMMISSION OF LUNACY.

A commission de lunatico inquirendo was instituted, April 2, at Egham, before Mr Commissioner Winslow and a special jury, upon the state of mind of a gentleman confined as an insane person upon medical certificates in Great Forsterhouse Lunatic Asylum, near Staines. A number of witnesses, including Drs Southey and Williams, expressed a strong opinion of the party's lunacy and incompetency to manage himself and his affairs. The alleged lunatic was subjected to a close examination. To every question he gave a rational answer, and there was no evidence of the presence of insanity or weakness of mind. After the alleged lunatic had retired from the room, Dr Southey, who was present during the examination referred to, was again put into the witness-box. He said that he was indeed astonished at the sudden change that had taken place in the patient's state of mind; that he had seen him only ten days previously, when he found him insane; that he now appeared sane and rational. In reply to a question, Dr Southey said, "I see no symptom of insanity now; the gentleman appears to be of sane mind, and to have a lucid interval." The following medical witnesses gave evidence in favour of the alleged lunatic:—Mr Reeve, Dr Forbes Winslow, and Dr Webster. Dr Winslow maintained that he had subjected the party in question to a close and rigid examination, and could detect no aberration of any kind. The gentleman admitted that he had laboured under delusions, but that they had been removed from his mind. In course of cross-examination, Dr Winslow gave it as his opinion that he thought the attacks to which this gentleman had been subject were allied to the character of delirium tremens, and were consequent upon irregular and intemperate living, and that the present condition of his mind must be considered as a recovery. Mr Shee (counsel) asked the witness whether, if the gentleman in question was liable to a recurrence of these attacks, although he might now be sane and his mind free from delusions, he could be considered of sound mind. Dr Winslow said certainly. The mind must either be sound or unsound; the fact of there being a liability to a relapse was no evidence of the existence of unsoundness of mind or incompetency to manage property. The present state of the gentleman's mind might be temporary; but nevertheless it was a positive restoration to mental soundness. Dr Webster concurred in the views of Dr Winslow. A verdict of soundness of mind was recorded.





## Biographical Notices.

### SIR JAMES CLARK, BART.

Honour is not always a profitable investment. When it comes as the result of industry and genius, and waits upon our acts, it enhances their value and reflects dignity upon our path in life; but when it is a gift of grace, or is dissociated from the sacrifice of daily labour, it is apt to be a perilous possession. "Some men are born to greatness, some achieve greatness, and some have greatness thrust upon them." It would be unjust to Sir James Clark to say that he is one of the last class of men, but it cannot be strictly affirmed that he belongs to either of the other two. A popular writer on science without being a scientific man, a good practical physician yet unattached to hospital or dispensary, capable of much exertion and pushing his purposes, yet fond of the distinction and sunshine of high circles, and a finished courtier, we cannot be surprised that Sir James should have worked his way to the foot of the throne, and hold a first place in Royal favour.

If it were required that his position should be received as the index of the highest desert, we could not allow his claim, but as it represents only practical sagacity, obsequiousness, tact, and ductility, we are willing to admit the probability that there is scarcely to be found again in the profession a man more adapted to the distinguished post he holds. His manners are calm, gentle, self-possessed, and suasive, and he steals insensibly into the confidence of his patients. There is a strange attraction in this softness of manner, that rivets the affection of all who are within the magic of its influence; and there are few persons who have once consulted him that do not extol his gravity and sweetness of demeanour, and profess a reliance on his opinion. His slight and graceful form contributes to the favourable impression; and, although we might be rash enough to deny that Sir James was a genius, we are bound to declare most emphatically that he is a gentleman.

Sir James Clark practised abroad for many years, and, among the visitors at Rome especially, formed a large connexion. When, by success in practice and a wise frugality, he found that he had amassed a sufficient sum of money to start in the English metropolis, he came hither, took a house in George street, illustrated his advent with large and brilliant parties, and surrounded himself with his old patients and friends. Notoriety pays. An unknown man coming to the modern Babylon to get his living, with little time left to sow the seed and gather the harvest, must advertise himself vigorously, incessantly, but prudently. The world must be made to gossip about him, friends to praise him; and if an enemy—an avowed enemy—talk a little slander, it only gives piquancy to the general rumour, and raises him a step higher on the ladder of public observation. The only difficulty is to puff without offence, and to induce if possible other people to do your advertising. There is an art, a "savoir faire" in this, which few persons understand; but the proficiency of Sir James Clark in this department of human knowledge cannot be impeached. We do not blame him—we admire rather his boldness, his self-reliance, and his success.

In due time Sir James became attached to the household of the young Princess, and on her ascension to the throne, to the wonderment of the profession, Sir James was named Physician in Ordinary to the Royal person. While public opinion was fixed upon Halford and Chambers, and upon the latter especially, who had attained an unprecedented repute, and seemed to have a reversionary interest in the appointment, the Queen, acting upon her own partiality, pronounced in favour of Sir James Clark as her chief physician. How many cords of intrigue were thus suddenly snapped—how much gall dropped into the mellifluous affections of court physicians—it is not our business to record.

Since that period Sir James Clark's light has been extinguished. The shadow of the Royal robe has plunged him in unfathomable darkness. The proprieties of a court

have chilled the intellectual promise of his career. He has neither written nor spoken, nor hardly thought, since he was fettered by the shackles of Royal patronage. He stands among us a conely fig-tree bearing no fruit—a gaudy poppy in a corn field, waiting to be cut down.

We cannot but regard Sir James's appointment, in other respects, as unfortunate, for it removed him from the competition of practice, and deprived him of opportunities of increasing his professional emoluments. The salary of a Court has never been found equal to the rewards which the public confer on independent labour. While poets relied on the patronage of princes, they starved; when they wrote to the million, they began to live like princes themselves. Sir James has, however, made his election, and perhaps he may think that a place in the secret history of his time, as the confidential medical adviser of her Majesty, may compensate for the disadvantages of his office. If it should be so, the feeling is not certainly less laudable than the passion of getting and having, which is at once the strength and the opprobrium of our country.

One circumstance, not creditable either to the professional acumen or the independence of Sir James Clark, has occurred since he became Queen's physician—the inculcation of the Lady Flora Hastings on a charge of which that amiable woman was afterwards proved to be wholly guiltless. Ovarian disease was mistaken for pregnancy, and Sir James's name was employed to sanction the contemptible jealousies and malicious scandals that float in the atmosphere of a Court. Sir James did not evince sufficient caution in this affair, but he retained the favour of his Royal Mistress.

As an author, Sir James has written two works, both of which are well known; one "On Consumption, and Scrofulous Diseases;" the other on "Climate and its Sanative Influence on Disease." These works deservedly gained for their author an extensive reputation. They are marked by much practical discernment and good sense, and indicate considerable powers, which a more persevering industry might have qualified for more enduring labours.

Sir James Clark was educated at Edinburgh, where he took his degree. He is a Fellow of the Royal Society; an Honorary Fellow of the King and Queen's College of Physicians of Ireland; a Member of the Royal Academy of Sciences of Gottingen; and a Member of the Senate of the University of London. He resides at 22B Brook street, Grosvenor square.

JAMES CLARK, ESQ.

ANTHONY WM. CLARKE, ESQ.

BENJAMIN CLARKE, ESQ.

(*Vide* 'London Medical Directory,' 1853.)

FRANCIS CLARKE, ESQ.

This gentleman was educated by the Rev. E. Valpy of Norwich, and was afterwards articled to the late William Dalrymple, Esq. of the same town. Mr Clarke was a school-fellow and fellow-pupil with his son, the late eminent oculist, and a dresser for two years at the Norfolk and Norwich Hospital, under the late Dr Rigby and Mr Martineau, men of whose instructions and friendship Mr Clarke may well be proud. He was subsequently a pupil at Guy's and St Thomas's Hospitals at that period united. In 1825 he passed the Royal College of Surgeons, and immediately sailed, as surgeon of a troop ship in the East India Company's service, to India, then a highly honourable as well as responsible and lucrative appointment. He remained in the service until 1829, spending six months in China, on his return from which place his last captain gave him a handsome certificate, in which he attributed his own recovery from fever, and the unusual health of the ship's crew, to the ability and exertions of Mr Clarke. This gentleman became a member of the College of Surgeons in the year 1825, and a licentiate of the Hall in the year 1829.



He is surgeon to the Oriental Club, Hanover square, and resides at 14 Henrietta street, Cavendish square.

J. A. LOCKHART CLARKE, ESQ.

(*Vide* 'London Medical Directory,' 1853.)

JAMES FERNANDEZ CLARKE, ESQ.

Few of the visitors to the more important medical societies of London are unacquainted with Mr Clarke, the "little Clarke," of the 'Lancet.' For a long series of years he has been the constant and indefatigable reporter of the proceedings of those bodies for that journal. It cannot be denied that by these reports he has rendered good service to the profession. Mr Clarke commenced his studies as a pupil of poor Dermott, who, notwithstanding his eccentricities and follies, was a worthy fellow, and was acknowledged even by his enemies to have been an excellent anatomist and an accomplished teacher.

We have heard Mr Clarke say, that even in the first year of his pupilage he assisted Mr Dermott in many of his literary labours, and that the singular preface to his work on the "Bones of the Head" was the joint labour of the two. We do not know the precise date of Mr Clarke's first connexion with the 'Lancet,' but we see, by referring to the 'Medical Directory,' that it must be nearly twenty years ago, and when he was yet a pupil at University College Hospital. From that institution he contributed to the 'Lancet' for several years most of the interesting cases which occurred, both in the Medical and Surgical wards, and gave so much satisfaction to all the Medical officers, that they unanimously presented to him, unsolicited, the certificates of attendance at the Hospital for the full period required by the College and Hall. The high opinion which the late Mr Liston entertained of these reports of his own cases, may be judged of from the fact, that he transferred many of them to his celebrated work on "Operative Surgery." Mr Liston to the last was a firm friend to "the reporter." It was during Mr Clarke's attendance at the University Hospital, that Dr Elliotson first introduced the Mesmeric experiments. Mr Clarke was a firm opponent of these absurdities from the first, and formed one of the Committee which exposed the Okey fraud at Mr Wakley's House in 1837. It is however as the reporter of the proceedings of the Medical Societies, that Mr Clarke has the highest claims upon the notice of his professional brethren. Those who recollect what the proceedings of the Medical Societies were twenty years since will readily appreciate the great changes which have taken place. Medical reporting previously to that period, may be said to have scarcely existed. Now and then, it was true, a "report" appeared in the 'Lancet,' but so meagre, so unsatisfactory, that it gave no idea of the reality. Long speeches also were inserted as having been delivered by one gentleman, and that gentleman the reporter! The other speeches dwindled down to a paragraph, or even a single line.

When Mr Clarke commenced his labours at the Societies, reporting was scarcely countenanced: and in some Societies entirely prohibited. His predecessor had been expelled by large majorities from the two leading Societies of the time, and difficulties were thrown in Mr Clarke's way, which might well have deterred a less determined person from the task he had undertaken.

He pursued his labours, however, with much perseverance, and in the course of a short time was solicited by the Council to become the Honorary Secretary of the Medical Society of London. This honourable post he held for three or four sessions, and subsequently passed through all the offices until he was elected Vice-President of the Society, by a very large majority, the largest, we believe, that had taken place in any previous contest for the like office. Two years since a subscription was raised for presenting him with some substantial testimonial of the satisfactory manner in which he had performed his duties to the pro-

fession by his reports in the 'Lancet.' In this subscription 160 names were included, numbering many amongst the highest in the profession. Mr Clarke was presented with a magnificent service of plate, which was given to him by the venerable Dr Clutterbuck, with an appropriate address, and in the presence of upwards of 100 members of the profession.

The uninitiated have often expressed surprise that Mr Clarke should have been able to devote so much labour to medical literature, considering that he enjoys a good share of practice. It may be judged, however, that he is of a very active disposition and pretty constantly employed; and it is clear that he can only accomplish his numerous duties by a systematic and rigid economy of time. Mr Clarke is a Member of the College of Surgeons, a Licentiate of Apothecaries' Company, &c. He is now, we believe, one of the sub-editors of the 'Lancet'—at least he has the credit of it. If he is not so, the sooner he takes measures to free himself of the opprobrium which attaches to such a connexion the better. His general acquaintance with the profession, and his knowledge of most matters relating to its laws and politics, well qualify him for a more creditable office.

Our old friend is the reverse of a Colossus—or rather we might say he is a Colossus cut down—being short and square in figure, and grown stouter of late than becoms a son of the Graces. He has a good-tempered, radiant face, and a frank and kindly manner. Health and peace to him now and for ever!—a blessing, we opine, of which he has much need in the fulfilment of his duties to our contemporary.

## Reviews.

*On Near Sight, Aged Sight, Impaired Vision, &c.* By William White Cooper.

This little work will be sure to command attention, for it treats of popular subjects, and is written in a most agreeable style. The first chapter describes the varieties, causes, effects, &c. of Myopia, or Near Sight; the second of Presbyopia, or Aged Sight; the third of Impaired Vision. Other chapters treat of Achromatopsia Glasses, Eye Protectors, Artificial Light, &c. There is also an interesting appendix, descriptive of the blindness of Milton and Galileo. There are few persons who would not derive useful information from this work relative to the management and protection of the sight, so as to avert or make more tolerable any defect of this sense. Our readers will gather an idea of the interesting character of the volume from the following quotation on Achromatopsia;—

"Several men of intellectual eminence have been unable to distinguish colours correctly. Among them may be mentioned Dr Dalton; the metaphysician, Dugald Stewart; Sismondi, the historian; Troughton, the eminent optician; Professor Duméril, the celebrated herpetologist; Dr Sommers; Dr Unzer, of Altona; and Professor Brandis.

"Non-congenital achromatopsia may be either permanent or temporary. One of the best illustrations of the permanent form is a case related by M. Szokalski, in which a boot-maker, after a copious bleeding, lost all perception of colours, being only able to discern white, black, and grey. He one day bought a piece of yellow morocco leather by mistake for a white piece, and when examined by M. Szokalski, he could not distinguish any coloured patterns which were exhibited to him. There were, however, amaurotic symptoms besides this achromatopsia.

"An interesting example of the temporary form has been related in the 22d volume of the 'American Journal of Medical Sciences,' by a very able physician, Dr Hays, of Philadelphia, and the particulars of three cases which fell under my own notice, are contained in the article 'Vision.' The symptoms in question are in connexion with derangement of the circulation, and especially present themselves in congestive amblyopia. For instance, M. Cunier mentions an officer



who suffered from this affection, and every time that the congestion was aggravated by exertion as in executing manœuvres, his soldiers' uniforms underwent a change. The red colour of the epaulettes, of the tuft of the shako, and of the facings of the coats vanished, and the men appeared dressed entirely in blue and black. A brief repose, with the application of cold to the forehead and eyes, soon restored natural vision.

"Some authorities have considered the inability to distinguish colours as standing in relation with Albinism, or the absence of the colouring pigment from the eye. Professor Wartmann availed himself of an unusually favourable opportunity for testing this. In the canton of Vaud there resided two brothers named Detoit, having perfectly natural eyes, who had married two sisters with equally good organs of vision; yet all the children born to these parents were albinos. The family of Pierre Abram were aged respectively thirteen, eleven, and nine years; that of Jean David were nine and four years. All had the characteristic pure white hair and eyelashes, the blue iris with whitish streaks, the inability to face the light, and the incessant movement of the eyes. Dr Wartmann instituted a very careful series of experiments, and ascertained that the perception of colours and of shades of colour was complete; the only evidence of imperfection was, that application of the eyes in reading brought on considerable fatigue in them after it had been continued some minutes.

"It would seem that the albinism was derived from the female line, for the eldest brother subsequently lost his wife, and, re-marrying, had a son whose eyes presented no trace whatever of this peculiarity.

"A great variety of explanations have been offered to account for the achromatopic condition; it is, however, a matter of pure speculation. Nevertheless, I will give the most recent and most carefully elaborated view—that offered by Professor Wartmann, in a memoir published in 1849.

"The Professor is of opinion that achromatopsia is produced by an unnatural condition of the retina, which is similarly acted on by two or more different coloured rays. If the vibration caused by a red ray is identical with that produced by a green ray, confusion will result. In order to bear out this statement, he draws a parallel between the mechanism of the sight and that of hearing. Unite in a perfectly equal manner several elastic surfaces which are naturally independent of atmospheric vibrations. Determine then the particular musical note which is capable of rendering each of these sonorous by communication, and place them together near a musical instrument frequently used. At the expiration of some days the note which vibrates one of the surfaces will produce the same effect on a second, then on several others. Thus the elements of this system would be modified in their facility of vibration, and in resounding too easily under the influence of different tones, they resemble the retina of a Daltonian, who confounds different colours. If the change of elasticity of each conjoined layer could be made to be affected in an equal manner by all the tones, proportional to their intensity, the system would represent the retina of dichromatic Daltonians, for whom there is only bright grey and dark grey, that is to say, the various sensations of light and shade. This supposition has nothing inadmissible, since the chromatic sensibility of the sound eye does not embrace the interval of a minor sixth.

"It is known that the eye and the ear acquire by exercise the faculty of distinguishing the shades of colour or musical tones inappreciable to an ordinary organ. Thus the habitual and moderate vibration of the retina by the coloured rays, of which it studies the various tints, far from diminishing its sensibility, gives it greater delicacy.

"The theory (says Professor Wartmann) which explains Daltonism by an abnormal elasticity of the retina has the advantage of substituting a realisable physical condition for a vague notion about the sensorium. Further, it is supported by facts, because changes which alter the ordinary condition of the visual organ are capable of exciting permanently or temporarily a false perception of colours. Finally,

it appears to be confirmed by the circumstance that, with many Daltonians, the eye sees less distinctly the red rays than those of which the refrangibility is much greater. An individual examined by Seebeck declared that the most brilliant part of the spectrum was not the yellow, but the common limit of green and blue. Another described a pattern of fine deep violet as being the brightest of a collection of papers of all shades.

"The important question, can achromatopsia be remedied or alleviated, does not admit of a very satisfactory reply. Daltonians endeavour to obviate the annoyances arising from their infirmity by taking some standard colours or shades as points of comparison; they also bring the sense of touch to their assistance, and are enabled by these means and close attention to avoid many errors; nevertheless, they feel repugnance to express an opinion upon colours. Jungken and Chelius have recommended the use of coloured bands bearing the name of their colour, and Szokalski has suggested that sensations of the various shades may be excited by fixing the eyes on different coloured patterns, and then on a black or white surface. This, however, is less beneficial than the plan suggested by Wartmann, the employment of coloured glasses of a certain known tint. Suppose, for example, this tint red, the impression of a green body and that of a red body, which would appear of the same colour to the naked eye, will be distinguished by the use of the glass.

"When the inability to distinguish colours is dependent on local or general causes, it will be necessary to direct our treatment to the removal of those causes. Every case must necessarily be a study of itself, and it would be foreign to the object of this work to enter into the consideration of a subject which is very extensive, and belongs to the treatises on ophthalmic medicine."

There is no work yet published that surpasses this for lucid description of the subjects of which it treats, and for sound practical advice.

## Correspondence.

### THE BIOGRAPHY OF DR FORBES WINSLOW.

*To the Editor of the 'Medical Circular.'*

SIR,—The biography of Dr Forbes Winslow, which has recently appeared in your valuable Circular, seems to me to be a just tribute to his eminent talents and to his moral worth; and I have perused Dr Burnett's strictures thereon with pain and regret. If Dr Winslow did "amply and fully set forth his private establishments on the cover of his journal," he would not, and did not, I believe, do it in any illegitimate and offensive manner. It was reasonably to be expected that having that opportunity of referring to his establishments, he would avail himself of it; but I am utterly at a loss to conceive why this should have induced any of his friends to withhold their contributions to the journal itself. Had the journal been under the editorship of another person, it would have been perfectly lawful for Dr Winslow to have transmitted to it a notice of his establishments; and I cannot at all understand why the mere circumstance of the journal being edited by himself should have made all the difference in the propriety of the action. You would probably, in common with all other professional men, avail yourself of the opportunity to have your works announced on the covers of the 'Medical Circular,' the 'Lancet,' &c.; but it would appear to me strange if any one were to bring a grave charge against you for admitting the 'Medical Circular' into the list of those periodicals, on the cover of which you desired to introduce your publications to the notice of the profession. You have not said, and, indeed, you were not likely to assert, that Dr Winslow's opinion is "the only correct one" on the many cases falling within the lines of his own special practice; but in setting at a very high rate both his professional and literary attainments, you have most certainly been treading on very



safe ground. His writings afford ample proof that his professional knowledge and attainments are of the very first order; and we are constrained to draw an inference the very opposite to that of your correspondent, believing that there are but very few in our profession who can ever hope to reach such attainments.

We are in the habit of calling ourselves *Brethren*, and there is an old Book, of the very highest authority, that inculcates the duty of loving one another as brethren, and of speaking evil of no man; it commands that we should not report anything to the disadvantage of another, unless the clearest and most ample proofs of evil-doing can be adduced. Now most certainly our friend at Alton has, in this case, failed to adduce such proofs; and I cannot but hope, that on reconsideration he will feel he has been too severe on the talented editor of the 'Psychological Journal.' "In many things we offend all;" errors and faults are the common lot of man. It is not the lot merely of my neighbour, but it is my lot; it is the lot of our nearest and dearest friends. It may be, if I may take the liberty of saying so, even your lot in some measure, and we stand in no particular need of caustic strictures from those engaged in the same pursuits; but we do stand in need of sympathy, kindly feeling, forbearance, and long suffering; and we have a right to expect from each other the exercise of those kind and Christian feelings which are ever ready to put the best possible construction upon actions, and "which thinketh no evil, and hopeth all things" for the best. If we could see errors and faults in ourselves as we do in others, we should be at once more tolerant of others' faults, and less indulgent to our own.

I am personally unacquainted with either of the gentlemen now referred to, and therefore may be considered as a disinterested and dispassionate witness; but it may not be amiss for me to mention that Dr Burnett, as he well knows, has recently received from me a proof of my favourable consideration of his claims to public confidence. These few lines are, therefore, written from one wholly unprejudiced on the present subject, and they have been prompted chiefly with a view of commending the steady and regular exercise of those kindly feelings of our nature among professional men, which are most in keeping with the character of those whose great business it is to succour the wretched, and which cannot but make us more respectable in the eye of the public, and more useful to each other and to society at large.

I am, Sir, sincerely yours,

THOMAS J. GRAHAM.

Woodcote End House, Epsom, April 16th, 1853.

## THE VACCINATION ACT.

To the Editor of the 'Medical Circular.'

SIR,—I observe in your last number some observations on the Vaccination Bill. I beg to inform you that two or three years ago I drew the attention of the profession, in a little article published in one of the medical journals, to the subject of vaccination as then practised, and I am sorry to say is still continued, in many parts of England, if not throughout, by the Union surgeons stating that they are the only persons authorised to vaccinate by the late act, and frequently intruding their unsolicited services upon their neighbours' patients, and offering to vaccinate them *gratuitously* on their periodical vaccination days, but, of course, returning them all as successful cases, and receiving the sum of 1s. 6d. (or 2s. in some districts) from the parish. The consequence is, that in my own locality I and many others, not Union surgeons, are frequently compelled, at very considerable trouble, expense, and inconvenience, to vaccinate the children of our private patients gratuitously, to prevent the parish surgeon including them in his returns, whilst, before the late absurd and most unjust act, we were in the habit of receiving from 2s. 6d. to 5s., according to the circumstances of our patients, for such services. Had our wise legislature made provision for the paupers, &c. only, surely those able to pay for such services would have continued to receive their due share of attention as they did before; and even small fees,

where you have a number of them, are better than no fees at all, as at present; for very few persons are disposed to pay for that which they can get for nothing. Can anything be more unjust towards the profession than such a system, which so clearly violates the rights and independence of so large a number of private practitioners, particularly in the country? Had all medical men been permitted to vaccinate their poor neighbours, and claim even the small fee mentioned from the parish, there would have been much less cause for complaint. It is now high time that a vigorous effort should be made by the whole body of the profession, to put a stop to further unwarrantable aggression; otherwise the legislature may with equal justice require us to perform many other minor operations gratuitously. I am, Sir, your obedient servant,

VERITAS.

## POOR-LAW JUSTICE.

To the Editor of the 'Medical Circular.'

SIR,—If not trespassing too much upon your columns, I would feel grateful to you for inserting the following particulars of the gross injustice committed in the case of an Irish dispensary surgeon, under the operation of the new 'Medical Charities Act,' as it portrays exactly the abuse to which the working of this bill is liable, so ably and faithfully drawn in your last editorial article.

The victim in this instance is an old assistant-surgeon of her Majesty's navy, who had been thirty years in possession of a dispensary in the county of Londonderry, during which long period he had discharged the duties of his trust honestly, conscientiously, and *efficiently*, in fact, to the entire satisfaction of all concerned, with the solitary exception of one *powerful* landlord. This proprietor took a mortal dislike to her Majesty's old officer, who, accustomed to the order and strict discipline of a man-of-war, where every man is expected to do his duty, and required to do that alone, refused, as any gentleman would, to be the slave or servant of one whom he could not respect, and whose haughty commands, *irregularly* delivered, he was not bound to obey. The consequence was, this landlord harboured his revenge, until a fitting opportunity occurred of indulging his unchristian spirit. That was afforded him by the execution of the 'Medical Charities Act.' Having the ear of the Commissioners, and taking care to prejudice and *blind* the medical inspector (whom he entertained at his country house), the foul deed was accomplished, and her Majesty's old officer was "dismissed from his office, and placed under a cloud of *public suspicion*."

The name of the parties, and any other particulars you wish for, will be correctly furnished, if desirable,

By your faithful reader and admirer,

ALEX. TYLER, M.D. Edin.

118 Stephen's green, Dublin, April 8th, 1853.

## Medical Societies.

### PATHOLOGICAL SOCIETY OF LONDON.

DR BABINGTON, F.R.S., PRESIDENT, IN THE CHAIR.

Dr Henry William Fuller exhibited specimens of

DISEASED HEART AND KIDNEYS.

The patient from whom these specimens were taken was a man, aged 53, admitted into St George's Hospital, on the 10th of November 1852. He reported that he strained himself in July, 1852, and soon afterwards experienced pain in the left hypochondrium, with palpitation and dyspnoea. Cough and hæmoptysis after a time supervened. On admission he was exceedingly pale, somewhat anasarcaous, and his breathing was much oppressed; a loud systolic murmur was audible over the whole præcordial region, but was most intense at about the second right sterno-costal articulation. It was propagated along the carotid arteries, which were pulsating violently. An intense diastolic murmur also existed, heard loudest in the same situation. The pulse was the



characteristic pulse of aortic regurgitation. The urine which was never passed by the urethra, but escaped by a fistulous opening in the perinæum, was albuminous and contained pus. His symptoms presented little variety. The extreme pallor of his face increased, the anasarca became more general, the breathing more oppressed, his appetite failed, frequent nausea and occasional vomiting occurred, and cough and extreme dyspnoea prevented his obtaining rest. Thus he became daily weaker and weaker. Ultimately, severe epistaxis commenced, and he then passed into a state of semi-consciousness, in which he remained for the few last days of his life. He died on the 21st of February, 1853. The right pleural cavity was completely distended by straw-coloured serum. On the left side of the chest there existed numerous old and firm adhesions. Both lungs were crepitant throughout. The apex of the right was somewhat puckered, and in its substance was a small cartaceous mass, about the size of a pea. A small quantity of clear serum was found in the pericardium. The heart weighed  $21\frac{1}{2}$  ounces; its walls, more especially those of the left ventricle, were enormously thickened; its cavities were not dilated. The valves of the right side were healthy; the mitral valve was slightly opaque, and somewhat thickened by the deposit of a small quantity of atheroma in its substance; but it appeared to be efficient. The aortic valves were also slightly, but *very slightly*, thickened by the atheromatous deposit in their substance; but the common attachment of two of them was torn away from the aorta. It appeared doubtful, however, whether this tearing away of their attachment was not done by the knife, inasmuch as what appeared like a *cut* through the inner coat of the aorta was observed to run right across their attachment, and extended about a quarter of an inch on either side. The aorta immediately above the valves was somewhat sacculated, and it was much thickened and rendered very irregular on its surface by an extensive deposit of atheroma. The kidneys were small and atrophied; granular on their surface and presented numerous cysts, varying in size from a pin's head to a hazel nut. Under the microscope numberless cysts were seen, which were quite invisible to the naked eye. In some places the uriniferous tubes were tolerably healthy; in others, choked up with fat globules; in others, again, but little trace of uriniferous tubes could be seen, the ordinary secreting structure of the kidney being completely broken up and replaced by cysts. The kidneys, in short, presented admirable examples of that form of disease described by Mr Simon, in Vol. XXX of the 'Medical and Chirurgical Transactions,' under the title of "Cysted Kidney." Neither the pelves of the kidneys nor the ureters were dilated, affording presumptive proof that, in spite of the complete occlusion of the urethra, no material obstacle to the exit of the urine had existed for a considerable length of time. Mr Gray has made a careful dissection of the urethra and the fistulous opening in the perinæum, and will give an accurate description of it. The liver was not examined microscopically. It presented a strikingly "nutmeg" appearance; its edges were not rounded. The spleen and the other abdominal viscera were healthy. The physiological interest of the case consists in the enormous amount of disease of important organs which proved compatible with the continuance of life; whilst, in a pathological point of view, it is interesting, as affording at the same time an admirable example of enormous hypertrophy of the heart; and of that extreme degeneration of the kidneys which terminates in cyst development; and of a perfectly impervious urethra, with the formation of a fistulous urinary opening through the perinæum.

Mr Gray exhibited an

#### EXAMPLE OF COMPLETE OBSTRUCTION OF THE SPONGY PORTION OF THE URETHRA.

This specimen was taken from the same patient as the preceding ones. During his residence in the hospital, the man never complained of any difficulty in passing his water, nor did he make any allusion to the existence of any disease in the urethra. From these circumstances, unfortunately, no history of the origin of the obliteration could be obtained.

During the examination of the body, it was ascertained that there was complete obstruction of the urethra for the extent of four inches. On introducing a probe into the meatus urinarius, it was found that the canal of the urethra was completely obliterated about two inches from the orifice, and this obliteration extended as far back as within an inch of the termination of the spongy portion of the urethra. There was a fistulous orifice in the perinæum, situated immediately behind the scrotum, and on the left side of the perineal space. This orifice was just sufficiently large to admit a full-sized probe, and led into a long and somewhat tortuous fistulous canal, which opened into the front part of the membranous portion of the urethra. The structures in neighbourhood of the fistulous canal were very dense, hardened, and contracted, apparently from old inflammation. The urethra behind the internal orifice of the fistula was very much dilated, and the prostatic ducts much larger than natural. The bladder was contracted, and its muscular coat much hypertrophied. Two small pouches, formed by a protrusion of the internal lining membrane between the fibres of the muscular coat, were found on the left side, near the base of this organ.

### MEDICAL LIFE IN LONDON.

#### MORNINGS IN THE MUSEUMS.

At Guy's, the collection is very beautiful, and quite as good, to our thinking, as the Dupuytren collection in Paris. It is chiefly of interest in a purely surgical point of view, in connexion with the writings of Sir Astley Cooper, the excellent papers which frequently occur in the "Guy's Hospital Reports" making it doubly valuable. In addition to the ordinary class of specimens, there are some wax preparations of the chick *in ovo* deeply instructive. The calculi, also, put up by Dr Golding Bird, are not without great value. This able physician has directed attention chiefly to the nucleus of each calculus, and classified them accordingly. Out of 350 specimens, he gives 250 with a nucleus of uric acid; of the other 100, 19 have a urate of ammonia nucleus; 47, oxalate of lime; 11, crystine; and 22 have been originally deposited as earthy phosphates. He seems of opinion that when a few solid particles of any kind find their way into the bladder, they are readily covered with crystals of oxalate of lime, uric acid, or triple phosphate; in fact, according to the lesion of function set up in a secondary way in the system. His recent division of diuretics into hydragogues and depurants, must have a still further practical application as to washing out the bladder, or preventing those changes in the components of the urine leading to stone.

In noting the stone preparations at Guy's, the good old wholesome rule, *principiis obsta*, occurs to the mind, and every operation-day almost verifies the force of Dr Bird's classification. If we prevent calculus, it is by studying the original constitution of our patient, and by no blind adherence to the secondary deposits. Dr Benée Jones now tries a galvanic current to destroy stone in the bladder—a further practical application of the chemical views so well shown in the collection of calculi at Guy's. Dr Gull, the successor of Dr Golding Bird, is the great favourite now at Guy's; his industry and able practical mind are well shown in all the recent additions to the museum. Next to the Hunterian, the Guy's museum is the most interesting in London, and will well repay a visit. Of course, there are the "thousand-and-one" ordinary specimens we have no idea of alluding to; but irrespective of these, the collection is one of very great value.

At St Thomas's, with elks and quadrumana, fountains and dromedaries, we have several of the ordinary preparations, of all perishable and second-rate museums, some very beautiful, but very unnatural, things in wax—the female organs, to wit; as unlike as possible any female organs of ordinary women that we have ever been acquainted with. Heidelberg is said to be a beautiful city every day it is not raining. St Thomas's is a fine hospital every day there is not a row in it about medical appointments. This has not



served the museum, which, like the precious opal, perhaps is only remarkable and beautiful for its defects. Haller among old books, and Hodgkin among new, give us several ideas on the arteries, which are renewed for us in this and other of the small museums. The veins, as given us long ago by Breschet, and the lymphatics by Mascagni, seem pleasant with the old faces; while the organs of the senses are not a bit better than Sæmmering. There is no use, however, in concealing the fact, that in London, from the jealousy of journals and reviews, a ban is placed on original discovery of every kind. At St Thomas's and elsewhere we take hints from foreigners. At the present moment a French gentleman is giving lessons (like Mr Turveydrop in deportment) in the various hospitals of London on the anatomy and operative surgery of the Continent. Even Mr Lawrence has polished up his French, and gives all his mornings at Bartholomew's to M. de Ville; how to take up a knife and lay it down; how to apply the ligature (which it seems we know no more about than the man in the moon); how exactly to take out the hip-joint, and tie the subclavian; how to perform every operation in surgery on the luckless joints of your patients, and put them up in bottles before lunch, has within the last few weeks been shown to numbers. Another Frenchman gives us his views of London surgery in his excellent weekly reports in the "Mirror" of the 'Lancet.' Distrust and opposition shown invariably to London men. We mentioned before the British Museum, as founded by Hans Sloane, an Irishman; the Hunterian collection, by a Scotchman; our physiology all coming from Germany, and much of our other good things from France. We deal now with but facts, but they explain why even St Thomas's museum, with its mint of money, will disappoint expectation. Mr Rainey, it is true, made out some time ago that the membranes of the brain were not for the function usually assigned them; but if he discovered the circulation of the blood, or function of the spleen, he would not be listened to while the booksellers and medical publishers could get hold of any foreigner or popular favourite. Medicine and surgery suffer very much from this monopoly of publishers; medical journals, with one or two honourable exceptions, being the merest advertisement sheets. If we are to have the enfranchising of London University, and a doctor of course returned to parliament—if Sir Charles Hastings and the Provincial Association succeed in putting an end to illegal practice and quackery, which our other colleges rather feel pleased at—if the College of Physicians comes out of the catacombs in which they have buried medicine, and procure a new charter, why yet we may have some hope for St Thomas's, though it does happen to be as rich as the sands of Pactolus, and in every way as old and useless as the College of Surgeons.

Bartholomew's museum, in very excellent order, is due to the combined toil of Mr Stanley and Mr Abernethy. The former has placed many pathological specimens in it of great value, particularly specimens of diseased bone, with which the readers of his splendid book are pretty familiar. The first 280 specimens are diseases of this kind, including, of course, atrophy, inflammation, necrosis, and tumours. Diseases of joints figure also pretty numerous. Then fractures and dislocations, about 200 specimens; injuries of spine, 80; injuries of muscles, tendons, &c., 30; brain, &c., 100; heart and arteries, about 200; stomach and intestines, 120; hernia specimens, about 100; internal organs, liver, pancreas, &c., about 100; kidneys, bladder, prostate, &c., about 200; preparations of ovaries, &c., by Conquest and Rigby, about 100; tumours of various sorts, 60.

The museums of Bartholomew's and Guy's afford rather good instances of what hospital collections ought to be; at the former, Mr Paget and Mr Holmes Coote; at the latter, Dr Gull and Mr Birkett, afford every information. What the Carmichael museum in Dublin might be without Robert Smith or Adams, or the Richmond without the bland, persevering, excellent surgery of Edward Hutton, Bartholomew's would be without Mr Paget; Guy's without Mr

Birkett, or the Dupuytren in Paris without Ricord. The several forms of syphilitic inoculation, done exquisitely in wax, from preparations by Ricord, are indeed the only things that strike one very particularly in the celebrated Paris museum, and might be copied with effect perhaps in collections in this country. In curious contrast to the unnatural wax preparations at St Thomas's, those of Ricord at once seize the attention by their truthfulness and adherence to Nature. Like several wax preparations at the Great Exhibition, we have first, quite as in Nature (in male and female organs), the different varieties of primary ulceration; next, secondary "accidents," as they are named; thirdly, "polymorphous" syphilitic eruptions, including many anomalous combinations dwelt on by Carmichael and Ricord; next in order, the well-known vesiculæ, pustulæ, and rupia forms of secondary syphilis. Of the most interesting, however, are the singularly unique preparations representing syphilitic inoculation as practised by Ricord. 1st. The simple insertion of the chancreous matter under the epidermis. 2nd. Its curious development, like vaccine lymph, twenty four hours after. 3rd. Its appearance, beautifully shown in wax, on the fourth day; and, lastly, several specimens copied from cases, the pustule broken on the eighth day, exhibiting all the familiar appearances of true Hunterian chancre.

If we had these, and some preparations of wax truthfully done like these, of the various eruptions in typhus and typhoid (of which we shall have another opportunity of speaking) much confusion and disputation might be avoided. Believing, long ago, with Corrigan, that fever (typhus especially) occurs as a purely functional disease, without any structural lesion, we have often thought in London of moonbeams in cucumbers in society discussions on the subject. Ileo-typhus, or as it is unfortunately called, typhoid, is quite another disease; and here the peculiar distinction of Peyer's patches by a set of good wax preparations would have long since set the matter at rest. Practical matters of this kind are yet sadly wanted in all our London museums. —'Dublin Medical Press.'

## Our Note Book.

### *Statistics of the Deaf and Dumb in Ireland.*

Mr Wilde has published a very interesting paper on the deaf and dumb in Ireland, as shown in the late census. In all Ireland 4485 deaf mutes were returned; or (allowing for disturbing causes) 1 in every 1500 inhabitants. The proportion in all Europe is 1 in 1593 persons. In Ireland it varies in different parts:—1 in 1794, in Leinster; 1 in 1689, in Connaught; 1 in 1487, in Ulster; 1 in 1469, in Munster. It is more common in the rural than in the civic portions; and in the hilly than the flat districts. Of the whole number, 4151 were deaf and dumb; and of these, 2349 were males, and 1802 females,—or 100 men to 76.61 females. 334 were dumb but not deaf. Deaf-and-dumb persons do not directly engender deaf-and-dumb children: thus, in 77 cases, one parent, and in 5 instances both parents, were deaf and dumb; only two mute children resulted. Yet mutism is often manifest in several members of a family derived from a common, though not a deaf-and-dumb stock. Thus, 2512 families had one mute child; 287, two mutes; 127, three mutes; 32, four mutes; 8, five mutes; 3, six mutes; 1, seven mutes; 1, eight mutes. On inquiry, also, it is found that hereditary predisposition from ancestors could be traced in 281 cases; in 149 of which the taint descended through the father's side, and in 132 through the mother's.

Six cases are recorded of deaf, dumb, and blind persons.

Of the deaf and dumb, 744 were educated.

In respect of race, 1198 were Irish. 352 English, and 121 Scotch. As to mortality, out of 291 recorded deaths, 72 were from epidemic, and 135 from sporadic diseases—and of these there were no less than 77 cases of consumption, or 1 to 2.81 of the entire number of specified causes.



An interesting American table of the deaf-and-dumb and blind persons, as compared to the entire population in the United States is annexed, which we extract.

It appears that there are 9422 white mutes in America, in a white population of 19,371,591; and 96 coloured mutes among a free coloured population of 251,205.

	Deaf & Dumb.	Blind.	Insane.	Idiotic.
Whites	- 1 in 2073	- 1 in 2455	- 1 in 1295	- 1 in 1384
Free Coloured	" 2956	" 867	" 1355	" 983
Slaves	" 6552	" 2646	" 11,011	" 3081
Total Slaves } and Free } Coloured- }	" 5730	" 2131	" 5936	" 2461

—'Journal of the Statistical Society,' March, 1853.

*On Vierordt's Method of Blood-analysis.* By SCHMIDT.

The method of determining the number of red corpuscles proposed by Schmidt, has been attacked by Vierordt, who has himself brought forward a new method, which is now criticised by Schmidt. Vierordt proposed to *count*, under the microscope, the number of blood-globules, as seen in a certain capillary tube of known dimensions. We need not enter into the details of this mode, nor into the strictures made upon it, but merely indicate the present paper to those who are interested in this most important subject. — 'Henle's Zeitschrift,' Band ii. Heft 3, p. 293.

*Crystals in Blood.* By KUNDE and FUNKE.

These are two elaborate papers on the crystals which may be obtained from blood under the microscope by the addition of a small quantity of water, alcohol, ether, &c., to various kinds of blood, both from men and from the lower animals. We may notice, only, that although the inquiry is as yet merely in its infancy, it is sufficiently advanced to give us some hope that it will not be barren of results, but will eventually throw some light on the nature of the fluid of the red corpuscles. Both the authors notice the extreme difficulty of obtaining the crystals in quantity, and this is at present a great bar to a satisfactory chemical investigation. — 'Henle's Zeitschrift,' Band ii, Heft 3, pp. 271 and 288.

## ROYAL COLLEGE OF PHYSICIANS.

### DRAFT OF CHARTER.

(Continued from page 295.)

XI. That the Fellows of the said Corporation shall be elected by ballot at a meeting of the Fellows, and that, after the expiration of the period of twelve months, to be computed as aforesaid, such meeting shall be held yearly on the 25th day of June, unless the same shall fall on a Sunday, and then on the 26th day of June; and that the first of such meetings shall be held on the 25th day of June, (or 26th day of June,) one thousand eight hundred and

XII. That if it shall at any time hereafter appear, that any present or future Fellow or member of the said Corporation shall have obtained admission to the said Corporation by any fraud, false statement, or imposition, or that he shall have violated any bye-law, rule, or regulation of the said Corporation, then and in every such case, and after such previous notice to, and such hearing of, such Fellow or member, as under the circumstances the President and Censors of the said Corporation shall think proper, it shall be lawful for a majority of the Fellows present at a meeting of the Fellows to declare such Fellow or member to be expelled from the said Corporation, and thereupon every such Fellow or member shall cease to be a member, or a member and Fellow of the said Corporation, as the case may be, accordingly; and all the privileges granted to such member, or member and Fellow, as the case may be, shall cease and be extinguished.

XIII. That the present President of the Corporation shall continue to be President of the said Corporation until a new President shall be actually appointed in his place, and that upon the day next after Palm Sunday, in the year one thousand eight hundred and , and on the same day

in every subsequent year, a new President of the said Corporation shall be elected at a meeting of the Fellows of the said Corporation; but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of the new President.

XIV. That at the meeting of the Fellows held for the election of the new President, the Council of the said Corporation shall, out of the first fifty Fellows in the list of Fellows of the said Corporation, nominate some one of such fifty Fellows, to be proposed to the Fellows of the said Corporation, to be by them elected President; but if the Fellow so nominated shall not be elected President by a majority of the Fellows present at such meeting, another Fellow shall in like manner be nominated by the Council, out of the first fifty Fellows in the list of Fellows to be proposed as aforesaid, and so on until a President shall have been elected. The election of President shall be taken by ballot, and in case of any difference in the Council concerning their selection of a President, the President nominated by the majority shall be proposed to the Fellows, and, in case of an equality of votes in the Council, the senior Fellow so nominated shall be proposed.

XV. That in case of the death or resignation of the President for the time being, a new President shall, with all convenient speed, be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

XVI. That any time before, or at the meeting of the Fellows of the said Corporation, after the meeting of the Fellows at which the President of the said Corporation shall have been elected, the President so elected shall appoint four Fellows out of the first fifty on the list of Fellows, which four Fellows shall be called Vice-Presidents, any one of whom may act as President in the temporary absence of the President, upon such President expressing his desire to such effect to any such Vice-President, in writing, or to the Registrar; and in case of the death of the President the first Vice-President for the time being in the list of Vice-Presidents shall act as President until a President shall have been appointed, and the present President of the said Corporation shall, at the meeting of the Fellows of the said Corporation next after the granting of these our letters patent, appoint four Vice-Presidents for the purposes aforesaid.

XVII. That the Vice-Presidents shall cease to be Vice-Presidents when a new President shall have been appointed in the place of the President by whom they were nominated.

XVIII. That there shall be sixteen Fellows on the Council of the said Corporation.

XIX. That the present Council of the said Corporation shall continue to be the Council of the said Corporation until a new Council shall have been actually elected in their place, and that on the twenty-second day of December next four Fellows shall be elected to make up the number of the Council to sixteen, and that on the twenty-second day of December, one thousand eight hundred and , and on the same day in every year (except when the same shall fall on a Sunday, and then on the twenty-third day of December), four of the Council shall go out of office, and four Fellows shall be elected of the Council; but the Fellows going out of office shall not be re-eligible until they have been one year out of office, and the Fellows to be elected as aforesaid shall remain in office until others shall have been actually elected in their place; and that on the same day other Fellows shall be elected to the Council to fill up vacancies occasioned by death or resignation since the last election.

XX. That the Council shall be elected by the Fellows out of their own body by ballot, either by list or otherwise, as the said Corporation shall from time to time determine by the bye-laws.

XXI. That, in addition to the sixteen fellows so elected, the President, Censors, and Treasurer of the said Corporation shall *ex officio* be of the Council of the said Corporation.

XXII. That the present Censors of the Corporation shall



continue to be Censors thereof until new Censors shall have been actually elected in their place, and that on the day after Palm Sunday, in the year one thousand eight hundred and , and on the same day in every subsequent year, four new Censors shall be elected, and Censors going out of office shall be re-eligible, and the Censors to be elected as aforesaid shall remain in office until other Censors shall actually have been elected in their place.

XXIII. That on the day for electing Censors the Council shall nominate four of the Fellows of the said Corporation to be proposed to the Fellows to be by them elected Censors, but if any Fellow or Fellows so nominated shall not be elected a Censor or Censors by a majority of the Fellows present at the meeting, another Fellow or Fellows shall be nominated at such meeting by the Council to be proposed to the Fellows, and so on until four Censors shall have been elected. The election of Censors shall be taken by ballot. In case of a difference in the Council concerning the nomination of Censors, the Censors nominated by the majority shall be proposed to the Fellows, and in case of an equality of votes in the Council, the president or chairman of the Council shall have a casting vote.

XXIV. That, in case of the death or resignation of either of the Censors for the time being, a new Censor shall with all convenient speed be elected in his place, such election to be made in the same manner as is provided by the last regulation.

XXV. That the present Treasurer of the Corporation shall continue to be Treasurer of the said Corporation until a new Treasurer shall be actually elected in his place; and that on the day after Palm Sunday, in the year one thousand eight hundred and , and on the same day in every subsequent year, the President shall nominate one of the Fellows to be elected by the Fellows as Treasurer, in the same manner in all respects as is before appointed for the election of Censors by the Fellows; and the Treasurer shall be re-eligible, and every Treasurer shall remain in office until a new Treasurer shall be actually elected in his place.

XXVI. That, in case of the death or resignation of the Treasurer for the time being, a new Treasurer shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

XXVII. That the present Registrar of the said Corporation shall continue to be the Registrar of the said Corporation until a new Registrar shall be actually elected in his place, and that on the day after Palm Sunday, in the year one thousand eight hundred and , and on the same day in every subsequent year, the President shall nominate one of the Fellows to be elected by the Fellows as Registrar, in the same manner in all respects as is before appointed for the election of Censors by the Fellows, and the Registrar shall be re-eligible, and every Registrar shall remain in office until a new Registrar shall be actually elected in his place.

XXVIII. That in case of the death or resignation of the Registrar for the time being, a new Registrar shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

XXIX. That the President, Council, Censors, Treasurer, and Registrar shall be considered as remaining in office during the whole of the day on which their successors shall be elected.

XXX. That the said Corporation may from time to time by a bye-law change the day hereby appointed for any election to take place; and if from any cause whatsoever any election shall not take place on the day hereby or by any bye-law appointed for that purpose, the same shall take place on some other day appointed for that purpose by the said Corporation.

XXXI. That proxies shall not be allowed at any election.

And we do hereby, for us and our heirs and successors, further grant that the duties, powers, and privileges of and incident to the said respective offices, shall, except so far as the same are varied by these presents, and subject to any variation therein which may be made by the said Corporation, continue to be the same as the duties, powers, and privileges of the same offices respectively now are:

And we do hereby, for us and our heirs and successors, further grant that it shall be lawful for the said Corporation to admit as a member of the said Corporation any person who shall have exceeded the age of forty years, on the production to the Censors of the said Corporation of such testimonials of professional education as shall be satisfactory to such Censors, and on passing such examination before the Censors as shall be required by, and shall be satisfactory to, the said Censors; and such person shall, after such his admission as a member of the said Corporation, be entitled to have and use the degree or designation of Doctor of Medicine:

And we do hereby, for us and our heirs and successors, further give and grant unto the said Corporation full and lawful power and authority to hold, possess, and enjoy, for the use and benefit of the said Corporation all manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be holden of us, our heirs and successors, or of any other person or persons whomsoever), already given, granted, sold, aliened, assigned, disposed of, devised, or bequeathed unto or to the use of or in trust for the said Corporation, and to have, hold, take, purchase, receive, possess, and enjoy, for the use of the said Corporation, any other manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be held of us, our heirs and successors, or of any other person or persons whomsoever), so as that such other manors, messuages, lands, tenements, rents, services, possessions, or hereditaments hereinafter to be had, holden, taken, purchased, received, possessed, or enjoyed by the said Corporation, shall not at any one time exceed in value the clear yearly value of ten thousand pounds above all reprises, according to the value thereof when respectively acquired by the Corporation:

And we do hereby, for us and our heirs and successors, further give and grant unto every subject or subjects whatsoever of us, our heirs and successors, whether incorporated or not incorporated, special licence, power, faculty, and authority, to give, grant, sell, alien, assign, dispose of, devise, or bequeath unto the said Corporation, for the use and benefit of the said Corporation, any manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be holden of us, our heirs and successors, or of any person or persons whatsoever), so as that the same do not, at any one time, exceed in the whole the clear yearly value of ten thousand pounds above all reprises, according to the value thereof respectively when acquired by the said Corporation:

And we do hereby, for us and our heirs and successors, further grant that all the said provisions in the said Act of Parliament of our present reign shall be, and the same are hereby expressly confirmed in such and the same manner to all intents, constructions, and purposes as the same might have been by being herein repeated; but this present provision shall not be deemed in any way to weaken, control, or affect the provisions of the same Act of Parliament or any of them:

And we do hereby, for us, our heirs and successors, further grant unto the said Corporation and their successors, that these our letters patent, or the enrolment or exemplification thereof, shall be in and by all things good, firm, valid, sufficient, and effectual in the law, according to the true intent and meaning thereof, notwithstanding the not fully or duly reciting the said letters patent, or the date thereof, or any other omission, imperfection, defect, matter, cause, or thing whatsoever to the contrary thereof in anywise notwithstanding: in witness whereof we have caused these our letters to be made patent. Witness ourself, at our palace at Westminster, this            day of            in the            year of our reign.



## Obituary.

April 3.—**THOMAS BOUCHIER, M.D.** King's College, Aberdeen, 1846; M.R.C.S. Eng. 1839; L.S.A. Ireland, 1841; at his residence, 23 Upper Glentworth street, Limerick, of low fever, caught probably in the discharge of his duties. Dr Bouchier was, in 1838, Accoucheur to the Combe Lying-in Hospital, Dublin; and for some time past had held the offices of Physician to the City of Limerick Dispensary; Apothecary to the Limerick District Lunatic Asylum and City Gaol; and Physician to the Limerick Lying-in Hospital. The premature demise of this young, skilful, humane, and charitable practitioner, has caused a deep and lasting grief amongst all classes, creeds, and ranks of his fellow-citizens; and in both the Catholic and Protestant churches public prayers were offered up for his recovery.

7.—**DAVID H. BEVERIDGE, Esq.,** Apothecary to the City of Limerick Dispensary, after a short illness.

Lately.—**SAMUEL CUSACK, M.D.,** at Ash-Grove, Tipperary.

Lately.—**EDWARD D. GRIFFITHS, Esq.,** Licentiate of the Apothecaries' Hall, Ireland, at his brother's residence, Foundling Hospital, Cork.

Lately.—**JAMES ANDERSON, M.D.,** Inspector of Hospitals and Fleets, at Haslar Hospital, Hants.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 8th inst.:—**Alex. Brown, Hon. E. I. C. S.,** Steeple Bumpstead, Essex; **Horace Kersey Debenham, Queen's road, Dalston;** **Robert Dempster, Sussex;** **John Henry Drew, Southampton;** **Maurice Griffith Evans, Blaenafon, Carmarthenshire;** **John Hawkes, Wells, Somerset;** **Robert W. Jenkins, Mansell street, Goodman's fields;** **John Jones, Swansea;** **William George Nicholas Manley, Barking, Essex;** **Thomas Lawes Rogers, Alvediston, Wilts;** **Robert Thomas Simons, Sydney, Australia;** **William Edward Smith, Bristol.**

The following gentlemen were admitted members of the College at the meeting of the Court of Examiners on the 11th inst.:—**Clarence Chapman, Devonshire street, Portland place;** **Cecil Calvert Cogan, Winsley, Bradford, Wilts;** **James Joseph Cregeen, Deptford;** **William Henry Dodge, St Austell, Cornwall;** **William Forbes Goss, Paternoster row;** **Thomas Watson Hudson, Whitehaven, Cumberland;** **James Earl Moreton, Marton hall, Cheshire;** **Edward Pratt, Apple-dore, North Devon;** **George Ross, London;** **Frederick A. Stutter, Wickham brook, Suffolk;** **Cyril John Vincent, Oxford.**

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 7, 1853:—**Slade James Baker, Upper Hayford, Oxon;** **Robert Bianchi, Como, Italy;** **Samuel Cardozo, Australia;** **Maurice Griffith Evans, Blaenafon, Carmarthenshire;** **William Harrison, Gargrave, Yorkshire;** **Charles Hemming, Kimbolton, Huntingdonshire;** **Thomas Lewis, Llandillo, Carmarthenshire;** **A. E. Temple Longhurst, Kirk by Mallory, Leicestershire;** **Thomas Alexander Moore, Preston, Lancashire;** **Charles Sedgwick, Maidstone;** **David Augustus Martin Talbot, Wraxall, Somerset;** **Frederick William Teanby, Stent, near Bridgewater;** **William Edward Wedge Vaughan, Crewe;** **Joseph Haydon Ward, Epsom.**

**HER MAJESTY'S ACCOUCHEMENT.**—On the occurrence of the recent interesting event, Dr Snow, with the sanction of Sir James Clark and Dr Locock, was present, and administered chloroform to the Royal patient during the latter part of the labour. It is stated that Her Majesty's sufferings were relieved by its use; and that both the Royal mother and infant have since done well.

**MEDICAL BENEVOLENT COLLEGE.**—At the last meeting of the Council, held at the Hanover-square Rooms, Lord Dynevor and Thomas Copland, Esq., F.R.S., were unanimously elected Vice-Presidents of the College. Thanks were voted to the Bishop of London, and to the Rev. Thomas Garnier, of Trinity Church, St Marylebone, for granting the use of his pulpit on that occasion. The latter gentleman was also elected Honorary Governor of the College.

**INQUEST ON DR RICHARD CHAMBERS.**—On Monday Mr Wakley held an inquest at the Weymouth Arms, Weymouth street, Portland place, on the body of Dr R. Chambers, late of Wimpole street. Dr Marris Wilson, of Upper Charlotte street, Fitzroy square, who had made the post-mortem examination, stated that on opening the body he was struck, as were other medical gentlemen present, with the odour of prussic acid. He found the right ventricle of the heart double its natural size. The phial found by the side of the deceased smelt strongly of prussic acid, and upon reference to the prescription from which its contents had been compounded, he found that the deceased had prescribed for himself six drops of prussic acid, of Scheele's strength, with ten drops of Battley's solution of opium, one drachm of colchicum, two of acetate of ammonia, and an ounce and a half of water. He believed that the deceased had taken this as a medicine, and that owing to the disease of the heart the prussic acid had caused death. The jury, after hearing other evidence, found "That the death of the deceased was caused by a diseased heart, under the influence possibly of prussic acid taken medicinally."

## Notices to Correspondents.

**MR HAYNES WALTON**—Communication received; many thanks for the information.

**DR CLAY (Manchester)**—**DR SAMUEL THOMSON (Radeliffe)**—Communications received.

**A CHEMIST.**—Your question is a strictly legal one, and has no relation to medical practice, ethics, or politics. It would be, therefore, travelling out of our sphere to answer it, further than by saying that we think you are liable.

**A SUBSCRIBER (Athlone).**—We do not know whether the quotation be a correct statement of facts or not, but we do know that the Medical Staff at Walcheren was very incompetent. It is, therefore, better not to stir "muddy waters."

**T. P. A.**—The subject of your communication is under our attention, as you will observe.

**M.R.C.S. (1852).**—Apply to Sir William Burnet, and let your application be supported by a letter from a member of Parliament or some other influential person.

**THE GATHERER OF THE STRAY LEAVES** has forwarded to us a pungent letter in reply to a communication in our last number, on "Parr's Life Pills." We can find room for the following extract only:—

"Their costly researches into the life of their hero seem to have been as paltry as might have been expected, otherwise they might have easily learnt that Parr anyhow exceeded 152 years, which they certainly need not have stuck at calling 153 years. If they choose to refer to 'Maunder's Biographical Treasury,' they will find it there stated, that Thomas Parr died at the age of 152 years, 9 months. Doubtless, they—the proprietors—feel themselves bound to offer the 'Gatherer' a box of their famed pills in return for his valuable information—this high authority, spite of their deep research, having escaped their penetrating eye, but he, the 'Gatherer' will feel himself doubly rewarded by their swallowing the whole of them for him; though, of course, they must be constantly taking their miraculous globules that they may live to at least 150 years, so as to pocket their profits as long as they possibly can. Why does not some gallant Jenkinsonian quack start Harry Jenkins, who beat Parr by 16 years, dying at the ripe age of 169, and thus contrive to palm off myriads of green grosses of boxes of pills upon the multitudes of green goslings, in the shape of simple, gullible, Moses-like bumpkins? The 'Gatherer' believes that the pachydermatous proprietors of 'Parr's Life Pills' (lucus à non lucendo) do inherit a similar integument to that of their venerable Thomas, who is thus described by a person who is said to have seen him:—

'From head to heel his body had all over,  
A quick-set, thick-set, natural, hairy cover.'"



DR S. WM. J. MERRIMAN.—Communication received, and shall be attended to.

A YOUTH.—The College of Surgeons requires attendance during three winter, and three summer sessions at a recognised hospital. No provincial hospital is recognised that does not contain one hundred beds. The fee for examination at the college is 22l.

A PUPIL.—It is one of the best schools. The fees to be paid at the time of matriculation at King's College amount to 4l. 15s.

M.D., M.R.C.S.—The mode in which the coroner conducted the investigation was ill-calculated to attach respect to his court. It seems to us to be very absurd for a judge to warn each witness as he appears, that he must be cautious, or his evidence may inculpate himself; to stop him when he is venturing upon a dangerous statement, and then to quash the inquiry because the evidence is insufficient. Such an exhibition might call down laughter on the stage, and make the fortune of a melo-dramatist; but it is highly unbecoming the gravity of the law.

INQUIRER.—We thank you for your kind expressions relating to our article on the Vaccination Act. The difficulty of procuring lymph is generally felt by the profession, and is, we believe, one of the chief impediments to general vaccination. Small-pox attacks other animals as well as the cow,—the sheep and pig for example. Its course in the latter class of animals is marked by some singular peculiarities. The disease is said to have three stages: the first lasts one month, and is benign; the second soon follows the first, also lasts a month, and is malignant; by this time two-thirds of the flock have suffered, and the third attack, which is benignant, ensues.

\* \*—The 'Glasgow Journal' has been received.

ANATOMY OF QUACKERY.—We have received several letters of a complimentary character connected with our exposé of quacks and quackery. The following is extracted from a letter addressed by an eminent provincial practitioner to the author of the papers:—"I think your article on quack worm medicines a very excellent and convincing one. Few persons are aware of the number of deaths that annually occur as the results of ignorant persons making up and administering medicines. In my practice, frequent instances occur of a serious character, that may be referred to this cause." "You are probably well aware, that persons belonging to the 'respectable' classes, are the chief patrons of quack nostrums. The poorer classes have the parish doctor to fly to in case of need. Those above them are also above receiving charity or gratuitous advice; but they are too mean, or thoughtless, or needy, may it be, to apply to a regular practitioner. They consequently buy quack medicines and doctor themselves. For a time the task affords them amusement, and pleases them from its inexpensiveness; but at last, they come back, 'like a damaged ship to port,' and crave the assistance of the duly qualified surgeon or physician. Whilst I pity them, I am often amused by their confessions."

"There is not a better written article, or one more adapted to effect the purpose intended, than that in your last number. Mrs A— is delighted with it, and in several other cases among my patients it has created quite an excitement. Mr H— carries a number of the 'Circular' in his pocket, and at every convenient time and place, calls attention to the curses of quackery," &c., &c.

To the Editor of the 'Medical Circular.'

SIR,—In your 'Circular' of the 6th inst. I perceived a letter from a "Student of Queen's College," containing statements reflecting on the circulation of your valuable journal, inasmuch as he implies that no one but himself has seen it, and that only one number by chance, whereas I know most professional men have seen it; also he presumes upon the discernment and judgment of his fellow-students. Indeed the production seems to have emanated from some Rip-van-Winkle, who has been dreaming himself (as any one may see by looking at the date of his letter in relation to the subject), and imagines all the world to have lost the power of observation.

If the writer is Dr Wright's friend, he might have written a vindictory letter sooner; indeed if he or any of the "scores of persons" alluded to by Dr Wright has seen Dr W.'s diplomas, why does he not testify to the fact under his proper name? Let not the Student, in his friendship, assume to himself the office of deputy-advocate, as he speaks of "our ever-to-be-respected professor." We can each speak for our-

selves, and certainly never authorized him to speak as he has done. Why does he so humanely ask the question "Why does Dr Nelson continue to annoy a professional brother?" If it were to "annoy" I also would say "Why?"—but, Sir, it is a matter of right and wrong, truth and falsehood. Dr Nelson is perfectly ready to acknowledge his error when Dr Wright shall have disproved the grave charges advanced against him. Of this fact most students are aware, that whereas Dr Wright was incessantly attacking Dr Nelson behind his back, both in the hospital and lecture-room, instead of giving clinical instruction, Dr Nelson was never heard even to name Dr Wright to the body of students; and yet, when this gentleman turns round upon his assailant and returns him his blows in the face of the world, it is, forsooth, because they are effectual, to be called by this student *annoying* Dr Wright. I confess I have no sympathy with such mawkish and un-English sentiments.—I am, &c.

A WAKEFUL STUDENT.

Queen's College, April 14, 1853.

A Correspondent has forwarded to us a printed paper, recommending of a certain "Regenerative Powder" for the cure of "Scrofula and Diseases of the Skin," which said powder is set forth as having been "Discovered by William Hillyard, surgeon and apothecary." The enclosure contains also the following letter, which we will give Mr Hillyard the benefit of publishing:—

To the Editor of the 'Medical Circular.'

SIR,—I enclose the treatise to which the advertisement refers, and from it you will perceive that the powders can only be obtained from my own surgery, a course adopted to ensure their purity, and at the same time afford every one the benefit of my professional advice.

The powders can be had, if needed, in any quantity, from a dozen upwards, and can be paid for either before or after the arrival of the packet, which is always post-paid. Should you labour under any of the forms of scrofula, and desire a certain and speedy cure, I can with the fullest faith assure you of such a consummation from the use of the medicine alluded to in the enclosed, and by such general rules as your particular case may call for.

Yours, &c.

WILLIAM HILLYARD.

Chilham, Canterbury, March 31, 1852.

To the Editor of the 'Medical Circular.'

DEAR SIR,—Can you inform me if Dr De Roos is a qualified practitioner or not?—Yours, &c.

JUSTICE.

[We do not observe Dr De Roos's name in the 'Directory,' so that we presume he is not. We should have thought that it was hardly necessary to ask the question.]

ARGUS.—We regret, as well as yourself, that the gentleman in question should have withheld from us the interesting facts connected with his professional career, and that so brief a notice should have appeared. Amends will be made in the first volume of 'Medical Biography,' which we shall shortly publish. Numbers regret, when it is too late, their neglect of the application we make to them for facts upon which we found our memoirs; but this will not continue to be the case, for the advantages which may have been obtained from our pen and ink sketches are getting rumoured abroad, and there will soon be little short of fighting for priority of notice. We can point to one gentleman who acknowledges to have obtained three lucrative appointments from our 'Biographical Sketch.' We have been told of others who, instead of driving one horse, now drive a pair; whilst another gentleman, by no means remarkable for personal attractions, has gained a prize in a wife, and may now be seen cutting a distinguished figure among the best class of equipages in the park.

F. DARWIN.—We are become sensible of our power, and, therefore, we are more chary in the exercise of it.

A LATE STUDENT OF QUEEN'S COLLEGE (Birmingham) writes to us in justification of the course pursued by Dr Nelson in the affair of Dr Wright, and states his opinion that Dr Nelson is "a deeply injured man." As we have inserted one letter on this subject, there is no necessity to publish the letter of our Correspondent.

NIL SINE LABORE.—The third letter on "Our Naval Faculty" has been received, and shall be inserted in our next number.

A SUBSCRIBER.—We cannot publish your letter, it being, as you admit, *ex-parte*, and your name not having been forwarded. On the assumption, however, of the correctness of your statement, we think that you have reason to complain.



# Advertisements.

## THE FIRST FESTIVAL OF THE MEDICAL BENEVOLENT COLLEGE

WILL TAKE PLACE AT THE

FREEMASONS' TAVERN, ON WEDNESDAY, THE 4TH OF MAY NEXT.

### THE PRESIDENT THE EARL MANVERS IN THE CHAIR.

The following Noblemen and Gentlemen have kindly consented to act as Stewards on that occasion :

Egmont, Earl of, St James's place  
 Carlisle, Earl of  
 Acland, H. W., M.D., Radcliffe Librarian, Oxford  
 Aldis, Charles, J. B., M.D., Chester terrace, Chester square  
 Anderton, James, Esq., New Bridge street, Blackfriars  
 Arden, Richard E., Esq., Sunbury park, Middlesex  
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MEDICAL OFFICERS.

Physician—Arthur H. Hassall, Esq. M.D. 8 Bennet street, St James's. Surgeon—F. H. Thomson, Esq. 48 Berners street.

The Bonus added to Policies from March, 1834, to December 31, 1847, is as follows:—

Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . .	157 10 0	1,157 10 0
500	1 0	. . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for 1,000l. the annual payment for which is 24l. 1s. 8d.; in 1847 he had paid in premiums 168l. 11s. 8d.; but the profits being 2½ per cent. per annum on the sum insured (which is 22l. 10s. per annum for each 1,000l.) he had 157l. 10s. added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.



## The Medical Circular.

WEDNESDAY, APRIL 27, 1853.

### MEDICAL REPRESENTATIVES IN PARLIAMENT.

A LONG experience of medical affairs has convinced us that the failure of the various attempts that have been made to carry a measure of Medical Reform through the Legislature is in a great measure attributable to the paucity of medical men in the House of Commons. Hitherto the medical question has been, on every occasion but one, adopted by laymen, who, without experience of the evils they proposed to remedy, and unable to speak with confidence of the feasibility of their propositions, have schemed, trimmed, trifled, and procrastinated, until losing heart they have abandoned their efforts in disappointment and disgust. Conflicting opinions have embarrassed their judgment, hostile interests damped their courage, and the House of Commons, knowing well the difficulties of the subject, but ignorant of the means of relief, have regarded with distrust the well-meaning but irresolute championship of volunteers from their own ranks, who, although perhaps admitted to be a little better informed, were obviously only the more mystified by the difficulties they discerned.

Other disadvantages, not only to the profession but also to the public, have arisen from the same cause. It is a constant complaint that Lordlings, Barristers, Engineers, &c., are placed in public situations, which would be more suitably and profitably filled by medical men. Is a Board of Health to be established? Two noble Lords and a Barrister will constitute the Board, to which possibly and by favour a medical man may be subsequently admitted in a subordinate capacity. Is a report wanted by the Government on typhus, cholera, yellow fever, or any other scourge of humanity with which medical men may be supposed to be most conversant? The duty is confided to a lawyer and his clerks, and the document certified by a dilettanti orator on sanitary reform. Is a lunacy commission to go forth? The lawyers will most assuredly predominate, and hold the most honourable stations. If the Government should determine at any time to establish a Board for the purposes of vaccination, quarantine, or ought else, it will be unquestionably composed after the old precedent, and some juvenile Lord George or Sir Harry, with one or two subservient and hungry barristers, will undertake the important medical duties devolving on the office.

This custom is not only injurious to the public interests, but it is degrading to our profession. The fact that the physicians and surgeons associated with such public bodies act in inferior capacities, lowers the social position of the entire profession, and casts a slur upon each of its members. Our profession is essentially domestic, we know, but it need not be less so because its leading members are duly honoured by the State, when it requires the exercise of their

knowledge and sagacity for public objects. We do not desire that a physician should be Lord Chancellor, but we cannot concede the propriety of making a lawyer a Commissioner of Health. When legal knowledge is required by the State, let the honour, like the responsibility of the office, devolve on a professor of law. We ask no more for our own profession than we consider should be granted in common justice to another.

Our profession must not, however, forget that offices are the prize of influence, and are generally disposed at the solicitation of supporters of the existing Government. Even if intercession should not be employed or not prevail, it is difficult for any member of the Government in whose hands patronage may be lodged to select the most suitable man for a given office, inasmuch as the circle of his choice must be limited in most instances to his personal connexions. The House of Commons, therefore, being the focus of influence and patronage, is the only place where the just claims of our profession can be asserted with any hope of success. We have now three members of our profession in this assembly, and we trust that they will steadfastly insist upon a fair recognition of the value of medical services on all suitable occasions. The Board of Health, the Lunacy Commission, and the Poor-law Board, require remodelling, and in the two first especially the medical element should preponderate. To the latter a medical director, as the least change demanded, should be attached.

If we desire justice to be done to our profession in these matters—if we wish to see a sound and comprehensive measure of medical reform carried through Parliament, we must send to the House of Commons a sufficient number of intelligent and energetic medical men—not mere lay representatives of medical interests, whatever they may be—but professionally-educated men who have experienced our grievances, and understand the means of redress, who sympathise with us, and have the ability and character to represent us with honour in that august assembly. An effort should be made to establish an influence within the walls of Parliament. Surely there are competent men among us who would be willing to respond to our call.

### THE VACCINATION BILL.

WE observe that this Bill has undergone some modification in its passage through the House of Lords, but we regret that those provisions of the measure to which we have objected have not been amended. Hitherto, we believe that a deputation from the Epidemiological Society has been the only body in communication with Lord Lyttelton, the proposer of the measure; and as it cannot be presumed that this Society will be prepared to postpone legislation upon their "hobby" for the sake of defending the independence and interests of their brethren, we may consider that the voice of the profession has not yet been heard in the matter. The House of Lords is not perhaps the most suitable place for enforcing our views, but as soon as the Bill reaches the



Commons it will be the duty of the profession to take the necessary steps either to obstruct the measure until it has been brought more into consonance with our wishes, or to throw it out altogether. As it appears to us, the only legislation required from the Government is the establishment of a system by which pure lymph may be supplied gratuitously to medical practitioners, so that the difficulties now felt by every practical man may be effectually removed. The present Bill is a system without a principle.

#### THE INCOME-TAX.

MR GLADSTONE has announced his Budget, and it seems that we are to be saddled with the "Income-tax" for another seven years. We are informed, indeed, that it will become "small by degrees and beautifully less," until at the stipulated time it will arrive at its vanishing point, and disappear for ever. We have no faith in the promise. A gradual reduction of the impost from 7d. to 5d. in the pound will doubtless take place should this Budget be carried, but at the end of seven years the Government of the day will sagaciously discover some very cogent reasons for its maintenance. If Mr Gladstone cannot abolish it now with an overflowing Exchequer, he has no right to count on posterity. It may happen that at that time our Government may fall into embarrassments yet unanticipated, when it would be neither expedient nor wise to forego such an important source of revenue. We regard all such bills drawn by statesmen on the future as "flash notes," only intended to impose upon credulity.

Although Mr Gladstone recognises the wrong done to professional men by the indiscriminating character of this tax, yet he immediately afterwards coolly attempts to argue it away, because, forsooth, the amount of revenue raised from this class is comparatively small, and because a great variety of ranks and orders is included in the schedule. His arguments are stultified by his convictions. He, however, intends to allow that the premiums paid by professional men on life assurances shall be exempted from taxation, a point we have frequently urged, and for which he has our thanks.

**MEDICAL BENEVOLENT FUND.**—At the last meeting of the Committee it was announced by the Treasurer that one of the annuitants, who was blind, had lately died, leaving his widow and child in great distress. Resolved, that the sum of 10*l.* be given. Letters of acknowledgment of the receipt of moneys voted at the previous meeting having been read, the Treasurer stated that, since July, 1852, the sum of 500*l.* 15*s.* had been received in annual subscriptions, and 296*l.* 14*s.* in donations; that the expenses had been 51*l.* 12*s.* 3*d.*; and that 469*l.* had been spent in grants: leaving the sum of 20*l.* due to the Treasurer.—Case 1. The widow of a surgeon of Nottingham, who died in February last, having practised there thirty years, leaving eleven children, eight of whom were unprovided for. Voted 25*l.*—Case 2. The widow of a physician lately practising in London. Left in great distress. Voted 5*l.*—Case 3. The wife of a medical man, whose husband is imbecile, and who supports herself, her husband, and two children by letting lodgings. Relieved twice previously. Voted 5*l.*—Case 4. The widow of a medical man, also relieved previously. She supports herself by going out as a governess; and her two daughters, who are in bad health, endeavour to support themselves by working as milliners. All at present in difficulties. Voted 10*l.*

## Mirror OF PERIODICAL LITERATURE.

(From the 'Lancet,' April 16, 1853.)

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.

This is a continuation of Dr Tyler Smith's lectures on this subject, portions of which have already appeared in our columns. He writes:

"The sebaceous follicles or fat-glands of the vulva and external parts of generation, secrete an oily matter, which, when it is secreted in unusual quantities, or in persons not observing strict cleanliness, may be seen gathered between the folds of the nymphæ as white fatty matter. Examined by the microscope, nothing is seen but masses of sebaceous secretion, in the form of fat, mixed with a profusion of scaly epithelium from the surrounding surfaces. The secretion of these glands is highly acid, and emits a peculiar odour. The obvious uses of this sebaceous secretion are to defend the vulva from friction, and to preserve the surface from the irritation of the uterine and vaginal secretions, and of the urine. The fat-glands of the vulva are more concerned in the eruptive conditions of the genital aperture, than with leucorrhœal discharges. Dr Hassall has observed that the sebaceous glands in this situation present the peculiarity that after maceration they frequently come away entire in connection with the epidermis. This appears to show that they are of very simple construction, and consist of cells placed in pouches, having two or three divisions, in the epidermis. When the internal surface of a piece of epidermis of the vulva separated by maceration is examined, the glands are seen distinctly, and the white transparent points into which the papillæ have been inserted are plainly visible.

"The secretion of the glands of the ostium vaginae is said to be connected with the sexual function, and to be increased under excitement. In some women a profuse emission of fluid appears to take place from these glands during sexual intercourse. The secretion from these glands, in the absence of excitement, is so inconsiderable, or it is so mixed up with the scaly epithelium of the mucous surface in this situation, that it is extremely difficult to ascertain precisely its microscopical qualities. Like the other vaginal secretions, it has an acid reaction. Modern anatomists have chiefly followed the descriptions of Bartholin and Duverney in their descriptions of these glands, with the exception of M. Huguier, who has written at considerable length on the diseased conditions to which the vulvo-vaginal glands are subject. I have often endeavoured to obtain some of the secretions of the muciparous glands said to exist in this situation, but have failed to find anything except large quantities of scaly epithelium and plasma. I have also tried to procure some of the glandular secretion after death for microscopical examination, but I have hitherto been unsuccessful. These glands and their secretions are certainly not understood, and require a careful investigation: I suspect their importance with respect to leucorrhœa has been greatly overrated."

After some interesting observations on the mucus of the vaginal canal, he goes on to say:

"In the unimpregnated condition, when the cervix uteri is found perfectly healthy, little or no discharge is seen issuing from the cervical cavity; but when the labia uteri are separated, the canal of the cervix appears to be full of its peculiar secretion. In examinations after death, in cases in which the uterine organs are in a healthy condition, the mucous crypts and the canal of the cervix are found filled with a clear, transparent, viscid mucus, so as to entirely block up the passage of the vagina to the cavity of the fundus. This appears to be the normal condition of the cervical canal in the unimpregnated state. At each catamenial period the whole of the tenacious plug of mucus must be washed away by the menstrual fluid, as the latter may be seen escaping freely from the os uteri at these



times; but in a few days after the completion of the period the mucous plug is again formed. Thus it would seem to be the function of the glandular structure of the cervix, in the unimpregnated uterus, to secrete each month a sufficient quantity of viscid mucus to fill the canal of the cervix, the mucous follicles becoming comparatively inactive when this has been accomplished, until after its removal at the next flow of the catamenia. The function of the cervix is therefore, in a certain sense, like that of the fundus, periodical, and we shall see hereafter that this periodicity is discernible in the diseased conditions of the cervix and its secretions. In healthy subjects the canal of the cervix is always full in the intervals between the menstrual periods, though there certainly seems nothing like a constant flow of the cervical mucus into the vagina. Just enough is secreted to maintain the plug entire. The plug itself consists of myriads of mucous corpuscles entangled in a transparent viscid plasma. The plasma is so tenacious, that the mucous corpuscles are found to be arranged in strings when placed under the microscope, and individual corpuscles are frequently seen to be elongated from the same cause.

"The use of the cervical mucus is probably two-fold. In the first place, it closes the cervix uteri, and defends the cavity of the fundus from external agencies as completely as though it were a stout sac. In the second place it appears to afford a suitable medium for the passage of the spermatozoa through the cervix uteri into the uterine cavity.

"The last part of the 'Cyclopædia of Anatomy and Physiology' contains an article on the vesiculæ seminales, by Mr S. R. Pittard, in which he suggests the ingenious hypothesis, 'That the office of the vesiculæ is to secrete and keep in store a mucus of such a nature as is congenial to spermatozoa.' He shows conclusively that the seminal fluid secreted by the testicle is very small in quantity, and that it is largely diluted by the mucous secretion of the vesiculæ. Now, the secretion of the vesiculæ seminales, like the secretion of the cervix uteri, is viscid, transparent, and alkaline. It is worthy of notice that just after the completion of the menstrual flow, the time when impregnation is most likely to take place, is also the time when the cervix uteri is most empty, or when its mucous contents are in the most fluid condition. During intercourse the spermatozoa are deposited at the os uteri, and there can be no doubt that when impregnation takes place some days after the completion of menstruation, the spermatozoa have to make their way through the plug of mucus filling the cervical canal, and it is a plain inference that this mucus must be adapted for their preservation and ascent to the cavity of the fundus uteri. To this progress of the spermatozoa upwards, the movements of the spermatozoa themselves, and the action of the cilia in the upper portion of the cervical canal no doubt contribute. The viscid secretion of the lower part of the cervix always contains some scaly epithelial particles, which have probably ascended from the os uteri. But I have seldom, if ever, found any cylindrical epithelium in the mucus of the cervix, though the villi in this situation are covered with this kind of epithelium. The cervical mucus, as I have before stated, is always, and very distinctly, alkaline.

"After the commencement of pregnancy, the periodical functions of the uterus cease, and in the generality of cases the plug of viscid mucus, when it is once formed, continues for the most part unremoved up to the commencement of labour. The chief changes which occur in the plug depend on the alterations taking place in the cervix uteri itself. At first the mass of mucus has the form of an elongated plug, which fills up the gradually enlarging canal of the cervix; and in cases of death during pregnancy, it may be drawn out entire. After the early months of pregnancy have passed, and as the cervix is developed, so as to become a part of the general cavity of the uterus, the mucous plug is shortened, and at the end of pregnancy it simply fills the os uteri and the lowest part of the cervix. During the whole of gestation, the lowest part of the plug is to a slight extent constantly wearing away, and is discharged in the form of *débris* into the vagina; but the secretion from the cervix

goes on only to such an extent as to keep the os and cervix closed. In other cases the secretion is more profuse, but the cervix is still kept full by an increased secretion from the glandular structure. The mucous plug formed during pregnancy is firmer than the mucus filling the cervix in the intervals between the monthly periods in the unimpregnated state, particularly at its lowest part, where it is perfectly white and opaque. In the upper parts of the cervix it is clear and transparent. The plug consists, in the upper part of the cervix, entirely of mucous globules and plasma; but in the lower portions of the plug these elements are mixed with scaly epithelium in considerable quantity. Though the os may be partially dilated, I have found it impossible to take any part of the mucous plug away without at the same time removing scaly epithelium. The epithelium is so intimately mixed with the mucous corpuscles and plasma, that I have no doubt it ascends from the os uteri and vagina, and enters the lowest part of the cervix. In the upper part of the cervix the secretion is alkaline, but the lower part of the plug gives an acid reaction. This acidity is owing to the effect of the acid secretions of the os uteri and vagina, which come in contact with the lowest part of the mucous plug of the cervix. The acid coagulates the albuminous matter of the plug, and it is in this way that the lowest portion is rendered white and almost solid. The uses of the plug during pregnancy are evidently to keep the os and cervix uteri sealed, and to prevent to a considerable extent the entrance or escape of matters to or from the uterine cavity. This account of the functions of the glands of the cervix uteri, during pregnancy, applies only to ordinary and healthy cases. As I shall have to show, when I come to the consideration of leucorrhœa during gestation, very great deviations from the normal conditions, both as regards the quantity and quality of the cervical secretion, may take place.

"I may here mention that I believe the pure white mucous secretion above described is not present in the lower part of the cervical canal in any other condition of the uterus besides pregnancy. It becomes, therefore, of considerable importance as a sign of utero-gestation, particularly in the early months."

(From the 'Medical Times and Gazette,' April 16, 1853.)

#### THE PHYSIOLOGICAL DEMONSTRATION OF THE TISSUES.

Dr Boon Hayes treats in this number of the microscopic characters of the catamenia, the semen, and chyle, and lymph. On the two former he remarks:

"35. The Catamenia, *κατὰ μῆν*, or monthly discharges of females, are essentially, when examined with the microscope, composed of blood, more or less altered in its appearance, either by being for some time detained out of its proper vessels, in its passage from the body, or by the action of the vaginal mucus upon it. In addition to this, the discharge generally contains large masses of epithelial scales, derived from the mucous surfaces over which it passes.

"36. The method of examining this fluid *when it is obtained*, is similar to that for examining most of the fluids of the body; but the *manner* of obtaining it must be left to the discretion of the practitioner.

"The addition of a little sugar and water to any specimen will generally reproduce the natural appearance of the blood corpuscles, unless they have been ruptured by endosmosis; and it will be observed, that there is little or no tendency among the globules to the formation of *rouleaux*, except in certain cases, as, for example, where there has been a very excessive discharge (*menorrhagia*).

"37. Now, the alteration in the shape of the blood-globules is doubtless referable to one or both of the causes above mentioned. For when there is an excessive discharge, the proportion between the acid vaginal mucus and the blood is greatly in favour of the blood, or, in other words, the mucus is diluted by the predominating quantity of the blood, and thus has not power or time to act upon it, so as to cause distension or rupture of the globules.



"38. It has been stated by some authors, that the fibrin of the catamenial blood will not coagulate. But this depends upon the amount of admixture with vaginal mucus (and the amount of vaginal mucus may generally be judged of by the number of epithelial scales, these being, in fact, in proportion to this discharge); in all excessive discharges clots are formed, though fibrillation is imperfect.

"These are points which should be borne in mind when giving evidence upon matters involving the diagnosis between the catamenia and blood; as in the case of blood saturating a napkin, when it is distinctly stated that this napkin has been used for the ordinary monthly purposes, and not to staunch the blood from a wound. A microscopic analysis would not perhaps be sufficient evidence for the decision of a jury *per se*, but would certainly be most valuable accumulative evidence.

"39. The catamenia occur at regularly stated intervals, from the age of about thirteen to fifty, allowing a slight margin on either side of the scale; sometimes from birth, though rarely, and sometimes continuing considerably beyond fifty. They are interrupted generally by pregnancy, and their cessation is about the earliest symptom of that condition. During lactation they are ordinarily absent. As their name denotes (catamenia, menses), they appear about once a month, and generally last from three to five days upon each occasion. The most distinctly diagnostic mark of catamenial and common blood status, in addition to the amount of epithelium, as brought to light by the microscope, with which I am acquainted, is, that upon washing the suspected stain with pure recent liquor sanguinis, totally deprived of its corpuscles, more of the red globules will be restored to their original figure in common blood than in the catamenial blood; and this is what might be expected, for in common blood, the globules shrink and shrivel up, become corrugated from drying, etc.; and, therefore, can have their figure restored by admixture with their own proper liquor sanguinis; not so with catamenial blood, for in it the red globules have been ruptured by endosmosis, and, therefore, cannot have their figure restored.

"40. SEMEN, which may be variously obtained, but best from the testicle of a recently-killed animal, is composed of a fluid (*liquor seminis*) holding it suspended, *spermatozoa*, σπέρμα ζοή, life-seed, and small granules, — "seminal granules." When a small portion of this tenacious fluid, recently emitted or obtained as described, is placed upon the stage-glass, protected by an over-glass, and examined with a power of about 400 diameters, numberless little moving bodies will be seen. They are so delicate, that a very slight amount of light only is adapted to their perfect demonstration. They consist of a head or body in shape, oval, and slightly flattened, and a prolonged extremity or tail. And there is such a difference in the comparative thickness of the head and the tail, that the two cannot be seen synchronously, for, when one is in focus, the other is not; hence each requires a separate use of the fine adjustment. (I think this is the first time, through these demonstrations, that this adjustment has been really required.)

"41. The movement of a spermatozoon is peculiar. If carefully watched, it will be seen to be propelled forwards by the gyration or lashing of the tail, as a boat is by the sculling process. It may, perhaps, be regarded as a ciliated cell with a single cilium, and there appears to be no evidence which would lead one to the conclusion, that it is an animalcule or entozoon, as its name would denote. In short, its development is similar to that of common cells, as before alluded to in Lecture IV.

"42. It is stated by some, that admixture with urine destroys this power of movement, but I have seen the spermatozoa moving after they must have been immersed for eighteen hours in that fluid; nay, more, sugar and water, or even salt and water, will not affect them for some time, unless the solution be very strong. Their form is permanent, and easily detected, even after they have been dried upon linen for a considerable period (a year and ten months!) This is important to the medical jurist, and will be referred to more definitely at a future time.

"43. The seminal granules of Wagner are small round cells: they are colourless and granular; by some, these were thought to be mucous globules, which they much resemble. They are about the 1-4000 of an inch in diameter.

"In addition to these more definite structures, exceedingly minute granular matter may be observed, and squamous and columnar epithelium cells.

"44. If you treat semen with acetic acid, the albuminous matter is coagulated, and, in the coagulum, the spermatozoa are involved with the seminal granules of Wagner, etc., the motion of the spermatozoa instantly ceases, and cannot be reproduced, either by dilution with water, or neutralisation with liquor potassæ; and, after a long period, liquor potassæ has the same effect as acetic acid. Water, salt and water, etc. have little effect upon the movement, if any, and cause no alteration in the shape of the body or head of the spermatozoon."

Of the chyle and lymph he says:

"49. Place a drop, say of LYMPH, on the stage-glass with the microscope planted as for the examination of blood. You will now observe '*lymph-globules*;' these agree entirely with the white corpuscles of the blood (figure 23 and 26—c. Lecture V.) Perhaps, also, you will observe a few red globules. These have entered, probably, from the wound made in the coats of the duct by the pricking. A few very minute bodies will also be seen, which, as they disappear immediately upon the addition of ether, are in all probability fatty particles. There are also some undoubted oil-globules.

"With the exception named, the action of re-agents upon lymph is the same as that upon the white corpuscles of the blood. (25, Lect. V.)

"50. Now, all these structures are observed in CHYLE; and, in addition, minute structures, the '*minute spherules of Gulliver*.' Though of nearly the same size as the fatty molecules referred to, they may be distinguished from them by the want of effect of ether when added to them, they being totally insoluble in that re-agent.

"51. The fluid matter of both chyle and lymph is a plasma, containing fibrin in solution and serum. This fibrin coagulates on being drawn from the thoracic duct, and leaves the serum, as in the case of blood coagulation. The serum of lymph contains more oil-globules than the serum of chyle, but less fibrin. Fibrillation goes on rapidly in the clot formed from chyle taken from the top of the thoracic duct, when the conditions of fibrillation are observed."

(From the 'Lancet,' April 23rd, 1853.)

#### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

The following are some of the leading points in Mr Guthrie's Lectures.

"The Intercostal Artery, although often injured, rarely gives rise to hæmorrhage, so as to require a special operation for its suppression; but whenever it does so happen, the wound should be enlarged so as to show the bleeding orifice, which should be secured by one ligature if distinctly open, and by two if the vessel should only be partially divided. The vessel is sometimes so small as to be easily twisted, or its end sufficiently bruised as well as twisted, to arrest the hæmorrhage. It lies between the two layers of intercostal muscles, and in the middle of the ribs it runs in a groove in the under part of each.

"I have had occasion to twist and bruise the end of an artery bleeding in an intercostal space, and I have tied the vessel under the edge of the rib; but I have not met with any of the great difficulties usually said to be experienced in suppressing an hæmorrhage from this artery, when the wound was recent, and the parts were sound.

"When the parts are unsound, and the hæmorrhage is secondary, greater difficulty is sometimes experienced in arresting it, because the ligature easily cuts its way through the softened parts, and styptics are liable to fall into the cavity of the chest.

"Wounds of the neck which are made with swords, or by



knives or razors, by persons attempting to destroy themselves, are to be treated on two great principles. The *first* is, not to place the parts in contact until all hæmorrhage has ceased, lest the patient be suffocated. In the mean time, whilst any oozing continues, a soft sponge may be placed between the edges of the cut. When the larynx or trachea is obstructed by a quantity of blood, it may be sucked out, or drawn up by an exhausting pump, and it may be advisable in some cases to introduce a tube. If the trachea be cut across, a stitch will be necessary to keep the ends in contact. The *second* is, to keep the divided parts in contact afterwards, by position and bandage, but not by *suture*. If the œsophagus be wounded, nourishment should be administered by a gum-elastic tube introduced through the nares into the stomach. It is almost unnecessary to add that the artery should be secured by ligature. A hole in the internal jugular vein may be closed by a thread passed around it when raised by a tenaculum.

"Wounds of the face made by swords, or sharp cutting instruments, should be always retained in contact by sutures. When the cut is of small extent, and not deep, the skin only should be included by the thread, and that in the slightest possible manner, and the part supported by adhesive plaster and bandage. When the cheek is divided into the mouth, one, two, or more sutures may require to be inserted more deeply, but the deformity of a broad cicatrix will in general be avoided, by carefully sewing up the whole line, taking the very edge of skin only; and a cut in the bone or bones of the cheek should not prevent the attempt being made to unite the external wound ever it.

"Incised or even lacerated wounds of the eyelids and brows should be united by suture, as far as it can possibly be done in the first instance, by which a subsequent painful operation may be avoided; great care should be taken in doing this; the suture must be inserted through the eyelid, and a leaden thread is often the best, the first being introduced at the very edge of the lid, and two, or as many more afterwards as may be necessary. They may remain for three or more days, as circumstances seem to require. If the eye be wounded, any part protruding beyond the sclerotic coat should be cut off with scissors; but the eye, however injured, should not be removed unless detached in every direction, or destroyed. The treatment should be strictly antiphlogistic, in order to prevent suppuration of the eyeball, which may in general be effected, if too much injury have not been done to it, and if the treatment be sufficiently decided and well-continued. These observations apply to the nose and ears, and all parts not actually separated, (or, if separated, for a short time only,) should be replaced in the manner directed, and every attempt made to procure reunion. If this should fail, surgery may yet be able to yield assistance by replacing the loss by a piece of integument dislodged from the neighbouring parts—a proceeding requiring a separate consideration. Injuries from musket-balls are often attended by considerable laceration, particularly when near the eye lids; whenever this occurs, the parts likely to adhere should be brought together by suture, after any splinters of bone which may present themselves, or can be seen or felt, have been removed from the holes made by the ball. If the bones should be broken, not splintered, they will frequently reunite under proper management.

"Wounds of the eye from small shot are remediable when these small bodies lodge in the cornea or sclerotica, whence they may be removed by any sharp-pointed instrument. When a shot, or piece of a copper cap, is driven through the cornea into the iris, or lies in the anterior chamber, it should be removed by an incision to the extent of about one fourth or one fifth of the cornea, near its junction with the sclerotica, but in these cases a cataract, if not amaurosis, frequently results. When the shot passes through all the coats of the eye, it can neither be seen nor removed with safety; vision will be lost, much pain may be endured, and the eye will frequently be lost by suppuration, or by a gradual softening, and ultimate diminution in size. A contused wound from a large shot which only injures the coats of the

eye, but does not perforate them, will oftentimes be cured by a proper antiphlogistic treatment, which in all cases should be most strictly enforced, although the loss of sight is a frequent consequence after such injuries.

"When a ball lodges behind the eye, it usually causes protrusion, inflammation, and suppuration of that organ. If it be not discovered by the usual means, its lodgment may be suspected from the gradual protrusion and inflammation of the eye itself. If it be discovered, it should be removed together with the eye, if such proceeding be necessary for its exposure. If suppuration have commenced in the eye, a deep incision into the organ will arrest, if not prevent, the horrible sufferings about to take place, and allow of the removal of the offending cause. If the back part of the eye be left with the muscles attached to it, a stump remains, against which an artificial eye may be fitted, so as sometimes to render the loss of the natural one almost unobservable."

Mr Guthrie makes some further interesting observations on injuries of the bones of the face.

From the "Medical Times and Gazette," April 23, 1853.

#### LECTURES ON THE ACUTE SPECIFIC DISEASES.

This is the third Goulstonian Lecture delivered by Dr Jenner at the Royal College of Physicians. Dr Jenner states that all the specific fevers have remained unchanged, however confounded together, from the remotest time; and he enters into a critical disquisition to prove his opinion. We quote the following practical observations.

"With reference to pneumonia and intracranial inflammation, time permits me only to observe, that it is to typhus fever alone that they bear any striking resemblance, and then only when occurring in persons of mature or advanced years; and in these persons typhus fever—if severe, at least—is attended by mulberry rash. If this fact be considered, and the physical signs of pneumonia be sought for, an error of diagnosis in regard of that affection will indeed rarely be made, even though the patient come under observation in a state of insensibility, and at an advanced period of the disease. In typhus fever, when delirium sets in, headache ceases; and the occurrence of partial paralysis is extraordinarily rare in that disease. If these two facts be added to that just stated in reference to the rash, the differential diagnosis of typhus fever and intracranial inflammations, with general adynamic symptoms, will not present any great difficulty. But excluding these cases, there yet remain three general affections, probably blood diseases, sometimes confounded with the specific fevers, requiring more particular notice. These diseases are—febricula, the acute purulent diathesis or pyogenic fever, and acute tuberculousis.

"The following are the characters of a moderately severe, a typical case of

"*Febricula*.—After fatigue, some slight excess, or without known cause: chilliness, with or without rigours; headache; sense of fatigue; pain in the limbs, very quickly followed by a hot and dry skin; the patient, however, rarely complains of a sense of heat; and, if in bed, when the clothes are removed, he quickly covers himself again from the discomfort produced by the cold air; the pulse is frequent, the heart often beating 120 or 130 times in the minute; the tongue is white; the appetite lost; the bowels somewhat confused; the urine scanty and high-coloured; drowsiness is sometimes present, but not infrequently the patient suffers from want of sleep. In young children a little wandering may be observed on first waking, or when about to fall asleep; and the little patient often talks while dozing. A physical examination of the thorax and abdomen demonstrates no deviation from health. The symptoms present on the first day continue, and sometimes increase in severity, for four or five days. About the end of the week a crisis occurs; most commonly an abundant perspiration, not infrequently an herpetic eruption about the lips; vomiting, diarrhoea, or hæmorrhage from the nose, uterus,



or rectum; and then, in twenty-four hours or less, the patient is well.

"As to particular cases, sometimes one symptom, sometimes another, is more marked than in the typical case I have so briefly sketched. I have seen the delirium or the vomiting give a character to the disease. The duration of this disease is sometimes less than forty-eight hours, and it is then called *ephemera* by some authors. In other cases it continues for nine or ten days, and such cases have been termed *synocha*, *synochus*, *la synoque non putride*, *la synoque plethorique*, inflammatory fever, &c.

"In some cases of *febricula*, an eruption of pale, bluish-coloured spots, neither elevated above the level of the surface nor affected by pressure, is observed; these are the *tâches bleuâtres* of Forget and other French writers. They bear no resemblance to the rose-spots of typhoid fever, nor to the mulberry rash of typhus fever. They are not confined to cases of *febricula*. I have seen them well marked in typhoid fever. They are therefore not characteristic of *febricula*.

"*Febricula* is essentially a non-contagious and sporadic affection; however, now and then, it has reigned as an epidemic: thus Ozanam refers to two great epidemics; the one described by Ingrassia, of Palermo, which occurred in 1557, and the other, the particulars of which were recorded by Hoyer, of Mulhausen, in 1700. Full descriptions of this affection are to be found in almost all writers, from Hippocrates to those who flourished at the commencement of the present century. About that time the influence of pathological anatomy on medical doctrines began more especially to be felt, and men hesitated to admit the existence of any essential fever, of any disease which the scalpel did not enable the anatomist to refer to some change of structure; and as *febricula* never proves fatal unless by complications established in its course, its existence was held to be apocryphal, and those who maintained its occurrence were regarded as bunglers in the art of diagnosis,—as men who overlooked the local lesion, and raised the sympathetic constitutional disorder to the rank of a substantive disease.

"The recognition of the existence of *febricula* is, however, of considerable importance in regard of the advance of the science of medicine, for two reasons especially: first, because by an acquaintance with its phenomena the physician is prevented falling into serious errors in over-estimating the effect of remedial agents in the treatment of the acute specific fevers; and, secondly, because in its course local inflammations are very frequently set up which experience, or appear to experience, a more or less marked abatement when the general affection has run its course, and the physician is in these cases led to overrate the potency of the drugs administered; and as the supposed effects are striking in character, the impression produced on the mind is proportionally strong; or he is led to under-estimate the severity, speaking generally, of the local inflammation, because it, in this striking case, did well without treatment, or under treatment singularly in opposition to received doctrines."

(From the 'Association Medical Journal,' April 22, 1853.)

#### CASE OF MALIGNANT DISEASE OF OVARIES: SUDDEN DEATH.

Mr King, of Melksham, communicates the following case:—

"Miss H., aged 47, a dressmaker, single, of cachectic diathesis, applied to me on 27th November, 1852.

"A short time previously, she had discovered a swelling in the left iliac region, which she assured me she had only very recently noticed. On examination, I found a tumour of considerable size occupying the greater part of the iliac region on the left side; it was circumscribed, and gave the sensation of indistinct fluctuation. She had experienced very little pain or inconvenience, nor was the tumour tender.

"On examination *per vaginam*, the os and cervix uteri were found healthy, and the uterus itself appeared of normal size. The catheter entered the bladder obliquely, but no urine was found there. The catamenia had flowed with

tolerable regularity, until quite recently, and her general health had been tolerably good.

"On inquiry, I found that the bowels had been somewhat confined; and thinking there might be some fecal accumulation, she was moderately purged for several days without diminishing the tumour. At the end of a week, there being some tenderness over the tumour, leeches were applied several times, and calomel with opium given. When the inflammation had subsided, iodide of potassium was administered internally, and the unguentum iodinii comp. applied over the surface of the tumour.

"Having persevered in this treatment for some time without any benefit, and feeling that the case was one of considerable obscurity, I urged her to see Mr Norman, of Bath. He quite agreed with me as to the obscurity of the case, and that the tumour contained fluid; but whether it was an abscess, or a softened cancerous tumour, he could not say, although, from the history of the case, he inclined to the former opinion. In this uncertainty, he recommended that we should wait the further development of the case, and in the interim give some simple tonic. This plan was persevered in for some time, and the case remained in much the same state until the 26th February, 1853, when I was hastily summoned to her. I found her in a state of extreme collapse. She revived, however, under the free use of stimulants; and when I saw her next morning, she was almost as well as usual. About eight o'clock that evening, however, I was again hastily summoned to see her, as her friends thought she was dying. I went immediately; but before I arrived, she had expired.

"*Examination of the Body* fifteen hours after death.—The body was well formed, but slightly emaciated, and bore the appearance of a person who had died of hæmorrhage. There was a tumour in the left iliac region; but it appeared less prominent than during life. On opening the abdomen, the bladder was found to contain about twelve ounces of urine, and was firmly adherent to a large tumour posteriorly. The tumour, with the bladder and uterus, were removed. The uterus was of normal size. There was a large cyst which originated in the left ovary, occupying the left iliac region, and firmly adherent to the bladder. This tumour contained about a pint of grumous fluid; and behind it, at its base, were several smaller cysts, containing encephaloid matter in different degrees of softening. There was no other trace of the left ovary remaining.

"The right ovary was not so entirely disorganised; but there were two cysts connected with it, which contained encephaloid matter, but no fluid. There was scarcely a trace of peritoneal inflammation, nor was there any extravasation of fluid in the peritoneal cavity. As far as we could ascertain, there was no disease of any other organ.

"The marked absence of pain in this case inclined us to hope that it was not malignant, and favoured the opinion that it was deep-seated abscess. The sudden termination of the case was quite unexpected; nor did the post-mortem examination clear up the difficulty; and it still remains a question what caused the sudden termination of life."

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**Medical Times and Gazette.**—(No. CXLVII. April 23, 1853.)—ORIGINAL LECTURES.—Dr William Jenner's Lectures on the Acute Specific Diseases; being the Gulstonian Lectures: delivered at the Royal College of Physicians. Dr A. W. Hofmann's Course of Lectures on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain. (Lecture VI.)—ORIGINAL COMMUNICATIONS.—Dr W. C. Hood's Report of Cases from the Royal Hospital of Bethlem. (No. 1.) Dr J. Copping on Paralysis; Chorea. Mr J. Ogden Fletcher on the Arrest of Continued Fever by Cinchonism.—HOSPITAL REPORTS.—King's College Hospital: Compound Fracture of the Skull; Depression of Bone unattended by Symptoms of Compression; Laceration of the Brain; Fracture of the Skull, &c.; Lateral Fracture of the Base of the Skull. St Bartholomew's Hospital: Fracture of the Base of the Skull; Fracture of the Thigh, and Compound Fracture of Olecranon; Abscess in the Brain. St Thomas's Hospital: Severe Compound Fracture of the Skull, with Depression (with an Engraving); Compound Fracture of the Frontal Bone, with Depression; Loss of a Portion of Brain.—EDITORIAL ARTICLES.—The New Vaccination Bill. The Extralicensitates of the Royal College of Physicians. The Condition of the London Dressmakers. Approaching Festival of the Medical Benevolent College. Royal College of Physicians: New Charter.—REVIEWS.—On Lithotomy and Lithotripsy. By William Coulson, Esq. Results of the System of Separate Confinement, as administered at the Pentonville Prison. By John T. Burt, B.A. The Obstetric Catechism. By Joseph Warrington, M.D.—REPORTS OF SOCIETIES.—The Western Medical and Surgical Society of London. Small-pox and Vaccination; Letter to Lord Viscount Palmerston. Regulations for Candidates for the Office of Assistant-Surgeon in the Royal Navy.

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Two Cases of Tetanus treated by Chloroform. Efficacy of Inversion of the Body in Cases of Syncope from the Inhalation of Chloroform.—SELECTIONS FROM MEDICAL JOURNALS.—The Climates of the World. Removal of the Parotid Gland. Report of the Surgeons of the New York Hospital. On the Adulteration of Olive Oil. Influence exerted by Chronic Diseases upon the Blood.—LEADING ARTICLES.—Leader. Medical Life in London. Address to Dr Benson.

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The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg without Confinement. By Henry T. Chapman. 2nd edit., post 8vo., pp. 160, cloth, 3s. 6d. Life Assurance Companies' Receipts and Expenditure. By John Grinstead. 8vo., sd., 1s. On the Construction and Use of the Microscope. By Adolphe Hannover. Edited by John Goodsir. 8vo. (Edinburgh), pp. 110, cloth, 5s. Elements of Chemistry. 2nd ed., post 8vo., pp. 112, cloth, 1s. 6d. By F. Schoedler. The Construction of Artificial Teeth with Gutta Percha; considered with a View to the Introduction of the Patent Auroplastic Principle. By Edwin Truman. 2nd ed., fep. 8vo., pp. 60, cloth, 2s. 6d.

#### Reviews.

*The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg, without Confinement.* By HENRY T. CHAPMAN, F.R.C.S. 2nd Edition.

Mr Chapman's method of treating ulcers on the leg has long been before the profession, and, we believe, has been somewhat extensively adopted. The chief point in the treatment is the substitution of watery solutions of nitrate of silver, chloride of lime, &c., for topical applications of unguents. Mr Chapman also urges, as his title page shows, the injudiciousness of mere rest, and the superior efficacy of bandages. He also gives equable support to the leg by using straps of lint wet with lotion and bandages, as a substitute for Baynton's method by strapping. This second edition is a decided improvement on the first work in which Mr Chapman propounded his views. Rural practitioners, especially, who find "bad legs" to be the greatest "bores" they meet with in the course of practice, would receive many useful hints from the perusal of this volume.

*On Prophylactic and Curative Syphilisation.* By VICTOR DE MÉRIC, M.R.C.S. Eng.

This brochure is a reprint of two papers that have recently appeared in the 'Lancet,' and of which we gave ample quotations at the time of their publication. We have only now to add that M. de Méric has analysed the evidence on syphilisation with great acumen, and that he draws conclusions against the theory, which he calls "insane," and the practice, which he calls "cruel." The investigation is creditable to the author.

*Practical Observations on the Treatment of Club Foot.* 2nd Edition. By JOHN LIZARS.

The object of Professor Lizars' work is to enforce the necessity of the persevering use of mechanical means by re-



gular bandaging, and properly-fitted spring instruments after the usual operation has been performed. He affirms that in every case of deformity a perfect cure can be, by proper management, effected. There are numerous plates showing the deformity in its various aspects, the mode of operating, and the mechanical instruments employed. We quote the following observations:—

"These deformities depend on the slow and progressive luxation of some of the tarsal bones, and the consecutive derangement of their ligaments and muscular tendons. In many cases, abnormal bursæ are formed at the part where the foot rests on the ground.

"As the child advances, the foot becomes smaller, atrophy of the muscles of the leg ensues, which may be confined to the diameter or the length of the limb. The latter is the more serious affection.

"Taken immediately after birth, either of these deformities may not only be rendered less hideous, but, by proper apparatus, completely removed. I may here remark, that success depends as much on the skill of the bandage maker as on the dexterity of the operator; and I consider, indeed, that the late Mr Fortune, of Edinburgh, has been more instrumental in curing patients than the most scientific practitioners. The practice of some surgeons of considerable notoriety cannot be too severely censured; they divide the tendons, put the foot in a stiff leather boot, or apply a fracture-splint to the leg, and then dismiss the case. I have known not a few patients, treated in this manner, who were soon reduced to as bad a state as before the operation. They required to undergo a re-division of the tendons, and have been ultimately cured by the use of the proper apparatus.

"The objects to be kept in view, are to turn the foot slowly outwards or inwards in the *varus* and *valgus*, and to make such addition to the thickness of the sole of the shoe or boot as will bring the limb into play, so that the child may use the deformed as much as the sound foot.

"The division of the tendo Achillis, and such other tendons or fasciæ as may seem requisite, is essential to the ultimate cure. The important question is, at what age should this operation be performed? Some contend, that the sooner it is performed the better. I have known it done at five months old; but the result was a failure. This was to be expected, and is indeed plainly unavoidable, as the child should be old enough to walk, seeing the due exercise of the muscles, ligaments, and articulations of the foot is indispensable for recovery. Without this, the operation must prove abortive. Two or three years of age is the earliest time at which the division should be attempted. I prefer three years, because the apparatus previous to that period, however carefully applied, often frets the skin, and the cure is retarded from the unwillingness of the child to put its foot to the ground.

"Again, the operation ought not to be had recourse to when the articular surfaces or facets of the bones of the tarsus have become so configured and hardened, that we cannot expect to remodel them; the age at which this occurs is, generally speaking, about thirty-five, although some cases have succeeded where the patient was older. I have known it fail at forty years of age."

Minute instructions are given on the mode of operating on the various forms of talipes, which make the essay useful for reference to the busy medical practitioner.

such cases to restore the bone to its place by an operation. On the one side, is the risk of inducing meningitis by the additional exposure of the dura mater, etc., which interference necessarily involves. On the other hand is the danger of inflammation resulting from the irritation of the displaced fragment; and the surgeon cannot but feel, in deciding to leave such a case to nature, that it is not improbable but in a short time he may have to regret that he has allowed the moment to pass by in which a disease, little controllable when once developed, might possibly have been prevented. In the case of young children, we may perhaps assume that the question has been unanimously decided in the negative. In the case of simple fractures occurring in adults, authorities are much at variance; while, in respect to compound ones, we believe that almost all agree in recommending recourse to instruments. Of the latter class is the following very interesting case. We are indebted for the details of it, and also of the two subsequent ones, to the notes of Mr Cogan, one of Mr Partridge's dressers.

William Quirtan, aged 28, a healthy Irishman, received, while walking in the street, a severe blow on his head from a tile, which was blown down from a great height. Admitted into the hospital almost immediately afterwards, it was found that he had sustained a contused wound of the scalp over the middle of the right parietal bone, and also a compound fracture of the latter, with depression, to a considerable extent, of a fragment the size of a half-crown. The dura mater was not exposed, nor could a probe be made to pass to it between the fractured portions. The man presented no symptoms whatever of cerebral mischief,—he had walked into the ward, and conversed in a rational and collected manner. Mr Lec, having examined the part, remarked to those present, that the circumstance of its being a compound fracture rendered the occurrence of suppuration inevitable; it was, therefore, important to provide a free means of escape for the matter from all parts. He also expressed his belief, that the probability of that suppuration being mild in degree, and of the non-extension of inflammatory action to the brain or its coverings, would be materially increased by the restoration of the depressed portion of bone to its place. The external wound was, accordingly, enlarged; and, the trephine having been applied over the sound bone, the displaced fragment was readily elevated. In doing this, Mr Lec found the inner table had been driven much further down than had been suspected. A small portion of the inner table was detached from the rest of the bone and almost loose; this Mr Lec removed entirely.

During the twenty-four hours immediately following the operation, the man appeared to be in a favourable condition, although somewhat restless. Symptoms of severe cerebral mischief, however, subsequently set in, attended with convulsions and hemiplegia, which terminated fatally fifty-two hours after the accident. Permission to make a *post-mortem* examination was refused by the friends of the deceased. Mr Lec, however, ascertained that the dura mater had been lacerated by a depressed spicula of the inner table, to the extent of two inches, which had also penetrated the brain. The substance of the brain beneath the seat of injury was completely disorganised by inflammatory changes.

At one period of his experience, John Hunter stated, that he had never known a case recover in which, during the operation, the dura mater had been wounded. Subsequent observations have, of course, furnished exceptions to this rule; but the extreme importance of that lesion will be still acknowledged by all practical surgeons, and it is, we suspect, in the last degree exceptional for an adult to recover after it. In Mr Lec's case the laceration was part of the accident, and it had unfortunately taken place at such a distance from the external wound that there did not appear at the time of the operation any reason to suspect its existence. On account of this complication, which was doubtless the efficient cause of the fatal termination, the result of this case cannot be considered as affording any evidence, either *pro* or *con.*, to the solution of the debated question, regarding the propriety of operating in the absence of symptoms of compression.

## Hospital Reports.

### KING'S COLLEGE HOSPITAL.

(Under the care of Mr LEE.)

#### COMPOUND FRACTURE OF THE SKULL.—DEPRESSION OF BONE, UNATTENDED BY SYMPTOMS OF COMPRESSION.—OPERATION.—DEATH.

In cases of fracture of the skull, with palpable depression of bone but no symptoms of cerebral compression, what treatment should be adopted? There are few questions in practical surgery in which it is more difficult to strike a balance of probabilities, than as to whether it is advisable in



The next case which we have to bring forward well exemplifies the extent of injury which the brain itself may occasionally sustain, and yet the individual retain perfect consciousness for a time. It also illustrates, what is not of infrequent occurrence, the separation of the dura mater from a part of the cranium not the seat of fracture, and the extravasation of blood between the two. Had the man lived longer, it is not improbable but that suppuration would have occurred at this point, and death of a portion of the bone.

LACERATION OF THE BRAIN.—FRACTURE OF THE SKULL,  
&c.—DEATH.—AUTOPSY.

(Under the care of Mr FERGUSSON.)

John Rowe, aged 53, admitted at five in the afternoon of January 18th, having just previously fallen a height of thirty-eight feet, on to his head. On examination, a large scalp-wound was found over the junction of the left parietal with the occipital bone. The pericranium at this part was stripped from the bone, but the latter had sustained no fracture. On the same part of the opposite side, however, the cranium was unnaturally flattened, over an extent of about half-a-crown. The man walked into the hospital with a firm step; he was perfectly sensible, and answered questions readily. He complained of a severe pain in his head. At 7-30 p.m. he was very restless, and talked in a wandering, disconnected manner, and in a short time afterwards sank into a state of insensibility, during which his respiration was attended with stertor. The pupils had hitherto been in a natural condition, but they now became motionless, the right widely dilated, the left contracted; the pulse became slower, and more laboured. Excepting that, after a while, both pupils became dilated, he continued in exactly the above condition up to the time of his death, which occurred at one o'clock on the following day—twenty hours after the accident.

*Autopsy.*—There was no fracture at the seat of the wound, but, on removing the scalp from the part where flattening had been noticed, a stellated fracture was discovered. Beneath this fracture there was no effusion of blood, but between the dura mater and the skull, in the part exactly opposite to the scalp laceration, was a large clot of blood. The under surface of the middle and posterior lobes of the left cerebral hemisphere was extensively lacerated, so as to very nearly lay open the lateral ventricle. In the middle fossa, and upon the tentorium, were large extravasations of blood.—*Medical Times and Gazette.*

HISTORY OF THE MEDICAL PROFESSION  
AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

BY WILLIAM FARR, ESQ., M.D., F.S.S.

CHAPTER III.—A.D. 1400—1711.

(Continued from No. 40.)

The Reformers looked upon the catholic roods, shrines, and wells, as “stocks and blocks of cursed idolatry.” The blood of Hales was declared to be duck’s blood; the Rood of Grace an old rotten stock: our Lady of Walsingham was dishonoured; St Thomas à Becket was pronounced by Henry VIII, the new Defender of the Faith, a stubborn rebel and a traitor. His images were everywhere dragged down, his pictures razed out of books, his bones burnt to ashes. The jubilee of 1520 was the last. In the mean time, the king seized all the saints’ treasures.

The Anglican church gradually relinquished all pretensions to miraculous powers. Bishop Hall (b. 1574) has this passage in his travels:—“Costerus slipped into a choleric invective against our church, which (as he said) could not yield one miracle; and when I answered, that in our church we had manifest proofs of the ejection of devils, by fasting and prayer, he answered, that if it could be proved that ever any

devil was dispossessed in our church, he would quit his religion.”\* Barrow (1630-77) says that miracles are unnecessary now, but that they may be performed for the conversion of the heathen. “The church of Rome,” observes Tillotson, “would bear us in hand that this miraculous power does still continue in their church.” \* \* But we pretend to no such power, nor have we any reason to do so.”† Warburton finally asserts, “We Protestants urge the testimony of the Gospel to prove the truth of demoniacal possessions: the Papists bring their demoniacs to prove the truth of the Gospel, or rather of their church.”‡

The king wrought miracles as well as the church. The royal touch was an infallible cure for scrofula. This practice is carried as far back as Edward the Confessor, who dealt, as we have seen, a little in surgery. Sir John Fortescue § denied the virtue to queens, but Elizabeth “thought herself so much a king, that among other regal functions she frequently exercised this.” Gold or silver, touched by the anointed hands, and made into rings, cured epilepsy. All the court physicians, down to Wiseman, bore testimony to the efficacy of the royal specific. The Colleges proceeded against James Leverett, the seventh son of a seventh son, who cured all manner of diseases, especially the king’s evil, by stroking with his hand, without the use of any medicines, internal or external. || “And,” exclaimed the honest prosecutors, “he adds scorn and contempt towards those whom the sacred hand of his majesty had touched for the evil” (1637)! || The miraculous touch was considered a test of sovereignty, and the monarch was afraid of removing the mask, and giving up the evident imposition. So much less dangerous is it to deceive than to undeceive a people! The latter task is rarely attempted by statesmen.

Men had looked for life from the dead, the touch of the living, the stars, and the elixirs of alchemy; nor had they neglected the agency of good and bad angels. Robert Fludd, or de Fluctibus, as he was pleased to translate himself, at the head of the Rose Cross Society, invented a wild Theosophy, and endeavoured to reduce all the dreams of superstition to a system. The theory I will not enter into, the practice was this:—“The physician,” he said, “should believe in the light of the Lord, and pray without ceasing, until the logos, light, wisdom, were shed abroad in his heart; when he would enjoy inalterable health, and be able to cure those who lay in darkness and the shadow of death.” Prayers alone cured diseases; and he gave forms of prayer for different cases. This mad wave of a mad sea was a Fellow of the College of Physicians.

In the age of miraculous cures the common people—ninetieths of the nation—were entirely destitute of medical advice; the miraculous pretensions of the church, and superstition, soothed the mind, excited hope, and sometimes cured diseases by exalting the imagination. They filled up the vacuity of despair, and tranquillised the restlessness of suffering. But to prove that error and falsehood are always dangerous, we find in the fifteenth and sixteenth centuries the belief in miraculous powers, and supernatural agency, leading to dreadful results. Thousands were put to death under accusations of witchcraft, all over Europe. Two papal legates executed 6,500 inhabitants of the Electorate of Treves, under accusations of witchcraft. The devil had a great deal to do. A hundred and fifty individuals in Friedberg were said to be possessed of devils. The Reformers promoted the error. Luther ascribed nearly all diseases to Satan. The clouds of superstition began to roll away; and at the end of the seventeenth century, when science shed some rays of light, the horizon was almost clear.

(To be continued.)

\* Life of Bishop Hall. Wordsworth’s Ecclesiastical Biography.

† Sermons, vol. iv, p. 376.

‡ Sermon on the Fall of Satan.

§ Defence of the Title of House of Lancaster.

|| Goodal. History of the College of Physicians.





## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XVI.

#### QUACKERY'S LAST!

##### HAKHEEM ALI AHMED'S TREASURES OF THE DESERT!

Early last month the following laconic and business-like epistle, with sundry other documents connected with the consummate imposture which forms the subject of our present article, fell opportunely into our hands:—

Nos. 9 and 10 St Bride's avenue, Fleet street, London,  
February 19th, 1853.

SIR,—Enclosed I forward you a pamphlet referring to some pills and plaister about to be placed before the public through the medium of *agents* and *extensive* advertising.

I am desirous of knowing if you would interest yourself in the sale of the same.

The prices to those who may at once become agents will be as follows:—

1s. 1½d. boxes, 8s. 6d. per dozen.  
2s. 9d. „ 20s. „  
4s. 6d. „ 32s. 6d. „

Thus giving more than usual profit to the retailer.—An early reply will oblige your obedient servant, for the proprietors,  
G. WILLIAMS.

P.S.—The proprietors will not object in the first instance to send a small parcel on *sale or return*.

No sooner was our attention thus directed to a new firm of nostrum-mongers, which by their audacity and display appeared likely ere long to make a serious inroad on the credulity and pockets of the public, than we determined to keep an eye upon their doings, and at some convenient opportunity to advise our readers of our progress. We have now been for some weeks attentive observers of the unscrupulous and persevering efforts of the quacks in question to force a sale for their nostrums; but we should not have taken up the matter in defence of the public as yet, had it not been for the numerous letters we have received from correspondents inviting us to do so without any further delay. With the month of April, the proprietors of the “treasures of the desert” determined to come out in “battle array” and to make a great demonstration, which should eclipse the efforts of the Holloways, the Morisons, and in short the whole legion of quacks which had preceded them. The time was happily chosen:—it was April-fool-day. Every spot where bills are commonly posted (and many where they are not) were suddenly found to be covered with huge posters, bearing attractive assurances, and the mysterious portrait of nobody knew who. The papers appeared with similar advertisements, and the monthlies had bound up with them pretty green and yellow pamphlets, liberally adorned with words and sentences professedly Ara-

bie, but which were figured in such a bold and free style, that they more resembled the hieroglyphics on the tombs of Egypt, or the strange figures on a chest of soucheong, than anything we have seen since our last visit to the Chinese collection and the British Museum. We have now some of these singular documents before us, together with the “dashing-got-up” boxes of the nostrums, all of which we intend to carefully examine before the appearance of our next number. In the meantime, we cannot pass over a little blue bill lately thrust into our hand, without presenting the reader with a short extract:—

“*Hakeem Ali Ahmed's Treasures of the Desert*.—Under this presuming title, the public are introduced to the *veritable* and *only secure* remedies employed by a noted Syrian physician for the fundamental cure of those maladies which may be traced to be the fountain-head or mainspring of all the other thousand and one minor ills to which poor humanity is subjected. Through this medicine the sufferer is relieved, cured, and invigorated, without recourse to that hateful practice so prevalent amongst European practitioners in all countries, of drenching the system with calomel and other pernicious nostrums, thereby affording a temporary relief at the expense of a shattered constitution, and abbreviating, by many years, the natural term of a man's life upon earth. It is a remarkable fact, that in those countries where simple vegetable remedies have from time immemorial been resorted to, the men and women live to a robust old age, fulfilling the natural term of existence of from three score and ten to four score years; and then, in the full ripeness of their old age, die as a plant, without any symptoms of disease or suffering—time has meted out their years, and they pass quietly away like a shadow from the earth. This is more particularly applicable to the countries of Turkey, Arabia, and Mesopotamia, where the benevolent Ali Ahmed diffused far and wide the knowledge of his incomparable cures.

This medicine is pure as refined silver in its component parts.

Medical men are not acquainted with, and chemists do not possess those peculiar roots and herbs, native of the *wilds* of Arabia, the properties of which were familiar to our ancestors, the patriarchs, and which, accomplished by the celebrated Hakeem Ali Ahmed, now constitute the invaluable *Haboobul Salati*. Great indeed is the victory thus obtained.” How wonderful!!! We must examine into the origin of these nostrums, and the pretensions set up by their proprietors.

(To be continued.)

##### ATKINSON'S INFANTS' PRESERVATIVE.

The remarks referring to Dalby's Carminative at page 287 also apply to this nostrum.\*

\* R. Bicarbonate of magnesia, 6 drachms; white sugar, 2oz.; oil of aniseed, 20 drops; compound spirit of ammonia, 2½ drachms; laudanum, 1 drachm; syrup of saffron, 1oz.; caraway water, sufficient to make the whole measure a pint. Dose, &c., as the last.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the ‘Medical Circular,’ in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the ‘London and Provincial Medical Directory.’

Further particulars of this important and most interesting Work will appear in a future Number.





PORTRAIT OF WILLIAM COULSON, ESQ.  
SURGEON TO ST MARY'S HOSPITAL.

*(From a Daguerreotype by Beard.)*

### Biographical Notices.

#### WILLIAM COULSON, ESQ.

It is always a pleasing task to trace the career of a virtuous and distinguished man through the rough and narrow path which leads to fortune, but this pleasure is greatly enhanced when the subject of our study is a member of the medical profession. In this vast metropolis, where thousands are contending for the same prize, and where the faint-hearted or the weak disappear from the scene or succumb during the struggle, it is well to fix the mind of the young aspirant on the fact that industry, perseverance, and talent are sure to meet their reward, and to cheer him with the hope that what others have gained he may attain also. Thus do the lives of eminent men instruct by their example, while they encourage by their success; and it is on this account chiefly that we have undertaken the biographical sketches which, from time to time, appear in the pages of this journal.

The career of Mr Coulson, the subject of our present memoir, affords an excellent illustration of the remarks

which we have just offered; for there is not perhaps any other surgeon in London whose progress and present position have been so much the result of individual exertion as his. He commenced life in a humble manner, without anything to depend on save himself; but in that self was the stuff of which distinguished men are made. He climbed the ladder gradually; he is now near its top. Let us follow him step by step during the ascent; the example will be useful. In this life, those who would win should never look behind them, but mount steadfastly, with courage and with hope.

Mr Coulson was born at Penzance, in Cornwall, in the year 1802. His connexion with literature and science was, if we may use the term, hereditary. His father enjoyed for many years the intimate acquaintance of Sir Humphrey Davy.\* He was long connected with her Majesty's dockyard

\* Vide Memoirs of the Life of Sir Humphrey Davy, Bt. Edinburgh, 1839, p. 42.



at Devonport, and died at an advanced age in the year 1845. On the maternal side, Mr Coulson descends from the Borlase family, one member of which, the Rev. Dr William Borlase, distinguished himself by a standard work on the "Antiquities and Natural History of Cornwall." His mother was the second daughter of Mr Walter Borlase, surgeon, of Penzance, and sister of Dr John Bingham Borlase. This latter gentleman was one of the founders of the Penzance dispensary, and enjoyed the honour of having directed the early studies of Sir Humphrey Davy. In alluding to this circumstance, Dr Davy remarks\* that his brother "was apprenticed to Mr Bingham Borlase, a man of talent, then practising as surgeon and apothecary at Penzance, who afterwards received a diploma, and was distinguished as a physician."

While yet a child Mr Coulson had the misfortune to lose his mother, but her place was nobly filled by an aunt, of

whose kindness and self-sacrifice we have heard him speak in terms of the most affectionate remembrance.

Mr Coulson received his early education at the Grammar School of Penzance. The history of a boy affords of course little interest, but we cannot avoid relating one anecdote connected with this period, inasmuch as it shadows forth the future character of the man. Through some circumstances to which it is unnecessary to allude, the charge of the Grammar School was temporarily entrusted to the Rev. Mr Le Grice, a distinguished scholar, the schoolfellow and friend of Coleridge and Charles Lamb.\*

Having heard that the reverend gentleman was still alive, the writer of this memoir applied to him for some information relative to his former pupil, and received in reply a charming letter, from which we are tempted to make the following extract :

"It is now thirty-seven years since I lost sight of Mr

\* Loc. cit., p. 12.

\* Vide Prose Works of Charles Lamb. Vol. II, p. 47.



Coulson, but I have not remained unacquainted with his deserved reputation. You are rightly informed as to my gratuitously undertaking the management of the Grammar School at Penzance on account of its being suddenly deprived of its master, in order that the scholars might not be dispersed and the reputation of the school injured. As I was Minister of the town, the Corporation had recourse to me, and I readily complied with their request. By this arrangement the family of the departed master were benefited.

"During the three months in which my services were given, Coulson, who was then I believe about thirteen years of age, evinced much ability, diligence and attention. He was also grateful. You will think this rather an unusual epithet as descriptive of a school-boy's character; and I shall therefore explain it in a manner which may not merely amuse you, but will be regarded as the most satisfactory reply which I could give to your inquiry.

"It will I trust be gratifying to Mr Coulson to find that an anecdote which he has forgotten, has been cherished in my remembrance for nearly forty years.\* When I entered the School for the last time, I espied a piece of inscribed paper pinned on the wall near my desk. On examining it I found that it was an inscription of grateful acknowledgement to me for my kind and studious attention, signed by Coulson and another scholar, by whom it had been prepared. I remember their anxious looks while I approached it, and their delight at the impression which it made on me. It was an indication of good feeling, and of thoughtfulness beyond their age. The scheme was a development of character."

Having remained at the Grammar School until the year 1816, our aspirant seems to have conceived the wise idea, that it might prove useful in future life, if he were to add a knowledge of some modern languages to that of the Greek and Latin, with which in former times school boys were exclusively crammed. He therefore betook himself to St Pol de Leon in Brittany, where he remained for two years, which were devoted to a study of French literature. On his return he was bound as an apprentice to Mr William Berryman, Surgeon of Penzance, an intelligent practitioner, devotedly attached to his profession. The precept and example of this worthy man were not without effect on the pupil, who set to work with such assiduity, and made such rapid progress, that long before the period of apprenticeship had expired, Mr Berryman advised young Coulson's friends to send him to London, in order that he might commence his anatomical studies without further delay. This flattering and unusual proof of confidence in the future career of his pupil was gladly accepted; Mr Coulson set out for London, and entered as a pupil at Mr Grainger's School in the Borough. While engaged in anatomical pursuits, he found time to attend at St Thomas's Hospital, where he acted as a dresser under the late Mr Tyrrell, and had the fortune to become acquainted with Mr Wakley. The friendship of this gentleman sprung out of a casual acquaintance then formed, and Mr Coulson always speaks of his friend in the kindest manner. During his attendance at St Thomas's Hospital he was distinguished for his industrious assiduity, and we believe contributed numerous reports to the 'Lancet,' then in its infancy.

This may be regarded as the commencement of Mr Coulson's literary career, which he has pursued ever since without interruption, and we may add "*vires acquirit eundo*."

At the termination of his anatomical studies, Mr Coulson resolved on visiting Berlin, towards which school he was attracted by the fame of Rudolphi, of Graefve, and of Rust. These distinguished men have passed away, but at that time they presided over the Prussian School with an éclat which rivalled, if it did not eclipse, the less solid though more noisy reputation of Parisian Surgery. A voyage to the Continent in 1824, was a much more serious affair than it is now-a-days, yet young Coulson, by industry and prudence while a student, saved enough of money to defray his expenses at Berlin—a fact highly creditable to him, and

which may in some measure explain his success in after-life. This was a busy period for our young student; hand and head were constantly at work for two years, during which he supplied the foreign correspondence to the 'Edinburgh Medical and Surgical Journal,' and, still better, acquired the esteem of some of the most distinguished amongst the German professors.

At this period also he formed the friendship of Campbell, and the terms in which our great poet alludes to the kind attentions of his young friend are so characteristic, that we shall extract a passage or two from his letters.

"I begin to speak German so as to be able to support conversation; but still there are many inconveniences that a stranger feels from incomplete acquaintance with the language of a place. These I should have felt in many instances had I not fortunately met with two\* of my countrymen, who are studying medicine here. These young men make me feel very old, for they pay me such attention that I think I must appear in their eyes as venerable as Nestor. They regulate their business for the day, so as to keep themselves at my service, as they phrase it, whenever they can be useful; so that I have no trouble but to eat and drink, and go about to see sights. From anybody such attention would excite a kindly feeling; but from young men of most respectable attainments and gentlemanlike manners, it is even flattering. I am not suffered even to carry my own cloak or umbrella, nor to bring anything for myself that I want; and they offered even to write out a translation of some difficult German which I had to get through, to the amount of sixty very large-sized and small-printed quarto pages. As they are in very good circumstances the offer was perfectly gratuitous; but I thought it would be unfair to allow them to sacrifice so much time from their own proper studies. Finally, my devoted friends have taken their places for Hamburgh, in order to be present at the dinner to be given me, whether it shall prove public or private. This is more zeal than I would show for Tom Campbell myself; for unless I were obliged to return by way of Hamburgh, I would not undergo the thumping of a German coach 400 miles to hear Mr Thomas Campbell's health drunk for the whole city of Hamburgh."†—Berlin, October 5th, 1825.

This is a pleasing eulogium, of which the subject, even at this distance of time, may justly feel proud. But his days were not absorbed by devotion to the representative of English poetry. Mr Coulson availed himself of every advantage presented by the Berlin school; and the solid information there acquired probably contributed to impress on his subsequent writings that character of practical utility by which they are distinguished.

In 1826 he returned to London, visiting Paris *en route* for a few months, and was admitted a member of the Royal College of Surgeons on the 26th September, 1826.

Many young men, when they have passed their examination, are too apt to believe that all their troubles are over. But the active duties of life only then commence; and the laggard who neglects to gird up his loins at once is sure to be left behind in the race. Our young surgeon was not of a temperament to remain idle; his previous life had accustomed him to unceasing activity, and he felt that to attain great things we must aim at great things.

The anatomical school of Mr Grainger in the Borough at this time enjoyed a great and deserved reputation; and it was evident that a private establishment on the same plan might be attempted with some prospect of success in the neighbourhood of St Bartholomew's Hospital. The truth is that the profession in London was beginning to wince under the monopoly which had previously weighed on every branch of medical education, and a spirit of resistance was aroused that subsequently led to a reform of many of the abuses engendered by nepotism. However this may be,

\* Mr Coulson and Mr Spry are the two students alluded to by the poet.

† 'Life and Letters of Thomas Campbell,' edited by Wm. Beattie, M.D., vol. ii, p. 448.

\* The Rev. Mr Le Grice is upwards of eighty years of age. Time has not dried up the fountain of his benevolence.



an independent standard was raised, and the Aldersgate School was established by the late Mr Tyrrell, Dr Jous Quain, and Mr Coulson, aided in the surgical department by Mr Wardrop and Mr Lawrence. Mr Coulson took part in the teaching of anatomy. His first step in life was made in the best company, and this has great influence on a man's future career. Three years were devoted to the interests of the school, yet time was found for the cultivation of professional literature. During this period Mr Coulson had charge of the foreign department of the 'Lancet,' for which duty his intimate knowledge of German literature eminently qualified him. He also translated 'Edwards's Manual of Surgical Anatomy' and edited Blumenbach's work on 'Comparative Anatomy,' which had been previously translated by Mr Lawrence.

In the year 1828, the subject of our memoir was elected Surgeon to the General Dispensary in Aldersgate street, thus becoming the colleague and friend of Drs Birkbeck and Clutterbuck. While connected with this institution, which afforded large opportunities for experience, Mr Coulson published several lectures on various subjects—on Stricture of the Urethra, &c.; but his relations with it were unexpectedly interrupted in the year 1832 by an unfortunate dispute between the medical officers and governors of the Dispensary. These latter gentlemen, apparently acting on the commercial principle that what is worth having is worth paying for, insisted that all the medical offices should be sold to the highest bidders. It is unnecessary to say that the medical staff rejected a proposition of so degrading a character, and retired from all communication with men who conceived that physicians and surgeons should pay for the privilege of affording relief to the poor.

We should not omit to mention that Mr Coulson was appointed Consulting Surgeon to the City of London Lying-in Hospital in 1830. This gave him an opportunity of investigating the subject of puerperal affections of the joints; and the results of his experience were published at the end of the second edition of his work on the hip-joint. This may account for the fact that these interesting observations are much more familiar to continental obstetricians, by whom they are frequently quoted, than to writers on diseases of women in this country.

Mr Coulson did not remain long on the retired list, for in a few months afterwards he was elected member of the medical board of the Royal Sea-Bathing Infirmary at Margate, an office which he still continues to fill, and which has afforded him valuable opportunities of becoming acquainted with the various forms of scrofulous disease that abound in this crowded metropolis. In 1833 he met with his first and, we may say, his only reverse, for he was beaten by Mr Curling in a contest for the office of Assistant Surgeon to the London Hospital. Professional business, the reward of activity and skill, now began to increase, and that to such an extent that Mr Coulson found it expedient to remove from Charterhouse square to his present residence in Frederick's place, Old Jewry, where he has continued to reside ever since. Here, as in all other acts, he showed that science does not exclude worldly wisdom, without which advancement is slow and precarious; for no better site could be chosen as a centre of extensive practice than the modest, quiet court of Old Jewry, which seems as if it were intended as a refuge for the sick, though within a stone's throw of the most crowded thoroughfare in the universe.

We have already alluded to Mr Coulson's connexion with the Margate Infirmary, an institution which receives more scrofulous patients during the year than perhaps any other establishment in Europe. The opportunities afforded by this extensive field were not lost; and accordingly we find Mr Coulson turning them to account in a work on the hip-joint, which has gone through two editions.

Practice now rapidly increased, and with it the literary exertions of Mr Coulson bore corresponding pace. Many professional men write to obtain practice, and become silent as soon as their object is attained, their first efforts seeming to exhaust them. Not so the subject of our present memoir.

The wider his field of observation the more diligently is it cultivated; and hence we find him bringing forth in successive publications a work "On the Deformities of the Chest and Spine," his *opus magnum* "On the Diseases of the Bladder and Prostate Gland," besides contributing various professional articles to the 'Cyclopædia for the Diffusion of Useful Knowledge,' and to the medical journals of the day. About this time he was appointed Surgeon to the Magdalen Hospital.

This constant exertion of mind and body continued for twelve years, at the expiration of which it began to tell. The public are too prone to believe that the fees of a medical man are easily gained, or to grumble at the exchange of a guinea for a scrap of paper covered with hieroglyphics. But few are aware of the outlay of capital, the bodily labour, the mental exertion, the industry, the perseverance, the talent, all of which must be combined in the same individual before he can obtain the rank of a successful consulting surgeon. In the lottery of professional life there are a thousand blanks for every prize, and it is but just that the prize should be elevated in proportion.

Though naturally of strong constitution, the incessant duties of an extensive city practice began to be felt by Mr Coulson, and to such a degree that in the year 1846 he found himself compelled to take a house at Hampstead, partly for health's sake, partly as an excuse for retiring from business at an earlier hour in the afternoon. City consulting practice differs in a remarkable circumstance from that at the West End or elsewhere, inasmuch as the practitioner is a slave to the business habits of the City folk, and must be at his post till a late hour in the evening. Time in the City is so valuable that many patients, unless seriously ill, will not consult their medical adviser until they have shut up for the day—that is, until eight, nine, or even ten, p.m.; and hence a surgeon in vogue can never count on having an evening to himself.

Mr Coulson's semi-country life continued for about two years. At this time an event occurred which rendered it imperative that some decided resolution—a "to be or not to be"—should be adopted. We allude to the death of the much-lamented Mr Aston Key. From the position which Mr Coulson had hitherto occupied, it was evident that the mantle of the departed surgeon was destined to fall on his shoulders, and that he must either be content with a secondary rank, or step forward into the vacant space left by the decease of Mr Key. Hesitation would have been fatal. The struggle for professional eminence in this huge city is like a battle; and when a man falls, the next in order must step into his place, for if he delay an instant that place will be occupied by another. Mr Coulson, like a valiant soldier, flung aside all personal considerations, and returned to his post in the city—an act equally beneficial to himself and the public. At this time he was appointed Consulting Surgeon to the German Hospital as successor to Mr Key, a distinction obtained partly in consequence of his extensive German connexion and of his early familiarity with German literature.

Only two dignities now remained which he could accept,—that of an Hospital Surgeon and of Member of the Council. They followed in due course. In March, 1851, he was elected Surgeon to St Mary's Hospital; and in July of the same year he became, by election of the popular constituency, a Member of the Council of the Royal College of Surgeons.

(To be continued.)

**THE INCOME-TAX AND THE PROFESSION.**—Petitions against the present mode of levying the income-tax have been presented during the present week to the House of Commons from the medical practitioners of Hull, London, Manchester, and Reading.

**THE LEVEE.**—At the levee, on Wednesday last, Dr Hunter Lane was presented by Dr J. C. B. Aldis. The following were among the company:—Drs Faraday, Ashley, Aldis, Evans, Forbes Winslow, McCann, and Gillkrest; also Mr Erasmus Wilson.



## Original Communications.

## ABSTRACT OF EVIDENCE FOR THE IMPORTATION OF THE 'ECLAIR' FEVER INTO BOA VISTA IN 1845.

FROM THE OFFICIAL CORRESPONDENCE AND THE REPORT OF DR McWILLIAM.

(FROM A CORRESPONDENT.)

Dr McWilliam has no doubt learned, during his residence in our great commercial emporium, that printers' ink plentifully distributed is one of the surest means of success in trade, and on every opportunity he has recourse to the press, seemingly with a hope that either the vigour of his invectives or the reiteration of his statements may divert public attention from the defects in his premises and weakness of his arguments. In his latest effort,\* he appears to trust his cause chiefly to "the salient points" in the history of fever in the Eclair and on the island of Boa Vista;—but the official papers relative to this history having most probably never been in the hands of the majority of the profession, even in London, it may be well to show that these "salient points" can be presented "with a difference."

The letters of the late Captain Estcourt prove that the Eclair anchored at Boa Vista on the 20th of August, 1845; and that "the ensuing week was occupied in clearing holds and lifting the tanks" (Correspondence, p. 45). The sickness among the men increasing (Ibid, p. 45, and Consul, p. 35), the sick and crew were landed on the small island on the 31st of August, placing those under the cover of tents who were well, and the sick within a building in the fort. Here they remained thirteen days, during the first nine of which the sickness and mortality increased, whereas on the last four there were only two new cases, but on the three first days after re-embarkation there were no fewer than fourteen new cases (Correspondence, p. 89).

According to Captain Buckle, the senior British naval officer on the spot (Correspondence, p. 94), the sick were re-embarked on the 12th, therefore the concourse of labourers on deck on the 13th (the day the ship sailed) could hardly have brought Luis Pathi or any other of them into contact with the sick.

The evidence of the labourers, as given in Dr McWilliam's report, shows that though about twelve of their whole number had been in the hold, several others on the lower deck, two or three in the engine-room, and five or six at the fort, yet none of them went among the sick of her crew, either in the ship or in the fort. Antonio Angela, Joaquim Pathi, and Antonio Maria Simon, indeed, assisted in getting the sick on board, but through them the disease cannot be traced from the ship to Boa Vista.

Such are the "salient points" relative to the ship, her crew, and the labourers employed on board, while at Boa Vista.

The "salient points" in the history of the fever at Boa Vista itself, however, are involved in inextricable confusion. The population appear to have been healthy when the Eclair anchored off Porto Sal Rey, where she was almost immediately admitted to pratique (Corresp. pp. 35-45); and, according to Mr Macaulay (Corresp. p. 40), "no injury whatever had resulted from the *unrestricted* intercourse which had subsisted during the whole of the Eclair's stay in the harbour [twenty-four days] between the officers and men (not in hospital at the fort) and their friends on shore." The leading particulars of this intercourse, which are detailed in Dr Stewart's report (Corresp. p. 88), show, among other things, that some of the officers and servants were attacked with fever whilst living in the town, but all who fell sick were immediately removed to the fort, except one, whose disease it has been since alleged was not fever.

The Consul (Corresp. p. 36) and Mr Macaulay (Ibid. p. 40) agree that the residents in Boa Vista [proper] con-

tinued healthy for *nearly a month* after the Eclair had sailed, and the Governor-General confirms their statements in a letter written after the Correspondence had been printed by order of the House of Commons. The evidence of Senhor Carvahal (Dr McWilliam's Rep. p. 31), of Sen. Baptista (Ibid. p. 32), of John Jamieson (Ibid. p. 26), and of Dr Almeida (Ibid. p. 75), and Mr Macaulay's despatch of the 21st October, all tend to the same conclusion.

On the other hand it appears, from Dr McWilliam's Report, that a corporal on guard at the fort was taken unwell (p. 20), the day after the sick were landed, and a publican in Porto Sal Rey (p. 30), much about the same time. Next follow the attacks of two Portuguese soldiers in the fort, after the Eclair left (p. 23), of two females in Porto Sal Rey (p. 29), and of Luis Pathi (p. 43), at Moradinha, all nearly simultaneous, if the evidence of the three survivors can be credited. These cases are stated to have been followed, within no long time, by others at various points, viz., Luis Santos Nazario (p. 52), at Boaventura; Antonio, Silvestion, and Jono da Silva Marques (p. 72), at Cabeçada; Antonio des Santos (p. 20); Manoel Antonio Alves (p. 21); Lorenzo Samed (p. 25); and José Sancha (p. 26); at Porto Sal Rey; also one child (if not a second) of Luis Pathi (p. 48), and a child of Manoel Fachina (p. 66), at Cabeçada. In short, Mr Macaulay (Corresp. p. 40), mentions "the general sickliness of the place" at the time of Anna Gallinha's death, and the Consul (Ibid. p. 36) says, "up to the 9th of October extraordinary heat, and the fall of a great quantity of rain had been experienced, events which were surprising to the oldest inhabitant. The fever then began to show itself, and the first *fatal case* in the town is said to have taken place in the house where the two coloured soldiers from the fort had been brought and recovered from their sickness." Besides, the replies to queries 266-7 283, 285, 317-8, and 1565, in Dr McWilliam's Report, would appear to lead to the inference that there were a good many cases of fever in Porto Sal Rey about the time Anna Gallinha is said to have died.

As regards the occurrences at the fort, the replies of the military commandant (p. 18) show that one of the Portuguese soldiers (Roque) died there on the 20th, and the other (Agosthino) on the 21st of September; whereas the testimony of Alves (pp. 21-2) and of Barbosa (p. 23) would prove that Agosthino died first and Roque after. Indeed it might be, and has been surmised, from Barbosa's replies (to ? 218, 19, 20), that the one died on the 17th and the other on the 18th of the month. These discrepancies in the testimony naturally raise doubts as to its truth; but supposing the deaths to have taken place as stated, it does not necessarily follow that the disease of which they died was communicated to these soldiers by the sick of the Eclair. Unless it be supposed that the soldiers were exempt from the general panic, it is not probable that they should have sought admission into such a charnel-house; and the usage of our naval hospitals forbids us to believe that much intercourse with the sick would have been permitted where officers were almost always present. The testimony of the soldiers themselves, that they were constantly in the hospital, then, is highly improbable, from its being incompatible with the maintenance of discipline and order. Besides, Dr McWilliam admits (Rep., p. 105) that "the soldiers had only a week before they were seized with fever come from Porto Sal Rey, where, at least in a theoretic view, the condition of the soil during and after the rainy season is such as may cause fever." This inference, *à priori*, acquires much importance from the indubitable testimony of Capt. Buckle and Dr Carter, of the Growler, as well as the evidence of Dr Almeida, proving that the rains had begun before those men left Porto Sal Rey; and, in addition, there are the other cases of fever just enumerated from Dr McWilliam's Report, two of which preceded, three almost coincided with, and the others shortly followed, the fatal attacks in these soldiers to support this theoretic view.

The next point for examination is the channel by which the fever is alleged to have been conveyed from the fort into Porto Sal Rey. Consul Rendall (Corresp. p. 36), in noticing the alarm at the mortality among

\* 'Medical Times and Gazette,' January 29th and March 5th, 1853.



the crew of the *Eclair*, says,—"the fears of the people had not subsided at the events already recorded, when it was reported, the 20th September (seven days after the steamer had left), that one of the white Portuguese soldiers who had been housed at the island with the crew of the *Eclair* had died in the fort. The following day another also died, and the remaining soldier in the fort (a coloured man) was reported sick. Another coloured soldier was sent to assist his comrade, but who being also taken sick, the authorities at once abandoned the fort and island, and caused the two sick men to be brought to the town, and they were lodged in a house near the sea beach."

Mr Macaulay (Corresp. p. 40), in noticing other incidents connected with the *Eclair*, says,—“this brings me to observe upon the mode in which it is generally believed the *Eclair* fever was communicated to Boa Vista. When the fort which had been used as an hospital by the *Eclair*'s crew was re-occupied by the small military guard who usually do duty there, two of the soldiers were seized with fever, and were immediately removed into the crowded town of Porto Sal Rey."

These two accounts of the same events, both drawn up by intelligent men, differ widely in the details, and this difference shows that they were repeating vague hearsay rumours, not facts, which they had ascertained to be true.

On turning to the evidence of the soldiers in question (Dr McWilliams's Report, pp. 23-4) it will be seen that Barbosa says nothing to warrant the belief that either he or his comrade had been in the least unwell while in the fort; and if the word "still," in his reply to ? 234a, be not altogether misplaced, it would seem to refer to some previous illness, from which he was then recovering. His companion, Manoel, says (? 241) "I was not quite well [in the fort]; and the commandant fearing my comrade and myself might have fever about us, did not allow us to return to the barracks at Porto Sal Rey, but put us both into a small house in Pao de Varella." But there is not another word in his testimony which could possibly be made to imply that Barbosa had been complaining either in the fort or in the Pao de Varella. Manoel further says (? 242) they were seven or eight days in the Pao de Varella; they then went to barracks, and in three or four days more he (Manoel) was taken ill; that he then lived in the house of a publican named Joana, where he was in bed fifteen days; had black vomit, and was visited by the doctor of the Governor-General, as well as (? 243) by his own friends. There is nothing in these details to prove that his very trifling ailment in the fort, 11 or 12 days before, was yellow fever, or that he had been in the least unwell in the Pao de Varella; on the contrary, the whole weight of his testimony leads to an opposite conclusion, and accords with the evidence (p. 24) of the publican Joana. Barbosa, however, says (234a) he (Barbosa) "was laid up in bed the next day," after going to barracks, and adds (238a) "Luis Briza" was then sick there. The illness and death of a brother soldier were events likely to make a profound impression on his memory, but this statement must be fatal to Barbosa's claim to be the original importer of yellow fever into Porto Sal Rey, because Briza did not die until the 12th of November.

It is necessary to add that the assumption as to the illness of those men in the Pao de Varella is countenanced by the opinion of Romess (? 316) that they were sick, and (? 333) that they looked ill, "particularly Miguel Barbosa," and by the evidence of Joanna Texeira (? 337) that "they were not in bed, but they both complained, and were restless and had headache; they looked ill." Senhor Carvalho (? 442) "had heard of her [Anna Gallinha] as a Portuguese woman who had attended and cooked for Miguel Barbosa and Pedro Manoel, the soldiers who came from the fort;" and Sen. Baptista thinks (? 450) the sickness got into the town "by the negro soldiers who came from the fort after the Portuguese soldiers died." It would, then, appear that the oral testimony of one class of witnesses proves too much, while that of another class proves too little; and, if Romess and Texeira belong to the former category, all the others are included in the latter.

It is stated that Anna Gallinha, who had cooked for the two soldiers during their stay in the Pao de Varella, fell the first victim (on the 16th of October) to the Boa Vista epidemic of 1845; and, according to Dr McWilliams (Remarks, p. 9) the disease "was for a considerable time strictly local, being confined to Beira and its immediate neighbourhood." Voluminous evidence is adduced in his Report (pp. 85-6), and Remarks (pp. 8 and 10) to prove this temporary localisation of the epidemic, and no antagonist has appeared to dispute the fact.

Had the fever been really contagious, is it possible that this localisation could have continued "for a considerable time?" Barbosa passed through his attack in barracks at Porto Sal Rey, and Manoel through his well-marked illness in the house of the publican Joana, in the same place, whose testimony is adduced (Rep. p. 24) to show that he was himself taken ill there when the soldier was recovering! The epidemic, nevertheless, confined itself to Beira,—the district where the two soldiers had lodged before either of them was laid up with fever. It would be vain to seek the explanation of this mystery, in want of predisposition, or individual unsusceptibility, the favourite resources in medical controversy. Such speculations must be utterly inapplicable where large numbers are concerned, and there are few places of more general resort than the public-house and the barracks.

A transient impression seems to have crossed the doctor's mind, that another cause might possibly be in action when he admitted that "by the time Anna Gallinha was taken ill" there "existed the recognised elements for malarious evolution." But the agency of malaria is forthwith rejected, because the prevalence of the theoretic conditions was general, and the manifestation of the disease was not equally general. The same reasoning would enable a septic to deny the existence of malaria anywhere, because ague does not appear everywhere.

The decisive testimony of Captain Buekle (Corresp. p. 94) that the sick were re-embarked on the 12th, the day before the ship sailed, precludes the necessity for entering into details regarding the illness of Luis Pathi, and the occurrences at Cubegada, which may be safely left in abeyance, as the sole chance of connecting Pathi's illness with the sick crew depends upon proving that he had stolen something from on board the *Eclair*.

This is the evidence, nevertheless, which has been held to be conclusive, that yellow fever may be sometimes imported, particularly into insalubrious localities, during unhealthy seasons; these being the very conditions which careful inquiries would admit must involve the facts in such obscurity as to prevent the possibility of arriving at any trustworthy conclusion.

Dr McWilliams ignores the evidence of the Governor-General, of Mr Macaulay, and of Consul Rendall, as to the unusual state of the weather which preceded the epidemic, the epidemic among the cattle, the approach of the sickly season, pointed to by Dr Almeida (? 1545), not to say by LIND, and the recurrence of the disease next year.

The Doctor is master of the Portuguese, and a few lines of French cannot be unacceptable to him.

"La plupart des observateurs ont contenu de découvrir le côté affirmatif des choses et d'en voiler le côté négatif; c'est vouer son art à l'opprobre que d'en agir ainsi. Le temps porte son flambeau dans l'obscurité la plus ténébreuse, et l'on aperçoit l'imposture."—*Zimmermann*.

The Jacksonian prize has been awarded by the Council of the College to Mr Henry Thompson, of Wimpole street, Cavendish square, surgeon to the Blenheim Dispensary, for his Essay on the Pathology and Treatment of Stricture.

SINGULAR CASE OF POISONING AT STETTIN.—A gentleman, who had a number of stuffed birds in his study, covered them with arsenic to secure their preservation. Soon afterwards he became seriously indisposed without being able to assign any cause for his illness, until it was discovered by a physician whom he consulted at Berlin that he had, from constant residence in the study, absorbed the deadly poison, with which his system became gradually impregnated.



## Correspondence.

## OUR NAVAL FACULTY.

## LETTER NO. III.

SIR,—“Exposez vos raisons,” and indite shame, shame, shame, on an enlightened Government, that affects to direct the destiny of the world. Speak of the horrors of slavery!—too true it is a melancholy stain on the glorious age in which we live; but what can the chaining of human freedom and suffering flesh compare with the enslavement of mind? Verily the ignominy of the Naval Assistant-Surgeon is to endure “mental imprisonment.”

From his youth he prepares that culture, developed in the gigantic detail of man himself, raised above the standard of secular education, to be shut up with boys; like the Koh-i-noor, introduced to a circle of minor brilliants. Turn to the official list of the seniority of our Naval Assistant-Surgeons, and note the number who claim ten years' servitude, the average time of our Army Assistant-Surgeons being about that period before gaining their promotion. Note well among those grey-headed assistants men\* who have seen good service—who have contributed genius in the cause of natural history and medical topography. *Etouffez votre ressentiment.* Is it interest, or merit, that fills our Naval list? Alas! in all its branches, the bugbear of progress is centred in interest. The veil of custom drawn aside exposes a worthless system of selection. The most gifted talents may moulder in modest contentment; while the rapid, ungifted acquaintance of one in power, will rise to enjoy what should be the prize to moral and substantial worth. *Gratia ab officio quod mora tardat abest.* Take, as an example, Dr Andrew Clark, an Assistant-Surgeon—none the worse for being a Scotchman—and one possessed, too, of peculiar tastes, and much zeal in the pursuit of discovery in morbid anatomy. He is appointed to the service and never sees a ship—remains at Haslar Hospital. I maintain he deserves the privilege; but men equally fond of science, and similarly persevering, have served a short time where he is, and then must fare the blessings of the change to ship-board. Away they go, and in the torrid or arctic zone alike they live, lovers of science and examples of discipline. But here our good friend Andrew† gets his sea-time—for be it known every Assistant-Surgeon must serve afloat to be eligible for promotion—by being appointed to a Guardo, viz., the renowned Victory. Maybe, in a few months after the year of service afloat is up our friend (I rejoice for his sake) will receive his step. Need I put the question, is this justice? How much of tropic disease and its interesting morbid features after death does our stay-at-home know? What judge of men fit for boat service and what not? *Corrigez les abus.* Can he have an idea of his duties in action? It is by contemplating a state of things like this; that one high character resigns after five years' hardship‡, and seeks his reward in another and better regulated service; others§ throw up four years' seafaring fag, and enter private practice; each possesses the best testimonials, and will be hard to replace, to say nothing of the effect their example will produce on those who might desire now to figure in gold-lace caps and contract Sir William Burnett's disease of the spine, produced by long use of one epaulette. *Regrettez la perte du temps.* The Assistant-Surgeons owe much to Dr McWilliam, who advocated their cause through thick and thin. But a proud position will that man hold who can by fair argument and fearless exposure redress their wrongs, save our country's favourite force from want of

that human material which has so largely developed its greatness. For, how gorgeously has fame decked our profession when it is considered that in all the exposure of the northern hemisphere, the medical officers have made the greatest advances—names Old Time will hallow\* “when righteousness shall rule with a rod of iron”—whose reward will be an immortal renown which neither interest nor neglect can change.

I regret numerous engagements prevented my forwarding this letter last week; but an extensive practice will plead excuse. Hours borrowed from night have enabled me to send off this, which on board of ship would have been denied me; for the light would have been extinguished by the corporal of the watch.—*Au revoir.*

NIL SINE LABORE.

## ENLARGED TONSILS AND DEAFNESS.

[We reprint, from the “Medical Times and Gazette,” the following letter, which is supplementary to a previous letter, already quoted in the ‘Circular,’ on the same subject.—ED. ‘MED. CIR.’]

To the Editor of the ‘Medical Times and Gazette.’

SIR,—Having so recently felt it to be my duty to animadvert on the strange opinions put forward by Mr Toynbee, relative to the artificial tympanum (see ‘Medical Times and Gazette’ of April 9), it is with no little reluctance that I feel myself again called upon to combat the no less singular ideas he has advanced in respect to the connexion of enlarged tonsils with deafness. In your report of the discussion at the Medical and Chirurgical Society, on a paper read by Mr Toynbee, he is stated to have said:—

“Enlarged tonsils are never the cause of obstruction in the Eustachian tubes.”

What Mr Toynbee's experience may be in tonsil-cutting I know not, but I may state that my own has extended over many years, and has exceeded three thousand operations. Probably no man living, therefore, can speak so authoritatively on the subject as myself. To the throat I have, from my earliest career as an aural surgeon, looked for an explanation of the mystery of deafness; to its lining mucous membrane, and its extension along the Eustachian tube, when in a state of congestion, I have laid the charge of causing so grievous a calamity. Hence it is that the treatment of the outer passages of the ears by acoustic drops and ointments, and by applications of solutions of nitrate of silver, have invariably met with my condemnation. The subject of enlarged tonsils (seeing this complication with deafness so frequent) necessarily engaged my attention also. I saw cases of very large and projecting tonsils and no deafness. I saw other cases with thickening about the region of the tonsils, with deafness, and I passed in my finger to feel between the arches for the condition of those glands, when they were frequently found enlarged, and stealing upwards towards the mouths of the Eustachian passages. Thus it was that I arrived at the conclusion, that enlarged tonsils did sometimes produce deafness, and upon this idea I proceeded to act. Success has too frequently followed my operation to leave a doubt of the fact, that occlusion of the Eustachian tube does occasionally arise from the presence of enlarged tonsils.

But when relief does ensue from excision of an enlarged tonsil, Mr Toynbee would attribute it to “the loss of blood consequent on the operation.” From this extraordinary remark, I really must be allowed to question the extent of that gentleman's experience in such cases; for I can most positively affirm, that not in one case in a hundred on which I have operated has the patient lost a tablespoonful of blood. If a bungling or inexperienced operator makes no distinction between the arches of the palate and the enlarged gland, but grasps them indiscriminately with his instrument, there may be a greater loss of blood than I have mentioned; but let the tonsil only be seized and cut, and there can be no hæmorrhage, for no vessel is cut to bleed from. If relief

\* Archibald Sibbald, M.D., Naturalist in the Survey of Van Diemen's Land; twelve years' seniority.

† Andrew Clark, M.D. Seniority, 1st Sept. 1846.

‡ Dr Williams. Seniority 1845, and entered the East India Company's Service.

§ Alfred Jackson, Medallist of the London University. Seniority 1847; and Dr Edward William Pritchard. Seniority 1846, Author of ‘Pitcairn Island.’

\* Sir John Richardson, Kt., M.D., Dr Rae, Dr King.



ensued from the loss of blood, it would be immediate; whereas success does not generally follow the operation for days and even weeks afterwards. If Mr Toyubee had attributed the relief to the improvement of the general health, which almost invariably follows excision of enlarged tonsils, he would have been much nearer the mark, and to that extent I could have gone with him.

It is really most disagreeable to feel myself thus necessitated to differ from a brother practitioner upon points which appear so easy of being proved or disproved.—I am, &c.,  
15 Savile Row. JAS. YEARSLEY.

### ROYAL COLLEGE OF PHYSICIANS.

#### THE NEW CHARTER.

Dr Hawkins, the Registrar of the Royal College of Physicians, has addressed the following letter to H. Waddington, Esq., the Under Secretary of State for the Home Department:

Royal College of Physicians, April 18, 1853.

SIR,—I am directed by the President and Charter Committee of the Royal College of Physicians to request that you would be pleased to lay before Viscount Palmerston the following observations upon a letter from the Vice-Rector of the University of St Andrew's, a copy of which you have been good enough to transmit to them by his lordship's direction.

They cannot admit that the clause cited in that letter from the proposed new Charter for the College of Physicians will affect the *just* rights and privileges of the Universities, or their *legitimate* revenue.

The clause consists of two parts, the first of which states that it shall be lawful for the College to admit as a member any person who shall have exceeded the age of forty years, on the production of satisfactory testimonials, and on his passing a sufficient examination. The second part enacts, that such person shall, after his admission, be entitled to have and to use the degree and designation of Doctor of Medicine. Strictly speaking, the clause cannot be said to confer any new power upon the College of Physicians. It was not, in fact, intended for the benefit of the College, but that of a meritorious class of persons to whom, when the College, in the exercise of powers which have always belonged to it, shall have found them competent to practise as physicians, this clause concedes the designation or title by which physicians are usually known and addressed in this country. But the concession is limited to persons who have not had, and have no longer the opportunity of obtaining, the advantage of an academical education, and who have no claim, therefore, to a University degree (which ought to imply that the holder of it has had that advantage), but who have established a claim to the rank of physician by their long experience and by their eminent science and skill. In a practical profession like that of medicine, it is always right that those who by superior talents and industry have raised themselves in public estimation, should have the power of rising from a lower even to the highest rank in the profession. It seems reasonable that, together with the legal authority to practise as physicians, for which such persons must apply to the College, the title should be granted, which, through common usage, is necessary to render the licence intelligible by the public, and useful, therefore, to the possessor of it. In this way, a want which is in some cases felt in the profession may be supplied, and that, too, without substantial detriment to the Universities. For it is the earnest wish of the College that such cases should be exceptional only, and that, as the rule, physicians should be induced, indeed compelled (as they will be by the new Charter), to resort to the Universities for their preliminary and general education. In furtherance of this object the College offers voluntarily to surrender, by the sixth clause of its new Charter, a portion of the powers which it has hitherto possessed, and to debar itself in future from licensing as a physician (except in the cases above mentioned, of persons of advanced years and unusual attainments) any person whomsoever who shall not previously have obtained University degrees. A concession

on the part of the College so important as this in favour of the Universities, ought, in fairness, to be taken into account in connexion with the Clause of the Charter which has been objected to. It may be allowable, perhaps, to mention, that the College did not of itself propose or ask for this Clause. It was spontaneously offered by Sir James Graham, when Secretary of State for the Home Department, on the ground that it is right and necessary that the rank of physician should be attainable by distinguished General Practitioners, but that its attainment would be of little use to them unless accompanied with the ordinary designation of Doctor.

Of the Deputation from the College of Physicians which had recently the honour of waiting upon Viscount Palmerston, some members ventured to express to his lordship a strong opinion that no opposition was likely to be offered to the granting of the new Charter to the College. They did so with the greater confidence, because it has been understood, that persons of authority in the English University who were at first disposed to look with suspicion on the clause now brought into question, had, as soon as they understood the nature and object, readily withdrawn their opposition. The Committee of the College did not, therefore, anticipate any further objections to this clause, it being their sincere conviction that the new Charter, from its general tendency, and from the important concessions which it makes, is consistent with the just rights of the Universities, and favourable to their true interests.

I am further directed to request, that you would be pleased to lay before Viscount Palmerston the following observations on "The Memorial of the Members of the Gloucestershire Medical and Surgical Association," which his lordship has referred to the President of the College of Physicians.

The President and Committee of the College cannot but agree with the Memorialists in considering the Stamp-duty charged on the licences of the College unfairly and disproportionately high. The duty on the licence of an apothecary, and on the diploma of a member, and that of a Fellow of the College of Surgeons, is 1*l.* only, while, on the licence of the College of Physicians, a stamp-duty of 15*l.* is imposed, and on the diploma of a Fellow, a further duty of 25*l.* They are utterly at a loss to understand why the difference should be so great. They have reason to know, that the serious expense of a licence has deterred many persons from qualifying themselves according to law, and has tempted them to practise as physicians without being duly licensed thereto. Hence it may be safely concluded, that, if the duty on these licences were lowered, many more persons would apply for them; so that a great public evil might be abated without loss to the revenue. They earnestly hope, therefore, that a considerable reduction will be effected by Government in the stamp-duty imposed on the licences and diplomas of the College of Physicians, this being a measure which justice and policy seem both alike to dictate.

(Signed.)

### Obituary.

March 10.—H. F. J. KITTERMSTER, Esq., Surgeon, at Warwick, Canada West. The deceased was the eldest son of Dr Kittermaster, of Meriden, Warwickshire.

April 15.—THOMAS BLAIR, A.M. and M.D., Edin., 1792; L.R.C.P., London, 1794; at Brighton, aged 89.

Lately.—PHILIP H. PHELPS, Esq., of Melksham, Wilts, a student of the University College, London.

Lately.—Dr BLACKWELL, at Dunbar, one of the Coroners for the County.

Lately.—Dr HARLESS, Dean of the Faculty of Medicine in the University of Bonn, at Bonn, aged 80. Dr Harless was son of the philologist of the same name, and has himself occupied, since 1818, the Chair of Therapeutics and Materia Medica in the above-named University. With the exception of the illustrious Hufeland, Dr Harless has published the greatest number of German works on the medical sciences. He was also the founder and principal editor of the most celebrated medical journals published in Germany.



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 15th inst:—William Hogarth Adam, Royal Navy; Harry Leigh Atkinson, Weaverthorpe, Malton, Yorkshire; John Brake, Tottenham; Thomas Howarth Cockcraft, Keighley, Yorkshire; Thomas Francis Edwards, Denbigh, Denbighshire; Thomas William John Goldsborough, Welchpool, Montgomeryshire; William Gabb Jenkins, Aberystwith, Cardiganshire; William Robert F. Marchant, North Curry, Somersetshire; Thomas Chambers Palmer, St Kitt's, West Indies; Frederic Savignac Stedman, Great Brookham, Surrey; William Steventon, Cheadle, Staffordshire; James Robert Tunmer, Ipswich, Suffolk. The following gentlemen were admitted members on the 18th instant:—George Pigott Barton, Rolauds Castle, Hants; David Cremen, Cork; Wyune Peyton Frazer, Dublin; Marcus William Mott, Church Stretton, Shropshire; Charles Turner, Grantham, Lincolnshire.

**LICENTIATES IN MIDWIFERY.**—The following gentlemen having undergone the necessary examinations were admitted licentiates in midwifery at the meeting of the board on the 13th inst.:—Messrs. John Edmunds, Wrexham, diploma of membership dated August 4, 1852; Thomas George David Davies, St Andrew's court, Holborn, March 23, 1853; John Vinall, Hackney, April 29, 1839; James Nicholls, Trekenning, October 15, 1852; Octavius William Hoffman, Reading, March 23, 1853; John Tibbits, Warwick, March 23, 1853; John Thomas Muriel, Ely, July 2, 1852; Oscar Byrne, Newcastle-under-Lyme, April 4, 1853; John Humphry, Birmingham, March 30, 1849; Thomas Lawes Rogers, Alvediston, Wilts, April 8, 1853; Frederick Augustus Stutter, Wickhambrook, April 11, 1853; Samuel William North, York, Dec. 3, 1852; and Thomas Fisher, Buckfastleigh, Devon, April 18, 1845.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise on Thursday, April 14th, 1853:—John Archer, Saffron Walden; Harry Leigh Atkinson, Weaverthorpe, Malton, Yorkshire; Thomas Henry Cheate, Blaford, Oxon; Edward James Exeter; Charles Watson Kitching, Smarden, Kent; David Mathias, Cardigan; Frederick Northover, Winchester; William Bird Parker, Brightlinsea, Essex; Edward Prentice, North Walsingham, Norfolk; Richard Thomas, Llanelly, Carmarthenshire; William Walker, London; John Wright, Mountsorrel, Leicestershire.

**VACCINATION EXTENSION BILL.**—On Thursday, the house of Lords went into Committee on this Bill. The following important alteration was made in the 1st Clause:—"And such Guardians and Overseers shall require such medical officer and practitioners, in all practicable cases, to perform such vaccination in the presence of the parent or other person by whom any child may be brought to such place for such purpose, from the arm of a healthy child there present; and where any such medical officer or practitioner shall not so perform vaccination as hereinbefore directed, he shall forthwith report the same, together with the reason thereof, to such Guardians or Overseers, who shall thereupon, if they shall not be satisfied with the reason so assigned, proceed, subject to the approval of the Poor-law Board, to take such measures as to them may seem fit for vacating the contract entered into with such medical officer or practitioner for the purpose of vaccination, or for enforcing the payment of any penalty provided for such case in such contract." On Clause 8, providing that notice shall be given by the registrar with regard to vaccination, Lord Ellenborough called attention to what he thought was an inadvertency in this clause. It directed that the registrar should prepare the notice in the manner provided, pointing out that it was the duty of the father or mother, or person having charge of the child, to see that it was vaccinated in the manner directed by the Act;

but it was directed likewise that the registrar should deliver such notice at the time of the registration to the person giving information thereof, who was to give information to the father or mother. Now, the person who came to register the birth might be almost wholly unconnected with the father or mother, and yet by this bill it was proposed to impose upon that person the burden of giving notice to the parents or persons having charge of the child, under the penalty of fine or imprisonment. He should propose, therefore, that instead of the provision he had alluded to, the registrar should deliver the notice of vaccination to the father or mother of the child, or to such other person as might have charge of it, and should, together therewith, deliver a notice of the time and place within the district in which he officiated at which the medical officer or practitioner should attend for the purpose of vaccinating. His Lordship said in conclusion:—"A society had, he believed, been formed in this country, —he would not venture upon the extraordinary name by which they were designated,—to investigate the cause and the extent of epidemics; and their view, he understood, was, that there should be in every union or in every district a public vaccinator, whose duty it should be not to remain fixed in one place, but to go from house to house to propose to operate upon the children or persons whom he found had not been vaccinated. He thought the nearer this system was approached, the more perfect they would make this bill; and since their lordships were disposed to adopt the principle of compulsory vaccination, it was most desirable to have every ancillary provision to effect that object." The clause, as amended, was then agreed to. The remaining clauses of the bill were also agreed to.

**CREWKERNE AND YEOVIL DISTRICT MEDICAL ASSOCIATION.**—The general meeting of this society was held at Crewkerne on Thursday, April 14th, when, after the business transactions, the new bill for the promotion of vaccination was discussed. The general principle of compulsory vaccination was approved, but it was considered that the fees paid were not equivalent to the trouble taken by the public vaccinator in going, as he is generally obliged to do, from house to house through his district, in order that he may be enabled to persuade persons to have the operation performed. One penny was also deemed an insufficient remuneration for the registrar's notice. A complaint was made that the present working of the Vaccination Act interferes with private patients, who frequently require to be vaccinated gratis, the public vaccinator being of course unable to refuse so to do. The association have determined to institute proceedings under the Apothecaries' Act against unlicensed practitioners in those cases which may be deemed advisable. Each member is requested to take notice of and report to the honorary secretary any case of illegal prescribing which may come under his notice. The late president, Dr Tompkins, of Yeovil, and the late honorary secretary, Mr G. T. Wills, of Crewkerne, were re-elected to their respective offices.

**APPOINTMENT.**—Mr Thomas Allen, M.R.C.S.E., of Oxford, has been appointed Medical Superintendent to the Warneford Hospital for the Insane. Salary 300*l.* per annum, with board, &c. We could have wished to see this appointment filled by some one who had had experience in lunacy, in one of our large Asylums. The appointment was not advertised in the medical journals.

**SUPPRESSION OF CITY SEPULTURE.**—With a full determination of putting down, as soon as possible, burials within the City, the authorities have advertised for 100 acres as a cemetery, north of the river Thames. They have also applied to the Woods and Forests for ground in Epping Forest.

**A MILITARY LUNATIC COMMISSIONER.**—Lieut.-Col. H. Morgan Clifford, M.P., has been sworn in a commissioner, vice Lord Seymour, resigned.

**QUACKERY.**—An ignorant pretender in Paris was recently fined, and sentenced to three years' imprisonment, for vending quack medicines. Our Gallic neighbours are "ahead" of us on this subject. Why should John Bull be too proud to receive a lesson from the other side the Channel?



## Notices to Correspondents.

**DR TURLEY.**—We hope that you will excuse a private note in the present instance. As you have surmised, we are restricted by the advertisement duty from giving all the intelligence desired. All books reviewed by us are noticed three times—first, in the Bibliography; second, in Books received for Review; third, in the Review itself. The Bibliography gives the title of the work, the author's name, the edition, size, price, and style of binding, &c., the publisher's name being omitted. The notices under "Books received for Review" generally give the name of the publisher, omitting usually as unnecessary the other particulars. We have special reasons for this arrangement. The "Review" being written for scientific purposes does not contain any trading information. Any gentleman, however, who is anxious to procure a work, can have no difficulty in ascertaining all the particulars concerning it. Other correspondents who have written to us on this subject will be kind enough to receive these observations in answer.

**MR J. WILSON.**—We have no knowledge of the fact, if fact it be. Lord Palmerston is a bold man, but the Home-office will tame him. A medical bill will be very suitable regimen.

**OXON.**—Your opinions are not so peculiar as you think; the difficulty has hitherto been to get a sufficient amount of agreement upon them. A more explicit letter will be published.

**MR D'ARCY BOULTON (Leamington).**—The editors of the 'Medical Directory' request that you will return the order you gave them for that work, which, relying on your honour, they forwarded to you for your inspection. Further notice will be taken of this strange procedure.

**A CORRESPONDENT** has called our attention to the recent regulations for the Naval Service, by which the license of the Faculty of Physicians and Surgeons of Glasgow is received as qualifying for the post of Assistant-Surgeons. It used to be only one of the Royal Colleges that was recognised. This proves that the standard of education has been reduced in consequence of the lack of candidates caused by the shameful treatment of the doctors'-mates.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Calculating on the spirit of equity in the 'Medical Circular,' I send the following facts in reference to "Rich, if True—Homœopathic Pharmacy," in your last number:—Messrs Pressley and Taylor, 10 Pallmall (now—Frendi), most respectable and intelligent allopath chemists, were coeval, if not preceding Mr Headland in the preparation and sale of homœopathic remedies. A large room, separated from their shop by a long passage, was exclusively devoted to their homœopathic pharmacy, and every one who knew Mr Taylor especially, valued him for his integrity and skill, indeed elegance in all his preparations. He was the first to open a shop for the sale of homœopathic remedies in the City (at Foster lane), which succeeded well, as the present proprietor, Mr Ernest Storn, can testify. Nevertheless, the objection to the fact of the vicinity to allopathic drugs, &c. in the Pallmall establishment, was so great as to prevent any countenance from being given to it, by any of the homœopathic practitioners of that day. Are we, then, so changed? or, is "Rich, if True," both a poor and false jest? Yours, &c.,

A SUBSCRIBER, AND AN OLD HOMŒOPATH, M.D.

**PROVINCIALIS (Newcastle-on-Tyne).**—We are not aware that there is any hotel in London especially frequented by medical men, like Wood's by the clergy. A London Medical Club has often been talked of, but no attempt has been made to realise the scheme. If your business lie in the City, choose Radley's or Anderton's; more westward, either of the hotels in Covent Garden, or the Craven, or Morley's at Charing cross.

**MR BEST.**—No.

**R.B.**—It does not follow that because there is hæmorrhage there is rupture of a blood-vessel. We apprehend that most cases of internal hæmorrhage are the result of mere exhalation from the mouths of the capillary vessels, as a breach of surface is rarely visible. In hæmatemesis melæna

many instances of hæmorrhoids, and the bloody stools of dysentery, the discharge of blood is an exudation from the mucous membrane. Consider this point, and probably you will be able to arrive at a more satisfactory judgment on the case. We do not think it expedient to publish your notes.

**MEDICUS.**—The subscription is one guinea annually. You must be nominated and seconded by a Fellow.

**MR JAMES S.**—We are unable to comply with your request.

**GULIELMUS.**—We cannot undertake the inquiry. It would occupy too much of our time, and would not be productive of any useful results.

**M.R.C.S. (Hull).**—The newspaper has not been received. A written account of the circumstances would oblige.

**ALPHA.**—Your communication partakes too much of a mercantile character for insertion, except as an advertisement. The principle is old; the application may have some novelty, but we cannot discover much practical utility in the apparatus.

**MR J. W.—S.**—Communication received, but must stand over.

**A PRACTICAL SURGEON.**—The use of arsenic in the instances cited is well known, but your cases are too curtly stated to add anything satisfactory to the evidence already collected on the subject. For the credit of the remedy, therefore, it is desirable that you should enter more minutely into the history and diagnosis. There is a great objection to a report of cases from memory. They are apt to be very inaccurate, and incomplete; the symptoms of one case being often attributed to another, and though such reports may be in a general way sufficiently descriptive of the malady, yet they are of no value towards the compilation of statistical tables. The note-book is the only sure foundation upon which to build up the fair structure of medical science.

**OMICRON.**—Hoblyn's 'Dictionary,' is the work you want.

**L.M.N.**—Your qualification is not legal. We agree with you that the present laws are "absurd and scandalous," but we cannot agree with you that the Board of Guardians would be justified in setting at nought the requirements of the Poor-law Board. This would only make "confusion worse confounded."

**QUID RIDES?**—Had there not been so much already in our journal on the subject of quackery, we should have been happy to publish your communication. A very humorous volume might be written on the "Facetiæ of Science," but at the present time, we have not space to devote to the matter.

**R.B.**—An apparatus for the fumigation of the scalp has been made by Fergusson, of Smithfield, and is recommended by Dr Burgess. We dare say it would answer your purpose. Whether the hair is an organic or inorganic structure is not yet decided, but the preponderance of opinion is adverse to its possessing any nutritive or organising power. Mandl, however, believes that it is endowed with these vital functions.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Having seen in your 'Circular' repeated complaints of the difficulty of procuring vaccine lymph; perhaps it may not be amiss to inform such of your readers as may not be aware of the fact, that a supply of fresh vaccine lymph may at any time be procured, without any expense, from the National Vaccine Establishment, No. 8 Russell place, Fitzroy square, London, by addressing a letter of application, unsealed, to Dr Hue, Registrar of the N.V.E. (as above), and enclosed in an outside cover, directed thus:

To the Right Honourable

The Secretary of State,  
Home Department,

National Vaccine Establishment. Whitehall

All that is required is, that the party shall report to the establishment the number vaccinated with each supply, and with what result.—I am, &c., J. BUTLER.

New Basford, Notts, April 23, 1853.

**DR BURNETT's** communication arrived too late for insertion this week.

**MR COX's** interesting communication on Laryngismus shall appear next week.

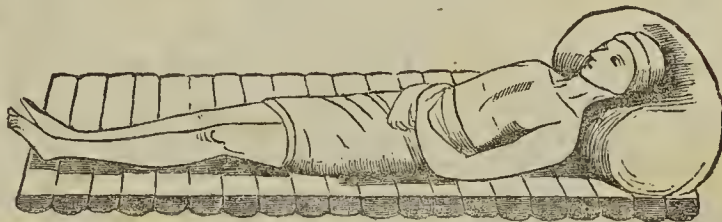
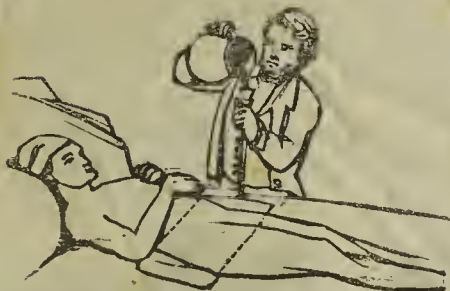


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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

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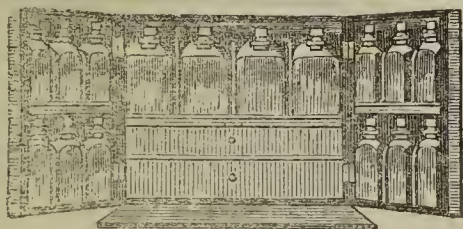
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THE  
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AND  
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No. 18. NEW SERIES. }  
No. 44. }

WEDNESDAY, MAY 4, 1853.

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April 25, 1853.

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## The Medical Circular.

WEDNESDAY, MAY 4, 1853.

### THE NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

THE promoters of the new Charter of the College of Physicians have not been so successful in conciliating support as they expected. The large body of extra-licentiates are clamorous on the subject of the injustice meditated against their interests and rights, and menace the College with an angry opposition. When Dr Burrows assured Lord Palmerston of the undivided support of the profession, he was guilty of the imprudence of "crying before getting out of the wood," and his colleagues now, awkwardly enough, find themselves in the position of defenders of a repudiated and condemned scheme.

Although the new Charter did not embrace the principles we hold to their full extent, and although it admitted of considerable amendment, yet it was evidently so large a stride in advance of the obsolete and neglected laws and usages to which the College has hitherto clung, that we did not hesitate to accord to the authorities our approbation for the proposed boon. We do so still. We must, however, mark with our censure the fourth clause, exacting from the extra-licentiate the payment of an additional sum of FIFTEEN GUINEAS, accompanied with certain testimonials of character, prior to his admission as a member of the College—conditions which will be regarded with dislike and awaken resentment throughout the country. If this sum be demanded in order that the amount of fees paid by the extra-licentiate shall approximate to that paid by the licentiate, what can the College answer when they shall be charged with admitting all those graduates of British and foreign universities who are now practising without the license and have paid no fees at all into their exchequer, to the privilege of membership upon precisely the same conditions,—testimonials of character and a payment of fifteen guineas? Why the extra-licentiates should be fined for complying with the regulations of the College, and the recreant doctors absolved for defying them, we cannot discover. We trust that the President and Censors will revise the Charter in this particular, and make it more conformable with common sense and equity.

Other objections have been taken to the Charter, such as the nomination of a candidate for the Presidency by the Council, and the power given to the President of appointing the Vice-Presidents, and also of nominating the Registrar and Treasurer for election by the Fellows. Objections have been likewise offered to the nomination by the Council of candidates for election to the office of Censor. We strongly object to the principle of nomination, and should be glad in the present instance to see these powers re-

seinded; but we cannot on this account condemn the Bill in the unmeasured terms of some indignant critics. We must not forget that the power of nomination will be held in check by the fellows at the subsequent election, and that it is confided to a President to be elected annually, and therefore liable to summary punishment if he abuse his trust, and to a Council, the majority of whom will be elected by the Fellows, and therefore exposed to the same method of castigation. The President and Council are responsible for their acts; and we very much doubt that they would wantonly violate the confidence reposed in their honour. The most objectionable feature in these nominations, however, is this, that these officers will *ex officio* have seats in the Council, and consequently enjoy a paramount voice in the management of the business of the College. Were they confined to their strictly executive duties, there would not be much impropriety in the method of election, and their nomination might be regarded both as a convenient mode of selecting the most eligible men, and as an honourable privilege exercised by the President and Council; but, inasmuch as it is the design to invest them with more important functions, and give them an equal voice in the management of affairs with the freely-elected Council, we cannot regard these nominations otherwise than with suspicion and distrust.

These, however, are questions of detail, not affecting the elective principle so much as the mode in which it shall be exercised. We are aware that it might be possible to overlay a good principle by a bad system, and thus to smother it ere it can exercise its own strength. But we do not foresee so great danger in this instance; and we should consider the objections to be virtually removed if the office-bearers so nominated were excluded from the Council.

There are certain other points relating to the franchise, to which we shall refer on an early opportunity.

### MR SYME AND URETHROTOMY.

OUR hemisphere has been illuminated with the coruscations of a new meteor, and the members of the Medical and Chirurgical Society have been frightened from their propriety by its unwonted lustre. Has it a tail, or a head? is it opaque, transparent, or hairy? were questions rapidly put and slowly answered. It was at length settled that its head was decidedly opaque, though small, and its tail long enough to reach all the way from London to Edinburgh, whither its path was traced, till it became suddenly obscure. "Dark with excess of light its skirts appeared." The terror occasioned by this new phenomenon deterred nearly the whole of our hospital surgeons from being present at the discussion on the Perineal section, or Urethrotomy, at the Medical and Chirurgical Society, where Mr Syme charitably attended, on Tuesday week, to enlighten the Boeotian intellects of his metropolitan rivals. The debate was, consequently, very stale, flat, and unprofitable, being relieved only by a little escapade of Mr



Thomas Wakley, who managed to divide the honours of the evening between himself and Mr Syme.

It was a pity that so extraordinary an event, to which all the surgical world of London had been looking with agonising expectation, should have come so tamely off. The pugilist stepped into the ring, threw himself into attitude, and finding no antagonist, complacently viewed his own athletic proportions, with a proud conviction that there was not a man in England that dared to come to the encounter.

Perhaps Mr Syme's modesty may be able to suggest another reason for the absence of a champion, and may reflect profitably upon the familiar adage, vernacular to the prize ring—"There are more ways of despatching a rabid dog than drowning or hanging; we may let him run his head against a post."

We condole with Mr Syme on his misadventure, and compassionate the humiliation of his spirit. Even the loftiest and the proudest souls may occasionally experience a salutary correction in a deep disappointment; and Mr Syme may possibly return to Edinburgh a "wiser and a better man." The 'Edinburgh Journal' may replace commendation with pity, and Mr Lizars may learn to temper his censures to the shorn lamb. Cheer up, Mr Syme; for although the roof of the Medical and Chirurgical Society was an extinguisher on your "northern light," yet its brilliancy will not fail to shine in its native atmosphere. Your Athenians will tell you that if the gods wish to be respected, they should never leave the heights of Olympus. "Tis distance lends enchantment to the view," and it is a melancholy record that whenever the deities descended from the courts above, where they were surrounded with satellites and sycophants, to the regions of common sense, they generally lost the charm "of that divinity that doth hedge" alike kings, gods, and crack surgeons. Stick to Olympus, Mr Syme, and like a Jupiter of old, be content with cutting your shines among the flatterers of that privileged region.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Lancet,' April 23, 1853.)

### DISEASES AND INJURIES OF THE JOINTS.

Mr Solly communicates some valuable observations on this class of diseases. He says—

"I cannot quit the subject of diseases of the hip-joint without calling your attention to a form of disease which is not very common, but of which I am enabled to show you a drawing from a sketch I made in a case that lately came under my notice in private practice.

"The disease to which I allude has been called chronic rheumatic arthritis. This disease comes on very insidiously. The patient at first merely complains of a little pain on the inner side of the thigh and knee; he soon experiences some difficulty in walking, especially in the morning, and though the pain often increases, the stiffness wears off towards the evening. As the disease advances the pain becomes more constant, and though it varies in intensity it is never entirely absent. The most striking feature in these cases is the gra-

dual immobility of the joint. Patients cannot stoop to tie their shoes or garters. In sitting down they are obliged to keep the affected limb extended; they prefer sitting on a high stool. In the case from which this sketch has been made, the patient did not suffer much during my examination from the movements which I gave to the joint, but she could not bear any firm pressure over the capsule either in front or behind. I could not detect much alteration in the form of the joint, though I thought that the trochanter on that side was more prominent. In walking she gave a rotation to the whole pelvis, and had great difficulty in moving at all. In this instance the disease had advanced rapidly, for she only first felt anything amiss in the hip about twelve months ago; she could not trace it to any special cause. The disease very gradually attained its present severity. She did not consider it rheumatic, never having had rheumatism in any other joint. Still she resided in a very damp situation with a clay soil. No medicine appeared to control it at all, and all local anodynes soon lost their effect. The chloroform was on the whole the most effective.

"A hot-water cushion, as first invented and recommended by Dr Arnott, of Brighton, gave more permanent relief than anything, and for four nights successively she slept calmly and comfortably; the fifth night the cushion was out of order, and all the pain returned again. She died suddenly, with all the symptoms of fatty degeneration of the heart.

"*Post-mortem examination.*—Hip-joint: The capsule thick; no pus in the joint. Synovial membrane slightly inflamed in patches, with little red nodules similar in size and form to the osseous and ivory nodules attached to the neck of the bone. Also fringed projections similar to those described by Mr Rainey, 'Transactions of the Pathological Society,' vol. iv. Many thin bands and threads of organized fibrin, running from the neck to the under surface of the synovial lining of the capsule. There is an osseous tubercle embedded in the capsular ligaments anteriorly, about the size of a small marble, lying over the anterior inter-trochanteric line. The head of the bone is enlarged, and it is carried over the neck with a deeply fringed mushroom-shaped edge. There is a semi-circular, ulcerated, roughened groove running on the outer and upper part of the head, on a line with the edge of the head of the bone in its normal state, about the sixth of an inch in width, and the tenth of an inch in depth. The cartilage is almost entirely removed, irregular streaks of it alone are left; the intervals are occupied, partly by the commencement of the eburnous change, and partly by roughened ulcerated spots. Some of the eburnous patches, especially near the edge, are corrugated like the enamelled surface of an irregularly-formed tooth, or the auditory ossicle in the osseous fishes.

"A section of the head of the bone shows very beautifully that the morbid enlargement is a deposit on the exterior of the bone and not an expansion of the cancellated structure."

Mr Solly corroborates Mr W. Adams's opinion derived from microscopical observations, that this morbid change is a growth of new cartilage and new bone. We quoted, in our 7th number, portions of an interesting article on this subject by Dr Robert Smith, in the 'Dublin Quarterly.' Mr Solly also calls attention to hysterical affections of the hip-joint.

(From the 'Lancet,' April 30th, 1853.)

### LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

Mr Guthrie treats of incised wounds of the abdomen in this Lecture. He says:—

"When an incised wound in the intestine is not supposed to exceed a third of an inch in length, no interference should take place; for the nature and extent of the injury cannot always be ascertained without the committal of a greater mischief than the injury itself. When the wound in the external parts has been made by an instrument not larger than one-third, or from that to half an inch in width, no attempt to probe or to meddle with the wound, for the



purpose of examining the intestine, should be permitted. When the external wound has been made by a somewhat broader and longer instrument, it does not necessarily follow that the intestine should be wounded to an equal extent; unless it protrude, or the contents of the bowel be discharged through the wound, the surgeon will not be warranted in enlarging the wound in the first instance, to see what mischief has been done. It may be argued that a wound four inches long has been proved to be oftentimes as little dangerous as a wound one inch in length; yet most people would prefer having the smaller wound, unless it could be believed that the intestine was injured to a considerable extent. Few surgeons even then would like to enlarge the wound, to ascertain the fact, unless some considerable bleeding, or a discharge of fecal matter, pointed out the necessity for such an operation.

"If the first two or three hours have passed away, and the pain and firm but not tympanitic swelling in the belly, as well as the discharge from the wound, indicate the commencement of effusion from the bowel, or an extravasation of blood, an enlargement of the opening alone can save the life of the patient. The external wound should be enlarged, the effused matter sponged up with a soft moist sponge, and the bowel or artery secured by suture. When a penetrating wound, which may have injured the intestine, has been closed by suture, and does not do well, increasing symptoms of the inflammation of the abdominal cavity being accompanied by general tenderness of that part, with a decided swelling underneath the wound, indicating effusion beneath, the best chance for life will be given by re-opening the wound. It is a point in surgery, which a surgeon should contemplate in all its bearings. The proceeding is simple, little dangerous, and under such circumstances can do no harm.

"When the wounded bowel protrudes, or the external opening is sufficiently large to enable the surgeon to see or feel the injury by the introduction of his finger, there should be no difficulty as to the mode of proceeding. A puncture or cut, which is filled up by the mucous coat, so as to be apparently impervious to air, does not demand a ligature.

"An opening which does not appear to be so well filled up as to prevent air and fluids from passing through it, as such wound cannot usually be less than two lines in length, should be treated by suture. When the opening is small, a tenaculum may be pushed through both the cut edges, and a small silk ligature passed around, below the tenaculum, so as to include the opening in a circle, a mode of proceeding I have adopted with success in wounds of the internal jugular vein, without impairing its continuity; or the opening may be closed by one, two, or more continuous stitches, made with a very fine needle and silk thread, cut off in both methods close to the bowel, the removal of which from the immediate vicinity of the external wound is little to be apprehended under favourable circumstances. The threads or sutures will be carried into the cavity of the bowel, as has been already stated, if the person survive; and the external part of the wounded bowel will either adhere to the abdominal peritoneum, or to one or other of the neighbouring parts.

"When the intestine is more largely injured, in a longitudinal or transverse direction, or is completely divided as far as, or beyond the mesentery, the continuous suture is absolutely necessary.

"When the abdomen is penetrated, and considerable bleeding takes place, it is necessary to look for the wounded vessel. When the hæmorrhage comes from one of the mesenteric arteries, or from the epigastric, the wound is to be enlarged until the bleeding artery is exposed, when ligatures are to be placed on its divided ends, if they both bleed. I have seen the epigastric artery tied several times with success."

These precepts are illustrated by a series of interesting cases.

(From the 'Medical Times and Gazette,' April 30, 1853.)

#### DISEASES OF THE SPINE.

Mr Solly describes in this lecture two forms of disease which require to be discriminated. He observes:

"The affections to which I refer commence in the ligaments of the spine, sometimes induced by cold, sometimes by direct injury, such as a sprain, blow, or fall.

"The first case that I shall relate to you has already, I think, interested you in our clinical visits in the wards, and you will, I trust, soon recognise it again. This case was sent to me, with the accompanying note, from my friend, Mr Else, of Camberwell:

"MY DEAR SIR,—The bearer of this has a strange neuralgic affection, which totally deprives him of power to work. The source of the mischief appears to be in the left branches from the upper dorsal nerves, affecting especially the median nerve of the left arm and forearm. Being a case I thought interesting to you, and your superintendence advantageous to the poor fellow, I have taken the liberty to ask you to make him an in-patient of the hospital for a short time. I remain, my dear Sir, yours faithfully,

"J. O. ELSE.

"308 Albany road, October 22, 1852."

"Case.—Mr Brake's notes.—William Voller, aged forty, a labourer at a gas factory, admitted into George's Ward, under Mr Solly's care, October 26, 1852.

"Exposed much to heat and cold, but enjoyed good health till fourteen weeks ago. About that time, noticed a severe catching pain in the right loin upon attempting to lift the iron scoop used in his employment; lasted about two days; was under treatment, and got better. Subsequently the body became covered with a thick rash, with formication over the arms, trunk, and front of the legs, but without loss of power. Had diarrhoea and pain in the abdomen; was under treatment six weeks, and recovered. Returned to work on a Monday, but not being strong enough to keep on, did not return again till the following Friday, but obliged to give up after two nights' work, on account of weakness. Remained at home for about a fortnight; at the expiration of that time, while walking, had a severe pain in the back just between the shoulders. The same night, this pain in the back continuing, he noticed a severe tingling in the left shoulder and along the side of the arm and forearm, followed by numbness. Applied a mustard poultice to the back and forearm; found afterwards that he had very little use in the arm, and no relief from pain; was cupped, and applied a liniment, but without any beneficial result; also tried continuous poultices for a fortnight, without relief. Cannot rest upon the shoulder without pain and uneasiness."

"The deduction which I make from this history is, that in the first instance, this man was attacked with rheumatic inflammation of the ligaments of the lower cervical portion of the spine, extending from thence to the theca vertebralis, accompanied by some effusion on the cord. The severe catching pain in the right arm, on attempting to move his scoop, is not characteristic of simple rheumatic affection of the muscles. This pain is followed by a severe tingling down the arm. Now, I need only remind you of what takes place if you strike the ulna nerve, as it runs over the inner condyle of the humerus, or, in ordinary language, the funny-bone. This tingling is succeeded by numbness; in other words, the nerve, which was first only irritated, is now compressed and partially paralysed. I dare say that most of you know the sensation of numbness which results if you go to sleep in your chair, overdone by your nocturnal studies, with one leg crossed over the other. When you awake, you find your leg still asleep; it is numbed from the pressure of the popliteal nerve on one side by the knee of the other leg. But, to return to the case.

"Oct. 28.—Treatment: Hydr. iodidi gr. i. ter die; moxa to side of spine.

"Nov. 6.—Mouth a little affected; pain and uneasiness less on lying on right side; still continues on the left shoulder. Pil. bis in die.

"8th.—Gums very tender. Pil. omitted.

"17th.—Much better. Only complains of numbness along forearm and two last fingers.

"29th.—All pain and uneasiness left him.

"Dec. 4.—Cured.

"You must not confound this class of cases with another,



and that of a wholly different origin, and in which the pathological condition is likewise different. I refer to a form of paraplegia, which comes on so insidiously that the sad victim of it is almost lost before he is aware that his health is seriously deranged. The disease is unaccompanied with pain, and as it generally occurs to those whose attention is so drawn from themselves by active mental exertion that they often pay no attention to the first symptoms of disease, as they regard them as trivial and unimportant. The cases we have just been analysing had both an inflammatory origin; the cases to which I now direct your attention are, I believe, anæmic from the first; they are cases of permanent spinal exhaustion, and you will see, therefore, the importance of a correct diagnosis, as the treatment which in the one case would cure your patient, in the other would aggravate his malady.

“The disease commences with slight numbness of the lower extremities; this is followed by some loss of power; there is no pain in the spinal region at all; when you examine them, you may rap the spine, from the neck to the rump, and the patient does not shrink. You may apply the hot sponge, but this elicits no evidence of disease of the vertebral column.

“The history will assist you if you strike the right key. You find no evidence of your patient having ever received any injury to the spine. He cannot account for it at all. If, however, you ask him whether he has had much sexual intercourse, he will say, if he is honest, yes; but more probably he will not acknowledge to it immediately, but when you tax him directly with not having been satisfied with the caresses and charms of one syren, but that two claimed him for their own, and that his animal pride would not permit him to stint them, he will generally acknowledge to the truth of the soft impeachment. If, on the other hand, he says indignantly that he never had connexion with a woman in his life, it is almost certain that he is the victim of that dread delusion—masturbation.

“In the treatment of these cases you must avoid all anti-phlogistic measures, for they only do harm. The first thing is to stop the exciting cause, and this is often, strange as it may seem, the most difficult part of your task.

“I have known men of sound sense in all other matters, men whose judgment is of the greatest value to their clients, such slaves to the venereal appetite and their own ideas of pleasure, that they would submit to any plan of treatment that you like to propose, yet would not abstain from copulation, or give up their ordinary exercise and mental employment. I remember once saying to a patient, who consulted me for this malady, and whom I found perfectly deaf to all my advice on this point, ‘The best thing that could happen to you would be to be pitched out of your phaeton, and to have a bad compound fracture of the leg, which would confine you to your bed and your back for at least two months.’ Now, it did so happen that this gentleman met with an accident, though unfortunately for him not so serious as to confine him for more than a month or six weeks; but even this rest did him so much good, and he rose so much better, that he forgot all his good resolutions, pursued the same course again, and is now perfectly, and I fear irrecoverably, paraplegic.

“Unless these cases are treated very early, you can do little or nothing with them.

“Rest, bodily, mentally, and erotically, is the most important point; and if your patient will not submit to rest, entire rest, you had much better take your leave without prescribing; for all the medicine in the Pharmacopœia will do no good without the rest.

“As regards medicine, I have found, and it was first mentioned to me by my kind friend Sir Benjamin Brodie, small doses of the tinct. lyttæ, ten to fifteen drops, with from two to four grains of the sulphate of zinc, the best. A generous, but not a stimulating, diet, must be advised.”

(From the ‘Association Medical Journal,’ April 29, 1853.)  
HINTS ON AUSCULTATION, WITH A VIEW TO THE SIMPLIFICATION OF TERMS AND ARRANGEMENT.  
Dr Theophilus Thompson, the author of this paper, has

made an attempt to meet a long-declared necessity,—the simplification of the terminology of auscultation. He says:—

“It is undesirable to give similarity of name and juxtaposition in arrangement, to sounds characteristic respectively, some of inflamed lungs, others of consumption; and I would venture to propose, as simple, distinct, and suited for clinical purposes, the following division into bubbles, clicking, crepitation, crackling, and vibration.

“The first column exhibits the arrangement which I propose; the second, the corresponding terms in most frequent use; the third contains brief descriptions of the distinctive characteristics of each sound; the fourth notes the occurrence of the sound, whether chiefly in inspiration or expiration, or in both; the fifth shows the most common seat of each sound; and the sixth, the principal disease in which each sound is manifested.

	Sounds.	Synonyms.	Character of Sound.	Relation to		Common Seat.	Accompanying Disease.
				Inspiration.	Expiration.		
I.	Bubbling. a. Bubbling rhonchus.	Mucous rhonchus.	Unequal irregular bubbles altered by cough.	—	—	Middle of both lungs.	Bronchitis.
II.	b. Small bubbling rhonchus.	Subcrepitant rhonchus.	Few irregular bubbles.	—	—	Base of both lungs. Summits.	Capillary Bronchitis.
	c. Gurgling. Clicking.	Cavernous rhonchus. Humid crepitation or humid crackling rhonchus.	2, 3, or 4 clicks.	—	—		Excavation. Softening tubercle.
III.	Crackling.	Dry crepitation or dry crackling rhonchus.	2, 3, or 4 dry sharp sounds.	—	—	Summits.	Unsoftened tubercle.
IV.	Crepitation.	Crepitant rhonchus.	Numerous minute, similar rapid puffs, like salt on fire, or rubbing lock of hair between fingers.	—	—	Base of one lung.	Pneumonia.
V.	Vibration.					General	Bronchial asthma, etc.
	a. Sonorous rhonchus.					General	
	b. Sibilant rhonchus.					General	

“I. BUBBLING SOUNDS are produced by air passing through secretions in the bronchial tubes, as peculiarly occurs in bronchitis; in those of moderate calibre consti-



tuting what has been usually designated mucous rhonchus. The smaller bubbling rhonchus produced in the capillary bronchi, commonly known as subcrepitant, should rather be termed sub-mucous, if, from respect to long usage, the somewhat questionable term 'mucous' be retained. To these bubbling sounds the term rhonchus is appropriate; but I do not dignify with this title sounds probably produced externally to the cells, such as crackle and true crepitation, which are not proved to have any relation to the passage of air through secretion or vibrating tubes.

"II. CLICKING consists of a series of sounds, few in number, exactly corresponding to the term, audible in some degree during expiration as well as inspiration, and probably never existing except when softened tubercle is present.

"III. CRACKLING—a term which itself defines the sound—consists of a few (not more than three or four), crackles limited to the period of inspiration, seeming to arise at a distance from the ear, probably produced externally to the cells, and characteristic of the first stage of phthisis, although not invariably present under such circumstances.

"IV. CREPITATION consists of more numerous and finer sounds than crackling. It is also confined to the period of inspiration, and is probably due to viscid secretion in the cell-walls, occasioning difficulty in their expansion. It is peculiar to pneumonia.

"V. VIBRATIONS. Of sonorous, grave or cooing, and sibilant, shrill or whistling rhonchus; sounds resulting mainly from vibration, and indicating flattening or narrowing of tubes, such as is common in chronic bronchitis, it may be sufficient to remark that, when occurring interruptedly, these rhonchi may be occasioned by vibrations of air produced by pellets of mucus, as is sometimes observed in pertussis; but that in proportion to the continuousness of these sounds, there is reason to suspect turgescence or thickening of the membrane, or effusion in the submucous tissue.

"A few incidental remarks may here be expedient, in order to explain a little more particularly the modifications which are suggested in this communication.

"The term subcrepitant rhonchus has been so long and extensively employed, that the attempt to displace it may seem a bold and doubtful experiment; but I scarcely know a medical expression which has tended to more danger in practice. The term conveys to the mind the idea of a sound analogous to that usually designated crepitant rhonchus (but which I propose to call crepitation); and has in consequence led to injurious depletion. If asked to specify the greatest abuse of auscultation with which I am conversant, I should instance the leeching and antimonialising of children, in certain pectoral affections, of which the subcrepitant rhonchus is a prominent symptom. Under the cover of a pedantic numerism, the cure of pneumonia without depletion has, on the continent especially, been assumed to be common, because this so-called subcrepitant rhonchus, although really differing in character of sound, as well as in cause, has been mistaken for the rhonchus characteristic of pneumonia. A reference to the table will show the marked difference between these sounds.

"As respects diagnosis and treatment I cannot but think that great importance may be advantageously attached to the co-existence of certain sounds with expiration as well as inspiration, with certain qualifications, particularly in reference to vibratory rhonchi; the presence of a morbid sound during expiration affording evidence of the presence of secretion within the cells or tubes. This view is supported by the concurrence of clicking, from softened tubercle, with both respiratory actions, as contrasted with the inspiratory crackle of the first stage of phthisis. The same peculiarity distinguishes the small bubbling (submucous rhonchus) from true crepitation (crepitant rhonchus), which resembles the noise produced by rubbing a lock of hair between the fingers, and conveys to the mind an idea (probably in harmony with the fact) of the abrupt forcing open of cells rendered less yielding by glutinous deposition in their walls. If the cause commonly assigned for 'crepitant rhonchus'—namely, air passing through secretion—were correct, the

air in repassing should produce a rhonchus during expiration also. The presence of viscid secretion within the pulmonary cells in pneumonia may be acknowledged, without conceding that this secretion is concerned in the production of crepitation; indeed, its tenacity may be a reason why bubbles are not produced, the calibre of the capillary tubes to a certain extent remaining free. When, in the resolution of pneumonia, the secretion becomes less viscid, and occasionally more copious, the rhonchus changes in character, and the sound which has been designated the redux crepitant rhonchus, having more of a bubbling character, and more or less audible during expiration, is produced. The sound sometimes termed continuous subcrepitant rhonchus, existing only during inspiration, and accompanying pulmonary congestion such as attends some forms of fever, I should regard as a subcrepitation, not a rhonchus.

"As respects the treatment of inflammatory affections of the lungs; in proportion as sounds are confined to inspiration, they afford reason for depletion; in proportion as the rhonchi become bubbling, they indicate secretion, and suggest a discontinuance of antiphlogistic treatment.

"The advantage of introducing terms so diverse as is suggested in the present plan is obvious. If we speak of crackle, the first stage of phthisis is indicated, if of clicking, the stage of softening; if of crepitation, pneumonia is known to be present; if of bubbling or small bubbling rhonchus, secretion more or less copious is known to be present in the different orders of bronchial tubes."

(From the 'Dublin Medical Press,' April 20, 1853.)

A paper by Mr Trenerry, surgeon of the Civil Hospital, Gibraltar, has been read before the Surgical Society of Ireland, on a

**CASE OF WOUND OF KIDNEY, WHERE A CONSIDERABLE PORTION WAS SEPARATED AND CAME AWAY DURING THE SUPPURATING STAGE OF THE WOUND: WITH REMARKS.**

The title is sufficiently descriptive of the nature of this rare case, the progress of which is minutely reported. The portion of the kidney that projected and finally escaped through the wound was of the size of a pullet's egg. Mr Trenerry says, that on the 14th of October or the 21st day from the receipt of the wound, his patient "Passed another good night; scarcely any urine escaped from the wound, which is getting filled up by a reddish, smooth, round, soft, substance that has been protruding since last evening, and appears to obstruct the escape of urine [the substance is not unlike intestine]; the discharge is highly putrid, and almost black; bowels confined; still complains of thirst; urinates without scalding; and does not experience the immediate desire to micturate after drinking.

"15th. The protrusion from the wound has increased to the size of a pullet's egg; its surface is quite black, crepitant and doughy to the feel; edges of the wound everted by the protruded substance; the matter discharged from the wound is very dark and putrid, and has the appearance of meconium; bowels have not been opened; he says that although he passes very good nights, still he cannot sleep and wishes for an opiate. Enema communis statim, haustus anodyne hac nocte.

"16th. Passed a very good night, having had some sleep; the whole room is infected with the horrible stench that proceeds from the wound; the dark offensive discharge is very abundant, and the protruded substance has separated; it is not unlike a putrid mass of coagulated blood (renal capsule?) And now there is another substance protruding, like a coil of intestine, with a portion of the mesentery; it is also of a doughy or pasty consistence, has a fleshy appearance, and crepitates when slightly pressed between the fingers; bowels were relieved once after the injection, motion costive.

"About one o'clock (noon) the other portion escaped from the wound. In structure and shape, it has the appearance of a withered kidney. There are two open membranous tubes at its concave side or fissure, about the size of goose-quills, exactly resembling bloodvessels; they lead into



a cavity lined with a strong fibrous membrane like the pelvis of the kidney. Its outer surface has patches of a strong fibrous membrane, which, on being peeled off, exposed a distinct granular surface, in appearance like the nutmeg liver. On making a section, there is distinctly visible in some parts the cortical and tubular structure of the kidney with its pelvis. There is scarcely a doubt but that the kidney must have been detached when the wound was inflicted, which accounts for the non-union, in spite of sutures, adhesive plaster, bandages, &c."

The man eventually died, having survived the injury 30 days. On a post mortem examination it was observed that

"On separating the left kidney, its *upper half was absent*, and the remaining portion had its wounded surface covered with pns and some calcareous particles, phosphate of lime. Its tunic is much thickened, and its substance highly vascular and of a vermilion colour. The emulgent vein and its ramifications in the kidney obstructed by a coagulum of blood. Three branches of the renal artery had been divided, and were plugged with firm adherent coagula. The right kidney is greatly hypertrophied. Pleuritic serous effusion of a turbid nature in right chest, and recent adhesions. The pleura pulmonalis is thickened, and its surface extensively covered with lymph. Incipient hepatization of the lower lobe of the lung. The left lung and other viscera are healthy."

There was an interesting discussion on the case.

#### CONTENTS OF THE MEDICAL JOURNALS.

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**Medical Times and Gazette.**—(No. CXLVIII. April 30, 1853.)—ORIGINAL LECTURES.—Mr Samuel Solly's Clinical Lecture on Disease of the Spine; delivered at St Thomas's Hospital. Dr Boon Hayes's Lectures (VII) on Histological Anatomy and Microscopical Manipulation. (With an Engraving.)—ORIGINAL COMMUNICATIONS.—Mr A. Todd on Certain Cases in which the Administration of Chloroform may prove Injurious.—HOSPITAL REPORTS.—King's College Hospital: Double Congenital Hernia; Strangulation on the Right Side. University College Hospital: Strangulated Femoral Hernia. St Bartholomew's Hospital: Operation for Strangulated Femoral Hernia. The London Hospital: Strangulated Inguinal Hernia. Scientific Lectures.—EDITORIAL ARTICLES.—The Income Tax. Mr Syme at the Medical and Chirurgical Society. The Election of Examiner in Materia Medica in the University of London. The Vacci-

nation Bill. The Medical Benevolent College. Royal College of Physicians.—REVIEWS.—Report of the President of the Queen's College, Galway, for the Academic Year of 1851-52. Inflammation of the Breast and Milk Abscess. By T. W. Nunn.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals: Upon Abscess of Bone and its Treatment; Upon Tubercle in Bone.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society. Abernethian Society of St Bartholomew's Hospital.

**Association Medical Journal.**—(No. XVII. April 29, 1853.)—LEADING ARTICLES.—The Prospects of Medical Reform. The Income-Tax. The Chancellor of the Exchequer on Medical Fees. Galvanic Quackery in Edinburgh. The Royal Medical and Chirurgical Society, and the Discussion on Urethrotomy. The 'Church and State Gazette' versus the Medical Profession.—ORIGINAL COMMUNICATIONS.—Dr T. Thompson's Hints on Auscultation, with a View to the Simplification of Terms and Arrangement. Mr H. R. Rump on the Occurrence of Hernia Bronchialis during Labour. Mr F. Mason's Case of Abscess of the Liver; Spontaneous Evacuation: Cure. Dr J. Ogden on Ligature of the External Iliac Artery for a Wound.—PERISCOPIC REVIEW.—Epidemiology, Hygienics, and Statistics: Statistics of the Deaf and Dumb in Ireland; Dr J. C. Steele on the Increase of Small-pox in Glasgow. Surgery: Cases of Recovery after Loss of Portions of the Brain; Treatment of Dislocation complicated with Fracture. Practice of Medicine and Pathology: Anatomical Considerations on the Mode of Blood-letting in Affections of the Internal Viscera.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: Schirrhous of the Prostate Gland, also of the Lumbar and Pelvic Lymphatic Glands; by John Adams, Esq.; Treatment of Stricture by External Incision; by James Syme, Esq. Crewkerne and Yeovil District Medical Association: Vaccination; Irregular Practice.

**Dublin Medical Press.**—(No. DCCXLVII. Vol. XXIX. April 27, 1853.)—PROCEEDINGS OF SOCIETIES.—Surgical Society of Ireland: Dr W. Hutchinson's Case of Successful Removal of a Loose Cartilage from the Knee-joint. Medical Society of London: On Chronic Rheumatic Arthritis.—ORIGINAL COMMUNICATIONS.—Dr J. Kirby's Miscellaneous Cases and Observations in the Practice of Medicine: On Wry-neck. Dr H. Thompson on Gunshot Wound of the Arm, involving the Brachial Artery. Mr A. Morgan on the Blue Stains occasionally produced on Lint by Pus, and an Explanation of their Cause.—SELECTIONS FROM MEDICAL JOURNALS.—Large Doses of Quinine in Typhoid Continued Fever. Gunshot Wound of Chest without the Usual Symptoms. Fracture of the Processus Dentatus. Cerebral Disease attended by Apoplexy, &c.—REVIEWS.—A Commentary on Medical and Moral Life; or Mind and the Emotions, considered in Relation to Health, Disease, and Religion. By W. Cooke, M.D., &c.—LEADING ARTICLES.—Leader. Medical Reform: New Charter of the College of Physicians of London. Deputation to Lord Palmerston. Curiosities of Medical Literature.

#### BOOKS RECEIVED FOR REVIEW.

On certain Diseases of the Skin generally pronounced intractable, illustrated by upwards of Forty Cases. By Thomas Hunt, F.R.C.S. London: J. Churchill.

On Syphilitic Eruptions; with especial reference to the Use of Mercury. By Thomas Hunt, F.R.C.S. London: J. Churchill.

**TREATMENT OF MEDICAL OFFICERS IN WORKHOUSES.**—At the last meeting of the Marylebone Board of Guardians a letter was read from the two junior medical officers praying to be allowed quarters outside the house, as their present sleeping-rooms were dangerous to health. Mr Squire, the senior surgeon, said that so ill-ventilated were the rooms that the doors had to be bored to let in air. The subject was referred to committee, and it was suggested that the panpers should be placed in the rooms if vacated by the surgeons. Mr Coham, surgeon, said that if the rooms were not fit for surgeons, they were not fit for panpers.



## Hospital Reports.

## UNIVERSITY COLLEGE HOSPITAL.

STRANGULATED FEMORAL HERNIA.—OPERATION.—REMOVAL OF A LARGE MASS OF OMENTUM.—PERITONITIS.—SLOUGHING OF THE SAC.—RECOVERY.

(Under the care of Mr ERICHSEN.)

Mary Franklin, aged 67, for years the subject of irreducible hernia, was admitted Jan. 11, 1853, at 9.30 a.m., labouring under the symptoms of strangulated bowel. There was a large, softish-feeling tumour in the right femoral region. As attempts had been made, before admission, to effect reduction by the taxis, it was not deemed prudent to continue them much further. Mr Erichsen accordingly had the patient put under the full influence of chloroform, and, having again failed in his efforts to return the gut while she was in that condition, he at once resorted to the operation. The ordinary incisions having been made, and the sac of the hernia laid open, a large lump of omentum was brought into view; it was much congested, and adhered firmly to the sac at its inner and lower parts. After a little search, a small knuckle of intestine, of a deep chocolate colour, was found in the upper part of the sac. The stricture was extremely tight, and it was with some difficulty that Mr Erichsen at length succeeded in introducing the tip of his finger, in order to serve as a director for the bistoury. A small incision upwards and inwards having been made, the protruded intestine was easily replaced. And now came the question as to what should be done with the mass of omentum. Conclusively opposed to the idea of returning it were the circumstances, that it was very large, much congested, adherent to the sac, and had probably been down for a long time. If left in the wound, sloughing would probably ensue, and induce great constitutional irritation. Mr Erichsen accordingly determined to remove it, and to adopt, according to his custom in such cases, the plan of ligaturing the whole constricted neck of the tumour rather than each vessel singly. For this preference he alleged as a reason, that it was very desirable to prevent the portion left behind from passing up into the abdomen, which might be much more easily accomplished by one large ligature than several small ones. A piece of whipcord was accordingly passed round it, as close as possible to the femoral ring, and the lower portion, having been cut off, was gently separated from the sac, and to which it adhered, and removed. The end of the cord was turned up on to the abdomen, and there fixed by means of a strip of plaster, so as to retain the divided omentum in place. The sac, which was very large, was next plugged with sponge, and, the wound having been covered with wet lint, the patient was sent back to bed. *Capt. vin. opii mxxv. statim.*

The portion of omentum cut away was afterwards found to be six ounces in weight.

At two p.m. there were symptoms of commencing peritonitis; the belly was tympanitic, and slightly tender; pulse 90, soft; tongue moist, and thinly furred; knees a little drawn up. *Hirud. xij. abdom.*

*R̄ Hydr. chlorid. gr. ij, pulv. opii gr. ss., 4tis horis sumend.*

January 12, one a.m.—*Hirud. xxiv.* The pain in the abdomen continuing with but little improvement, the same number of leeches were again applied at noon, and at midnight a blister was ordered to the abdomen. *Tinct. opii m xxx. horâ somni sumend.*

13th.—Pulse 120, sharp and hard; abdomen tympanitic and tender; she is very restless, and appears to be in great pain. *Hirud. xxiv.* To continue warm fomentations to the abdomen.

16th.—A profuse diarrhœa commenced yesterday, in other respects she is a little improved.

*R̄ Morph. acet. gr. j., sacchari gr. x., 6tis horis sumenda, cum sp. vin. gallic. ʒj., et conf. aromat. gr. x.* A starch enema to be administered.

17th.—There is still tenderness over the whole belly,

which is also tympanitic; she lies, however, on her left side, and the knees are not drawn up; pulse very weak; bowels not open; tongue dry and furred.

18th.—The ligature from the omentum came away to-day; the interior of the sac, which has throughout secreted a very unhealthy discharge, is in a sloughy condition, but the destruction does not involve any part of the edges of the skin; the abdomen is now flaccid and free from tenderness; pulse 96, and of much better power. Mr Erichsen ordered a lotion of the chlorinate of soda to be freely applied to the interior of the sac, and over the whole a bread poultice. The powders were suspended yesterday.

19th.—Much better; the sloughs are separating, and the wound is granulating healthily. Pulse 112, soft, and of fair power. From this date, progressive improvement took place, and she was discharged quite well on February 28th.

We are indebted for the particulars of the above case, as also for those of the following one, to the notes taken by Mr Griffith, the dresser of the patients.

STRANGULATED CONGENITAL HERNIA.—OPERATION.—REMOVAL OF A LARGE MASS OF OMENTUM ADHERENT TO THE TESTIS.—RECOVERY.

(Under the care of Mr ERICHSEN.)

John Saul, aged 35, was admitted at nine in the evening of January 7th. He stated, that from a child he had been subject to a fulness in the left groin, and that protrusion of a large tumour had repeatedly occurred during the last few years. On these occasions he had always suffered severe vomiting; but, with one exception, in which medical aid was necessary, he had never failed to accomplish reduction for himself. The manner in which he was accustomed to manage this was by placing himself on his back, with the heels elevated at a considerable height above the body. Ever since the occasion on which he had called in a surgeon, about a year, he had worn a truss; but it was inefficient, and did not prevent the extrusion of the bowel. In the night of the 5th, about twelve o'clock, the bowels having acted naturally an hour or two previously, the hernia again came down, without any known cause. From that time to the present he had suffered almost constantly from "most horrible vomiting;" and no action of the bowels had occurred.

On examination a long ovoid tumour, the size of two fists, and terminating by a thick neck, at the external abdominal ring, was found on the left side of the scrotum. It was soft and flaccid; but from previous manipulations, the skin showed a blush of redness. The testicle could be felt at its inner and posterior aspect about the middle. Chloroform was at once administered, and the taxis having been again ineffectually tried, Mr Erichsen proceeded with the operation. Having exposed the sac, and divided the stricture, he attempted to effect reduction with opening the former, but, in doing so, it gave way under his hands at the lower part, where it was excessively thin, and a large mass of thickened omentum protruded. This omentum was found to be closely adherent to the testicle. Just within the neck of the sac, and almost concealed by the rest of the tumour, was a knuckle of deeply-congested intestine, of a chocolate brown colour, but glistening, and otherwise healthy. The stricture was now further divided in the usual direction, and the coil of bowel carefully replaced and retained in position by pressure with the hand over the internal ring. Mr Erichsen next applied a ligature of whipcord to the neck of the omental protrusion; and, having divided its adhesions to the testis, it was then cut away and removed. This omentum was not only indurated and thickened, but a good deal congested. Mr Erichsen alleged as his reason for removing it, that if left, it would, from its size, and from the probability that some of it had been a very long time there, almost certainly slough. The wound having been dressed, as in the preceding case, the patient was returned to bed, and had administered two grains of opium in the form of pill.

On the morning of the 8th, there was much tenderness



over the whole abdomen; and the exposed testicle was acutely inflamed.

Hirud. xviii. R Opii gr. ss., calomel. gr. ii. 4tis horis sumend. Fomentations to the whole abdomen.

On the 9th, he was somewhat better; and by the aid of a simple enema the bowels were freely opened.

10th.—He was so much improved, that the pills were discontinued.

11th.—Abdomen distended, but not very tender; the testicle is still swollen and painful; appetite good; bowels open; tongue moist.

18th.—The sac has throughout been in a very unhealthy condition, and the whole scrotum is now much swollen and discoloured. As the pus, which was of a dirty grumous character, appeared to lodge in the lower parts, Mr Gangee, the house-surgeon, made an extension of the wound lower down, in order to permit of its more free escape.

20th.—The patient, as regards his general health, is doing well; the scrotum is to be injected with red wash. Mr Erichsen made a counter opening in its lower portion, in order yet further to obviate the tendency of the pus to bag.

21st.—During the night there was a sharp hæmorrhage from the edges of the cut made yesterday, which, however, ceased spontaneously.

Feb. 8th.—Steady improvement; all the slough has separated, and the wound is granulating healthily.

About a fortnight later the man was discharged quite well.

Accidental laceration of hernial sac, in cases in which it was intended to complete the operation without opening that membrane, has occurred twice within our observation during the last few months. Once in the case just related, and again in a patient lately under the care of Mr Birkett, in Guy's Hospital. In the latter case the patient, Maria Logan, aged 38, was undergoing an operation for femoral hernia. The sac was extremely thin; and, as Mr Birkett was passing his finger up to the seat of stricture, it gave way, and the bowel protruded. The patient recovered well. Mr Luke informs us that in his hands the same has occurred once, in a case in which the neck of an old and thickened sac had been scarified until it was extremely thin. The accident is, of course, of no further consequence than that it simply destroys the hoped-for advantages derived from not opening the peritoneal cavity.

## Original Communications.

### TREATMENT OF LARYNGISMUS BY CHLOROFORM AND HYDROCYANIC ACID.

BY WILLIAM J. COX, M.R.C.S., ETC.

Of late years the convulsive diseases of childhood have much engaged my attention, and none so much so as the singular and dangerous affection denominated "laryngismus stridulus." Subjoined are the condensed details of sixteen cases treated principally by two remedies which I have found of greater efficacy, in the long run of instances, than any others:—viz., chloroform and hydrocyanic acid. In December 1850, I had the honour of reading before the Medical Society of London a paper on the subject of this affection. My views therein contained were briefly as follow:—

1. That the predisposing causes are chiefly those inducing undue excitability of the *medulla spinalis*.

2. That the exciting cause is irritation of various incident nerves, chiefly the tri-facial, the superior laryngeal, gastric filaments of the par vagum, and spinal nerves. Of these I consider irritation of the fifth pair the most frequently in operation.

3. That the pathology of the malady consists entirely in tetanoid spasm of the laryngeal constrictors.

4. That the cerebral symptoms are the effect and not the cause of the malady.

5. That there is an analogy traceable between *laryngismus* of infancy and *epilepsy* in adult age.

6. That the pulse is generally slow and full just *previously* to the seizure.

7. That the remedies must consist of four classes; of these the two first-mentioned are the chief:—I. Those employed during the *seizure*.—II. Those directed against their recurrence, employed during the *intervals*.—III. Those for removing evil effects on the brain, &c.—IV. Prophylactics.

8. That of the first-class of remedies, chloroform, is decidedly A1.

9. That of the second-class, hydrocyanic acid, and the salts of iron, rank the first. Change of air next in value.

Of course you cannot (at present at least) allow me space for a more lengthened detail of the principles of treatment advocated in my paper, nor of the arguments upon which these were based. Eleven of the following cases were then recited. Further subsequent experience has confirmed in my mind the truth of these views, and I now venture to offer you them in this brief form. I have, however, great pleasure in adding, that a few days since, during a conversation with our great authority in chloroform matters, Dr Snow, he informed me that since the reading of my paper he had treated several cases of laryngismus by that agent, the whole of which had been successful. I must also mention that at the suggestion of Dr Snow, I now use, and *strongly advise*, the *dilution* of chloroform with an equal bulk of alcohol, in all infantile diseases.

Case 1. Male, aged 9 months, of strumous diathesis. First paroxysm cut short by the cold douche; the second yielded only to chloroform. Cod-liver oil was then given to complete the recovery.

Case 2. Female, aged 2 years, scrofulous; had had seven or eight violent fits; found almost in a state of coma, respiration almost suspended. Warm bath, and other remedies, tried in vain. The chloroform in ten minutes gave complete relief, and an interval occurred of three days. Hydrocyanic acid was given perseveringly (one-half drop Scheele's strength three times a day) for ten weeks, with citrate of iron. A perfect cure resulted.

Case 3. Female, aged 18 months. In this case, although the chloroform invariably cut short the attack, the little patient gradually sank, constitutional remedies proving of no avail. The autopsy showed the larynx in a normal condition, but revealed extensive myelitis in the cervical region, with a layer of pus beneath the dura mater of the cord.

Case 4. Female, aged 15 months. First seizure, and of extreme severity. I feel certain that but for the timely use of chloroform, death would have at once resulted. Regulation of diet and the hydrocyanic acid effected a cure in a few weeks.

Case 5. A male, 3 years of age, scrofulous and irritable. The chloroform was repeatedly used with the greatest advantage, but all tonic treatment proved powerless to effect a complete cure. The acid was then had recourse to, and with its usual success.

Case 6. Female, aged 14 months, with strumous eczema of the scalp. Attacks of crowing very frequent, but not of great violence. This case was chiefly remarkable in proving the efficacy of the hydrocyanic acid.

Case 7. Female, aged 21 months. Suffered much from teething, which was always attended with more or less crowing. The gums were lanced, and the hydrocyanic acid given. The result was fully satisfactory.

Case 8. Female, 11 months. Paroxysms severe and long-continued. Chloroform repeatedly employed, and with great success. Change of breast-milk completed the cure.

Case 9. Male, 9½ months of age. Stout and phlethoric; great dental irritation. As no arguments were effectual in inducing the parents to permit lancing of the gums, purgatives were freely given, and afterwards hydrocyanic acid. The paroxysms greatly abated both in force and frequency; but after a long interval of repose, a severe fit proved fatal before I could arrive with the chloroform.

Case 10. Male, aged 4½ years. Paroxysm very frequent and severe. There was also dysphagia and occasional fits of apparent syncope. The pulse throughout was extremely irregular and feeble. Chloroform was not used in this case.



on account of these alarming contra-indicating symptoms; but the hydrocyanic acid proved of decided temporary benefit, greatly lengthening the intervals. At last dissolution suddenly occurred by syncope. The *post-mortem* showed a large aortic aneurism involving the recurrent nerve.

Case 11. Female, aged 22 months, stout and robust, crowing very severe, and depending on intestinal irritation. The usual remedies removed a mass of ascarides, after which she improved rapidly. The exhibition of hydrocyanic acid, however, seemed necessary to a permanent cure.

Case 12. Male, aged 9 months. Fits of crowing from dentition. Lancing the gums at once put an end to them for six months; but on their recurrence we had recourse to change of diet and the occasional use of chloroform, when the paroxysms were of unusual severity. Recovery gradual and permanent.

Case 13. Male, 1½ years of age. Found him in a suffocative paroxysm, and, in fact, in articulo mortis. The chloroform acted with magical celerity, and three purgative powders completed the cure. The case of Dr Collins, reported in your last number of the 'Medical Circular,' appears precisely similar to this.

Case 14. Male, 2¼ years. Had had three violent fits previous to treatment, the last nearly proving fatal. Chloroform was used with its usual success, and, the child being rickety, iron and iodine given, which effected a cure in about four months.

Case 15. Female, 7 months. Fits very frequent, generally occurring on awakening. As they were not of great severity, we did not in this case apply the anæsthetic agent. The disease, however, proved obstinate, and the persevering use of the hydrocyanic acid alone appeared to have any decided effect. The fits ceased gradually.

Case 16. Male, 14 months. Paroxysms of very long duration, and mistaken by the parents for croup. The cause appeared to be over-feeding. No chloroform was used, as the warm bath always sufficed to cut short the attack. The exhibition of purgatives and hydrocyanic acid completed the cure.

Perhaps at some future time you will allow me space to dilate on the pathology of this and other convulsive diseases of infancy. With two observations I must now conclude:—

1. The use of chloroform must of course be restricted to the paroxysm itself, and be attended with great caution. Its effect is principally to open the glottis by destroying the tetanic spasm of the muscles on which its obstinate closure depends.

2. The effect of the hydrocyanic acid is to subdue (very slowly and effectually) the undue centric irritability of the spinal cord, which so often prolongs the symptoms after all local sources of irritation have been removed. It must be given in small doses, perseveringly repeated.

Kensal Town, Middlesex, April, 1853.

## The Anatomy of Quackery.

### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XVII.

#### QUACKERY'S LAST!

HAKHEEM ALI AHMED'S TREASURES OF THE DESERT!

(Continued from p. 328.)

Ever since that important epoch in the history of the 'Medical Circular,' when we commenced a formal crusade against the knaves and charlatans who, under the protection of a Government stamp, defraud the ignorant and credulous of money, health, and life, we have been constantly assailed in every possible way, for the purpose of either "buying us off" or deprecating our censure—of coaxing us into a compromise, or intimidating us into silence. The annoyance which we have thus suf-

fered, the various phases this annoyance has assumed, the trouble which has thereby been given us, and the consequently increased disagreeable character of our task, can be better imagined than described. The piles of letters which we have received, full of insinuations, invectives, calumnies, and the grossest insults—some with signatures, some anonymous (beyond the trouble and waste of time which their perusal has occasioned us) have, however, failed to do more than to excite our pity and contempt, and to add strength to our determination to pursue the object we have in view with increased assiduity. The many personal visits which we have received, often at most inconvenient periods of the day, have differed in character from our correspondence, in being more in the "saft-sawder line," in which polite offers of information, declarations respecting the perfect harmlessness of the nostrums, the extreme honour and honesty of the proprietors, with gentle hints as to their wealth and well-known liberality (*sly dogs*), or the folly and danger of acting offensively towards them, have generally formed the burden. On some occasions the sudden and extreme anxiety evinced about our health by parties to us perfect strangers prior to the interviews alluded to, has been both startling and ludicrous. "A few days' residence at a country villa," "a month at my hunting-box, near ———, in ———shire, where there is always a 'meet' near, twice a week," we have been assured would "materially assist in restoring our health," and enable us to return to our "philanthropic" and "literary pursuits" with renewed pleasure and vigour. But our interviews and correspondence have not always been of the character just noticed. Occasionally they have assumed a rougher aspect. Not long since an elegantly-folded and scented letter was brought us, which in our innocence we at first mistook for a billet-doux. We opened it with eagerness. Gentle reader! imagine our disappointment. Instead of the honeyed words of love, it contained an assurance from the writer that he had a "cowhide in pickle for us." We certainly did not expect such tender consideration. The transition in our mind from what we expected, to what our friendly correspondent informed us we might shortly expect, appeared, however, so monstrously absurd, that it provoked our laughter. On another occasion we received a "second-hand" hint from a certain party, that "Mr ——— (we had almost divulged the name) had promised himself the pleasure, the first time he crossed us, of smashing every blessed bone in our body." This was another piece of attention and distinction to which our unambitious soul had no desire to attain. But we were not to be startled or intimidated by the brag of dastards or the yelling of jackalls. We had confidence that our moral courage was amply sufficient to "cow down" and disarm the physical-force ruffianism of the combined quackery of the kingdom; so we ate our dinner and slept contented as usual. Not a single fit of nightmare, or vision of cowhide, cudgel, or broken bones disturbed our slumbers. Poor wretched knaves! They opined that our character was as worthless and degraded as their own;—they, men who barter their birthright of truth and honour, and every moral obligation, for the paltry purchase-money of a single box of pills,—they have found themselves mistaken. We were not to be "wheedled" by their apparent flattery and honest protestations,—or to be bought by a banker's draft,—or to be frightened with a lawsuit *in nubibus*,—or to be silenced or coerced into retraction by threats of a horse-whip or a "life-preserver." No such thing. *Fear* and *dishonesty* are words which have no place in our vocabulary. The threats and wiles of charlatans merely arouse our energies and hasten our progress onward. We expected the chameleon-like attention which we have received from the herd of nostrum-mongers. We are no novices in the study of the human heart, and there are few developments of its craft and vileness, which we are not sufficiently matured and honest enough to meet. We expected, when we commenced the present papers, to receive *all* the insinuations, invectives, calumnies, insults, threats, which have been east upon us. We expected opposition,—the conversion of many friends into enemies, and the "raising up," as it were, of a



whole legion of opponents, whose very persons were before unknown to us. We *expected* all this; for where is the pickpocket that yields his liberty without a struggle? and where is the highwayman or assassin that has not his weapon ready to use against him who would arrest his progress? If, then, we have entered on a task requiring both energy and determination, we have girded ourselves for the conflict and are prepared to meet the "troubled spirits" we have raised. He who ventures upon the dangerous precipice of telling "unbiased truth," must prepare himself for a war with all mankind. "If he tells the crimes of great men, they fall upon him with the iron hand of the law;—if he tells them of virtues, when they have any, then the mob attack him with slander;"—if he exposes the evils of ignorance, or the injustice of unequal laws, he is branded as an anarchist, or an aspirant for the favour of the people;—if he denounces monopoly or the knavery of Quacks and charlatans, he gets the whole herd of those who live by barefaced robbery and assassination down upon him, ready to "*hound*" him to the death;—in short, he who regards *truth*, and *dares speak it boldly*—"let him expect martyrdom, and then he may go on *fearless*." This is the course we have adopted,—this is the course we intend still to pursue. We are sufficiently bold to be honest, and—sufficiently honest to speak the "unbiased truth;" and further—we are quite prepared to accept the consequences. Let Quacks then beware!

In carrying out our self-imposed, but not on that account, less onerous duties in connexion with the present series of papers, our motto has been "fair play;" and we have truly endeavoured to act with equal justice to all the parties concerned. Our desire to protect the public against the impostures of quackery, has not led us to indulge in unfair inferences, or to make false statements respecting the conduct of those we so justly condemn. On the contrary, we have endeavoured to base our arguments and evidence on the solid foundation of facts, indisputable facts, and on authorities beyond the charge of sinister influence or corruption. We have paid personal visits to many of the chief quacks and quack establishments in the kingdom,—we have personally examined their nostrums, pamphlets, circulars, advertisements, &c.,—we have established a vigilant police to watch over their "whereabouts" and "doings," and we frequently,—as in the case of the subjects of the present paper,—receive information of transactions within a few hours only after they have taken place; and, on some occasions, papers and documents have fallen into our hands *before* they have been issued to the public. But let not the reader suppose, because we have thus confessed the extent of our knowledge, and the facilities which we possess of acquiring information, that we permit our desire to protect the public against the machinations of quacks, to influence us, either to violate the sacred obligations of private confidence, or to degrade ourselves by unworthy acts of espionage or private scrutiny. On the contrary, the knowledge we have thus acquired has only been used to increase our waryness and vigilance, and to direct our

attentions to the proper quarter. Indeed, there has been nothing alluded to in these pages, which was not *un fait accompli* at the time of its publication. We have also always been willing both to listen to and read anything addressed to us on the subject of these papers, whether from the parties they condemned, or the sufferers from the quackery of the nostrum-mongers. In the former case we have always cautioned parties as to the extent of our knowledge, at the same time offering them to give any extenuating facts they could set up full weight before the public. However, we have frequently listened to and read their various statements, and we can conscientiously declare that everything which we have heard and read concerning quackery, emanating from the principals themselves, or their agents,—those who have got "rich, fat, and saucy" upon its spoils,—tend, if possible, still further to convince us of its thoroughly reckless, vile, and dangerous character, and to prove it to be a system of wholesale robbery and brutal assassination. But even our desire for fair play has proved *disagreeable* to some of the knaves who had the boldness to demand it. Parties living in glasshouses have sometimes the folly to commence throwing stones. In truth quackery is such a desperate game, that he who grasps the dice must either throw *boldly*, or resign them to another. There is no medium between utter failure, or enormous success;—between losing the capital invested, or converting it into a gold mine founded on the sufferings and life-blood of the people. In the first case, the aspirants may retain the usual amount of integrity found in the other trades; in the latter case, he will have lost all honourable feeling, and have become degraded to the lowest depths of human baseness, where liars, charlatans, thieves, and poisoners hold social community.

(To be continued.)

MEDICAL PROVIDENT INSTITUTION, STRATFORD-UPON-AVON.—Through the instrumentality of this Institution, during the short space of fourteen years, upwards of 5,000*l.* has been spent in procuring for a class of persons medical relief at a time when it was not in their power to obtain it, except through the medium of the Poor-law. The ramifications of the Society have been wide—co-extensive with the Union; a fact vouched for by simply stating, that 25,000 invalids have been the recipients of its bounty. The handsome response made to the efforts of the Committee by an assemblage of company (to a ball) within the walls of the Town-hall, in this borough, on Tuesday week, amply testifies that it is appreciated. The list of donations shows, that charity is not dead, but only waiting to be awakened to its duties. The company was numerous, considering it was the first ball of the kind that has taken place. The donations amounted to 90*l.* 10*s.* 6*d.*

PROTECTION AGAINST POISON.—The Prefect of Police at Paris has issued an order prohibiting the use of any colouring for sweetmeats, excepting prussian blue, chalk, and ochre.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the 'Medical Circular,' in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the 'London and Provincial Medical Directory.'

Further particulars of this important and most interesting Work will appear in a future Number.



## Biographical Notices.

WILLIAM COULSON, ESQ.

SURGEON TO ST MARY'S HOSPITAL.

(Continued from p. 332.)

We have now followed Mr Coulson step by step through his active and successful career. But the manifestations of professional activity are twofold—they may be seen in the material results of practice, or in the more noble and permanent productions of intellect. We have described the former; let us now devote a few remarks to the latter.

The experience of Mr Coulson in various departments of surgery is not destined to be lost to the profession. As his practice became more extensive, or opportunities were offered of investigating special diseases in a satisfactory manner, he published a number of works; and here we would remark, that their extent and importance bore an evident relation to the gradually extending experience of the writer. His works were not published for the purpose of obtaining practice, but long after practice was obtained, and never until some special opportunity had entitled the writer to speak with the authority of experience on the subject which he took in hand.

Mr Coulson's works may be divided into two kinds. Some we would call fugitive pieces—for example, the various papers and memoirs published in different periodicals, although many of these might with advantage be collected together and preserved in a separate volume. We allude more especially to the interesting observations on the "Bursæ," published in the 'London Journal of Medicine;' to the papers in the same journal on "Hysterical Affections of the Hip-joint;" on "Pyelitis;" to the remarks on "Perineal Section," in the 'Lancet'; on "Various Forms of Scrofulous Disease," &c. The permanent works, however, are sufficiently numerous to establish Mr Coulson's literary character, and we would fain believe that he has not yet exhausted his list. The treatise on the hip-joint would make an excellent foundation for a complete work on "diseases of the joints," which is still a desideratum; the only one we possess, though of its kind masterly, being a mere outline of individual observation.

In the fifth volume of the 'London Medical Gazette' Mr Coulson published a paper on "Certain Deformities of the Chest, of a Congenital Nature." The memoir expanded into a small book in 1836, and in the following year—growing apace—a second edition appeared, under the form of a respectable work illustrated by numerous plates. The nature of this work necessarily rendered its character popular, but it contains many practical remarks of value to the surgeon, and shows a power of original observation creditable to the author.

Dupuytren, in his celebrated memoir in the 'Repertoire d'Anatomie,\*' had carefully described the lateral compression of the chest, which is familiarly known under the term of "pigeon-breast." Mr Coulson added a variety to this species, and was the first, we believe, who described semilateral compression of the thorax. This condition of the chest is not uncommon in persons afflicted with rickets; but it may occur in other patients. One side of the chest throughout its whole extent is elevated, whilst the other is in its natural condition or but slightly depressed. In cases of this kind considerable curvature of the spine may exist, and it appears to be produced, in many instances, by the premature labour which young and feeble children are compelled to undergo in the metropolis. The hollow sternum, first described in a complete manner by Mr Coulson, is a condition the reverse of that which constitutes "pigeon-breast." The sternum is hollow or concave anteriorly, being pressed inwards, either at its middle or its lower part, or along its whole extent; the sides of the chest are prominent, the shoulders are high, and the spine is either straight or but little altered from its natural shape. The author demonstrates that these and other defor-

mities of the chest arise partly in consequence of bad postures, but mainly from the inhuman custom of overworking ill-fed and ill-paid children at a tender age. He declaims eloquently against the unfeeling disregard of human health evinced by many employers of the poor; but we fear, alas! that the Mammon of gain is still too strong for the voice of the philanthropist. Much has been done to rescue the victims of civilised avarice, yet how much more remains to be done is buried in the secret annals of London labour.

Mr Coulson's 'Essay on the Hip-Joint' was published in 1836. A second edition appeared in 1841; and the "alterations and additions" announced in the title-page were not a mere ad captandum formula, for the essay had grown into a complete and valuable treatise. The author, as we have already remarked, had been connected with the Margate Infirmary for nine years previous to the publication of this augmented edition; and its contents prove that the opportunities afforded by that extensive field of observation were not thrown away. The main feature of this work is the care which the author bestows to show that the synovial membrane is affected at an early stage of the disease, much more frequently than had hitherto been believed. Before Mr Coulson's publication it was generally supposed, in this country at least, that disease of the hip-joint had its origin in an affection of the osseous structure of the head of the femur, while some surgeons were inclined to connect it with ulceration of the articular cartilages.

The author examined a boy thirteen years of age, cut off by ascites while labouring under a very slight and incipient affection of the hip-joint. The disease had evidently commenced in the synovial membrane reflected over the ligamentum teres, which was highly vascular, while the cartilage was sound, except at the spot where the round ligament had been attacked. In other cases the author found that the inflammation had commenced in, or was chiefly confined to, the synovial membrane; and we think that he has established this interesting point in pathology in a satisfactory manner. Indeed, the whole pathology of hip-joint disease is most ably and elaborately followed out.

At the period when this work appeared the value of cod-liver oil in the treatment of serofulous affections of the joints was unknown, and the author, therefore, relies chiefly on iodine as a general remedy. He likewise discusses in an useful manner the relative advantages of hot and cold salt-water bathing; but what seems to us most novel is the doctrine that in serofulous and weakly constitutions rest should never be so strictly prescribed as to endanger the health of the patient. It was then, as it still continues to be, the fashionable doctrine that diseases of the joints require for their cure absolute repose of the affected limb, and to obtain this object the patients were confined on a couch or to bed for months or even years. We believe this to be a radical error; and we think the author entitled to very great merit for having refuted it, as he has done, in the work of which we now speak. With proper care and attention the limb can almost always be secured enough to ensure a sufficient degree of rest in it, while the patient moves about; and even if this were impossible, we agree with the author that the influence of exercise in the open air on the general health of the patient greatly counterbalances any effect which a slight degree of motion may produce on the diseased joint.

The beneficial action of sea bathing, and of the mode of treatment adopted at the Margate Infirmary, are well pointed out in this work, the value of which is enhanced by numerous observations derived from the extensive experience of Mr Coulson in diseases of the joints. The last chapter in the work is devoted to puerperal affections of the joints, a subject which has been greatly misunderstood in this country. We have only to read any standard work on puerperal fever, to become convinced that obstetric Physicians have for the most part taken an incorrect view of the purulent effusions into the joints, which sometimes occur in puerperal females.

By the majority of writers, such effusions are regarded as forming part and parcel of the puerperal fever, but Mr

\* T. v. p. 198.



Coulson has shown, that they are mere complications of that disease, depending, according to him, on contamination of the blood by some morbid poison. There can be no question but that this is the correct view of the matter, and we would add, that the morbid poison is pus, derived in nearly every case from the uterine or pelvic veins. The correctness of this explanation is shown by the facts, that purulent inflammation of the joints occurs after abortion during the early months, that it attacks puerperal females who present no symptoms whatever of puerperal fever, and finally, that the same purulent affection of the joints, attended by the same symptoms, running the same course, and terminating in a similar manner, occurs in the male subject, and from the same cause, namely, purulent infection of the blood.

Mr Coulson's principal work is the "Treatise on Diseases of the Bladder and Prostate Gland." It was brought out in 1838, and since then has passed through four editions, gradually expanding in bulk, and gaining in importance.

This is a very complete and carefully written production; it might perhaps, have been arranged in a better order, but it abounds in excellent materials, and from the practical nature of its contents, is well adapted for a guide to all who would acquire an intimate knowledge of genito-urinary diseases. It opens with an excellent description of the various conditions presented by the urine in disease, and of the best methods employed for detecting abnormal states of that secretion; indeed we could not point to a single work in which so much useful information on this interesting subject has been condensed into so small a space. Inflammatory conditions of the bladder are next considered, and here we discover a leading feature which distinguishes this work from all others on the same subject, that have preceded it. The author considers that inflammation may be seated primarily in any of the elementary tissues which constitute the bladder,—in the mucous membrane—in the sub-mucous and muscular tissues—in the peritoneal covering.

Each of these forms is attended by its peculiar symptoms, runs a determined course, and requires an appropriate treatment. This attempt to discriminate inflammation of the bladder, according to the primary seat of the disease, has been much criticised, and it has been alleged, that the distinction leads to no practical benefit, inasmuch as all the coats of the bladder are more or less involved in every case of severe vesical inflammation. We cannot now discuss this question, but we may express our belief, that Mr Coulson has adopted the correct view of the subject. In sudden and violent inflammation after lithotomy, especially when long-continued efforts have failed to extract a large stone, all the coats of the bladder are frequently involved, but we think no surgeon can hesitate to recognise, that inflammation is very often confined to the mucous membrane alone, or that it may originate in the walls of the bladder, giving rise to diffuse or circumscribed abscess between the peritoneal and mucous coats.

We are not disposed to recognise such a disease as inflammation of the muscular tissue of the bladder, and we were surprised to see two chapters in Mr Coulson's work, devoted to "acute and chronic inflammation of the muscular structure of the bladder." On looking, however, into the contents of these chapters, we find what we were disposed to regard as an error exists only in the heading of the chapters and pages; for the author distinctly declares "that the muscular coat of the bladder is seldom, perhaps never, exclusively the seat of inflammation," and that it would be more correct to regard the "areolar tissue, not the muscular fibres, as the seat of the disease; in short, to class the affection as we should class an abscess occurring in any other situation." This is undoubtedly the correct view of the subject; and if the heading of the chapter were merely altered in conformity with it, the most fastidious critic would find little either to add or amend.

The nature of urinary concretions, and the causes and symptoms of stone in the bladder, are clearly exposed by Mr Coulson, who possesses the useful quality of saying much in a short space. Diseases of the genito-urinary

organs appear to be his forte, as well as his favourite; and from the manner in which they are handled in his more recent works, we venture to predict that the day is rapidly drawing nigh when he will occupy the first rank as an authority on the treatment of these important affections. His remarks on the treatment of stricture by perineal section, published in a contemporary journal, show that he can afford to pursue an independent course, and promote the progress of surgery, despite envious or interested reclamations; and when a surgeon can do this his position is secure.

Mr Coulson's last work is a treatise on Lithotomy and Lithotomy, intended to place every important point connected with these two operations in such a light that the practitioner may be enabled to draw a fair parallel between them. We have given in a recent number an extended notice of the work, to which we refer the reader for our opinion of its general merits; but there are a few points to which we cannot refrain from now directing attention, in addition to those previously discussed.

Mr Coulson's treatise contains two chapters, which from their form and the matter contained in them, may be considered new: we allude to the "Parallel between the Different Methods of Lithotomy," and to the chapter on "Lithotomy and Lithotripsy in the Female."

In this country, and since the time of Cheselden, we are in the habit of applying the lateral method to almost every case of vesical calculus. It is only from time to time that we hear of any departure from the routine practice; yet if we question any experienced surgeon, he will confess without hesitation that there are many cases in which the lateral operation cannot be employed with a reasonable prospect of success. Without entering into details, we may state, as a general rule, that calculi of a certain size or occupying a certain position in the bladder, cannot be extracted through the perineum without imminent risk to life. All English authors are agreed on this point; yet they hesitate, or neglect, to indicate with a sufficient degree of precision those other methods to which the surgeon may have recourse in the difficult cases now alluded to. Mr Coulson has not, like his predecessors, taken the limited, and what we might call the English, view of this question, but has examined in a fair spirit the various modes of extracting calculi which have been proposed by our continental brethren, and has attributed to each the weight it is entitled to carry with it.

The chapter on "Lithotomy in the Female" is in many respects interesting. The author clearly shows, from statistical data, that extraction of calculi from the female subject is a more dangerous operation than has been commonly supposed; and, strange to say, that little or no progress has been made with reference to this particular operation since the middle ages of surgery. Dilatation of the female urethra is an old practice; so is the more expeditious process of slitting it up; and the only improvements of modern surgery—if, indeed, improvements they can be called—consist in the direction and the extent of the incision, whether above or below, to the right or to the left, or obliquely; whether partial or complete. It is, however, confessed that all these methods are attended with the inconvenience of entailing on the patient the serious evil of incontinence of urine; and hence we consider that Mr Coulson has not only inculcated a novel practice, but developed a sound principle in sustaining the doctrine that lithotripsy should be applied to the great majority of cases of vesical calculus in the female.

We have thus sketched the principal events in a life which has been usefully and honourably filled, and which holds forth a promise of greater things; for Mr Coulson is still in the prime of manhood. Time sits lightly on him. In appearance he is singularly youthful, while his temperament is of that gay and cheerful kind which keeps the heart fresh, and gives an elasticity to the "mortal coil" not often witnessed in this phlegmatic atmosphere. Hence Mr Coulson is a great favourite with the profession as well as with the public. No man is more scrupulous in the observ-



ancee of professional etiquette; and we believe that we can safely aver he has never, during a long and active career, given a single cause of complaint to any one of his brethren with whom he has been brought in contact. This is a point on which it gives us pleasure to dwell; for we fear that professional delicacy is daily getting more and more rare—conscience becoming blunted by competition.

In manner Mr Coulson is exceedingly kind and affable—a little explosive, perhaps, but it is like gun-cotton, off in a second and never singeing the skin. His liberality and readiness to assist are proverbial. If his practice be large, and his fortune ample, the calls on his benevolence are frequent, and to him an appeal in favour of a worthy object is never addressed in vain. He has surmounted the obstacle of the “*res angusta domi*,” and knows how difficult it is to emerge beyond it; for Mr Coulson does not conceal from his friends that he commenced life with less than moderate finances. We question, indeed, whether when he first set foot in London he could even boast of a “eat;” all that he has is of his own making—a fact at once honourable to himself and encouraging to others.

We have alluded to Mr Coulson's liberality in one sense, but he possesses benevolence of another and higher kind. If his purse be open to the poor, his experience is also at their service. His hospital visits are never confined to the regular hours of attendance. Any patient requiring extra attention is sure to find Mr Coulson at his bedside after the labours of the day; and from the commencement of his career—that is to say, some quarter of a century ago—every morning for thirteen years, and since, two or three mornings in each week (from six to nine o'clock) have been devoted by him to the gratuitous reception of patients in the humbler walks of life.

Independently of those qualities essential to a successful practitioner, Mr Coulson possesses many which qualify him to take a lead as an operative surgeon. His eye is quick, his hand delicate and steady, his judgment rapid, his determination not easily shaken. In lithotomy no surgeon with whom we are acquainted excels him; and if public favour be a proof of professional eminence in any particular department, no one ought to be more skilled in the surgical treatment of urinary diseases, for his experience has here been of the most varied and extensive character.

We now take leave of Mr Coulson, but we trust that it is for a short time, and that we shall soon meet again. Indeed we feel convinced of this, for Mr Coulson is not of a temperament to go to sleep upon his laurels, and be content with a life of mental inactivity. He is imbued with a deep and undivided love of the medical profession, which, unlike the earthly sentiment, increases and becomes more vigorous with the advance of age. This absorbing devotion to the most noble of all human occupations is the characteristic trait of Mr Coulson's life and the key to his success. Those who love surgery for itself “love on to the last,” and Mr Coulson clings as closely to the profession of his choice as to life itself.

## Correspondence.

### DR BURNETT AND DR WINSLOW.

*To the Editor of the 'Medical Circular.'*

SIR,—I must be permitted to say a few words in reply to Dr Graham's letter respecting the biography of Dr Forbes Winslow, which lately appeared in the ‘Medical Circular.’ If that biography is a just tribute to Dr Winslow's eminent talents and moral worth, then I have only to lament that such a tribute could not have been put forth without implicating the talents and deteriorating the moral worth of a whole section of the medical profession, a class of men who are working, body and mind, to the very utmost, for the relief of suffering humanity. I say it is unjust to insinuate that all but Dr Winslow, who are engaged in the practice of psychological medicine, are influenced by unworthy mo-

tives, and that he is the only paragon of propriety in such matters, especially when I know that, as a resident proprietor, he cannot, in the nature of things, take that high position that others do. Had Dr Winslow's name been associated with any circumstances calculated to raise him in public estimation, without placing others in a disparaging light, you would never have heard from me on the subject.

But Dr Graham passes censure upon me under the wrong impression that I have not manifested brotherly love towards Dr Winslow, but that I have spoken evil of him. I am quite aware that in that old book which he alludes to we are required not to judge *rashly*. But I must judge, or I can never discern right from wrong. The Greek word at the opening of Matt. vii, *κρίνω* has ten or twelve different readings, and there it means we are not to judge *censoriously*,—not that the judgment is to be suspended altogether where the conduct of another is involved. But, Sir, have I judged censoriously in Dr Winslow's case? Is he *resident* proprietor of one asylum or of two or three? Now if I have moral courage to tell one whom I desire to respect that he is not sustaining his character as a Christian man by making himself out to be, in the eyes of the public, resident at the same time in two or three different houses, especially as in this position he is held up as a bright example to me, I think I am showing much more true *ἀγάπη* (love to God and man) than another would by endeavouring to conceal an evil when circumstances call upon him to expose it. While, therefore, Dr Graham was not called upon to make it known that Dr Winslow was proprietor of two or three different asylums, as this would be apparently going out of his way, to act in a matter that did not particularly concern him, I could not avoid stating the fact, without permitting my character, in common with that of others far more noble and worthy, to be shaken and undermined, in order to raise to a false level some particular individual. Further than this I had no desire to go into the character of Dr Winslow or any other man.

I remain, Sir, your faithful servant,

CHARLES BURNETT.

Westbrook House, Alton, April 23, 1852.

### DR FORBES WINSLOW'S BIOGRAPHY.

*To the Editor of the 'Medical Circular.'*

SIR,—The unjustifiable personal attack of Dr Burnett upon the editor of the ‘Psychological Journal’ has surprised the profession. The *animus* of the letter was so obvious, that several have asked the question, “Has Dr Winslow had any quarrel with Dr Burnett?” I had the curiosity to look over the index of the three last volumes of Dr Winslow's journal, for the purpose of ascertaining whether Dr Burnett's name has appeared in any one of the numbers; and, as I anticipated, I found out that such was the fact. It appears that some years back Dr Burnett published a work, entitled the ‘Philosophy of Spirits,’ and this book Dr Winslow reviewed in a manner not gratifying to the personal vanity of its author. This article has produced a rancorous feeling in Dr Burnett's mind, and he has thought proper to show it in the pages of your journal. But Dr Burnett will find that his missive will only injure himself.

Dr Burnett asserts what every man acquainted with the facts to which he refers must know to be false. If there is any one feature which more than another has pre-eminently distinguished Dr Winslow's Journal, from its commencement, it is the studied absence of anything in its pages that could be considered as self-laudation. This is the general remark in the profession. Dr Winslow has not made the ‘Psychological Journal’ a medium of putting himself ostentatiously forward. This is universally admitted. I believe that Dr Winslow has not for the last six years alluded, but on *one* occasion, and that was in one of his earlier numbers, to his own private Asylum. Now, Mr Editor, perceive the gross unfairness of Dr Burnett's attack! He refers to an advertisement of Earl's Court House Asylum, that appeared on one of the covers of the ‘Psychological Journal.’ Now it is a well-known fact that Dr Winslow



never had the slightest interest in that Establishment, but was only the Physician appointed to attend the patients, and that *before* the 'Psychological Journal' was established Dr Winslow had ceased to be connected with it; and that with the advertisement of the Asylum that subsequently appeared in his journal he had no more to do than Dr Burnett has with the daily announcements of Professors Holloway or Moses and Son. Again, Dr Burnett shows his truly Christian spirit and high and chivalrous notions of good breeding and honourable feeling by making, with the view of damaging Dr Winslow, a most unjustifiable attack upon his brother, Mr Edward Winslow, the Master in Lunacy! Dr Burnett can have no conception of a man advancing in his profession, except by a side wind, or by illegitimate means, and thence he infers, that because Dr Winslow is so often consulted in medico-legal cases, that therefore it is the result of his near relationship to his respected brother, the Master. But, unfortunately for Dr Burnett, all acquainted with the practice of lunacy know full well that the "Master" has no knowledge of cases in lunacy until they leave the Lord Chancellor's court, and that if Dr Winslow's opinion is sought for in support of an application to the Lord Chancellor for a commission of inquiry, this must necessarily occur some time before his brother has any knowledge of the fact that such an inquiry is needed. If during the preliminary proceedings Dr Winslow makes an affidavit in support of the commission, as a matter of course he is required to give *vivâ voce* evidence before the judge, be he his brother, Master Winslow, or his colleague, Master Barlow. Need I say another word respecting the indecorum of Dr Burnett in attempting to implicate the honour of the judge, in his endeavour to asperse the high character and well-earned reputation of his brother, the physician? In conclusion, I will quote, for Dr Winslow's adoption, the advice given by Epictetus to a friend who had been traduced by a *Burnett* of that period:—"If evil is ever said of you, and it is true, correct thyself; if it be a lie laugh at it." "By dint of time and experience," said Frederick the Second, when referring to the above passage, "I have learned to be a good post-horse. I go through my appointed stage, and care not for the curs who bark along the road."—I am, &c.,

A LONDON PHYSICIAN.

London, April 24th, 1853.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 26th, 1853.

JAMES COPLAND, M.D., President, in the Chair.

TREATMENT OF STRICTURE OF THE URETHRA BY EXTERNAL INCISION. BY JAMES SYME, ESQ., F.R.S.E.

Mr SYME commenced by apologizing for venturing to lay his observations before the practitioners of London. The comparatively small field which it had been his province to occupy might appear hardly to warrant such a course. It might also be said that he might have availed himself of the ordinary channels, instead of reading a paper to the Royal Medical and Chirurgical Society. But he would plead as his justification the peculiar circumstances in which he felt himself placed, and his sincere persuasion that he had devised an easy, safe, and effectual mode of relief from one of the most distressing infirmities we are acquainted with. He was desirous that this benefit should be extended; but as the reception of his proposal had been impeded by the statements which had emanated from metropolitan publications, he believed that, although the truth might and would ultimately prevail, a long time must elapse before it could be embraced through the ordinary course of experience. And any attempt to unravel or refute the various statements which had been made concerning the operation, by tracing out their errors, would have been a task no less unpleasant than unprofitable. Under those circumstances,

it had seemed to him that the only practical mode of conduct was to come personally before that society, which, more especially, was understood to represent the respectability and intelligence of the practitioners in London; to explain the plan of treatment which he had endeavoured to introduce; and to state the facts upon which he was willing that its credit should rest, and supply any further information which might be required by any member of the society who had entertained a different opinion upon the subject.

It would be unnecessary to detain the society by an account of stricture; the object being to direct attention to certain forms of the disease, which resist the hitherto established means of treatment, and which seem to require some other remedy. In one of these forms of stricture there is extreme irritability, and attempts to effect dilatation are followed often by violent local and constitutional disturbance. In another, the stricture might be dilated, but speedily contracted again, so as to renew the symptoms attending the first stricture; and in the third form the stricture might be dilated sufficiently to admit the insertion of a full-sized instrument, but micturition remained painful, difficult, and uncertain. For the remedy of these three forms of stricture, there were various established means of treatment which might be referred to two heads—dilatation and the use of caustic; these have proved unavailing beyond a temporary amelioration, and have too frequently aggravated the evil. He would not calculate how many lives had been rendered miserable through the vain struggles on the part of surgeons to remedy the disease, but he would simply notice the will of M. Argenteuil, who bequeathed funds sufficient for bestowing periodically a prize of 500*l.* for the greatest practical improvement in the treatment of stricture.

The simple bougie was quite sufficient for the treatment of ordinary strictures; but for the effectual remedy of stricture when it assumed one or other of the peculiar forms to which attention had been directed, he maintained that a free division of the contracted part of the urethra was essentially required. For this purpose, he introduced a grooved director; and he believed that there was no stricture which, through time and care, might not be made to admit an instrument of this kind. The patient being then placed upon his back at the edge of the bed, and the knees held up, an incision of about an inch and a half in length was made in the perinæum, sufficient to admit the knife, while the thick texture was freely divided to the extent of an inch or two, or more if necessary. A No. 8 catheter was afterwards retained in the bladder for at least two, but not more than three days. The procedure which was described was extremely simple, and might be accomplished in a very short time. At the same time, no operation demanded a more exact precision of performance, whether regard were had to the attainment of its object or to its immediate effects. Unless the urethra were divided at the proper place, no permanent benefit could result. If the knife were not confined to the middle line of the perinæum, there would be the greatest risk of hæmorrhage and extravasation of urine. M. Reybard, who appeared to follow the plan of internal incision, had said that whatever were the form of the stricture, the incision ought always to be directed laterally, so as to avoid the artery of the bulb placed below. But the Academy of Medicine, with regard to the position of the artery of the bulb, had promulgated a great error in the practice of surgery; since the vessel lay at the side of the canal, and could be avoided with certainty only when the incision was made exactly in the middle line. Mr Syme had heard that in one of the London hospitals the operation had been performed, professedly according to his principles, without any grooved conductor, the only guide being a small silver catheter. He believed it not possible to make a straight, continuous incision through the stricture on such an instrument. He had read of a case in which a catheter, instead of being retained for two, or at most three days, had been left in for six weeks, notwithstanding the well-established fact, that the presence of such an instrument, so far from promoting, greatly impeded the closure of the fistulous opening into the urethra. With still greater astonishment, he had heard of operations, performed in



London and Paris, considered to be in accordance with his principles, but without any instruments at all being introduced through the stricture. For the disastrous results of such proceedings, the operation which he had proposed could not be held responsible. The only sources of danger were hæmorrhage and extravasation of urine. When the knife was properly applied, there could be no bleeding except from the superficial perineal vessels, and the cells of the corpus spongiosum. There was seldom more than a teaspoonful of blood; and with oozing it hardly amounted to one or two ounces. If the patient were full of blood, the quantity discharged in the regular way might be allowed to go on to the amount of a teacupful. This would prove rather salutary than otherwise; and was hardly to be prevented, except the patient were in a nervous state from unnecessary alarm; and this small amount of bleeding could always be restrained by a piece of lint, applied by slight pressure for a few hours.

With regard to the extravasation of urine, there could be no doubt that the circumstances most favourable to its production were openings through the deep fascia of the perinæum. Hence arose the danger of the operation for impermeable stricture by making deep incisions into the perinæum. According to his (Mr Syme's) proposal, only the fascia lying immediately under the perineal integument was incised, and the knife was guided with certainty through the whole stricture. As a further precaution, he retained the bougie until the cut surface was sealed up; so that extravasation of urine was less likely to happen than hæmorrhage. It was this consideration which had originally led him to regard the operation as free from danger; and, as he had performed it upwards of seventy times, without any fatal or alarming consequences, it would be allowed that his anticipations had not been unduly sanguine.

The following was the course of events which usually followed the operation. The patient having been placed in his bed, on awaking from his chloroform sleep, frequently had considerable difficulty in believing that the operation had been accomplished. He then would begin to feel the blessing of constant relief, no trace of suffering appearing; he was tranquil and easily managed, not requiring opiates, or any other treatment, until there should appear to be a greater degree of oozing from the wound than convenient, on which a piece of lint might be applied until the bleeding ceased, which it usually did in a few minutes. The diet should be chiefly farinaceous, as animal food might cause thirst and restlessness. Cooling drinks, according to the patient's taste, should be supplied; while wine and other stimulants were carefully withheld. At the end of forty-eight hours Mr Syme generally removed the catheter; but another day's delay on the whole seemed advisable, because the escape of urine through the wound might thus be prevented. In about one-third of those cases, the instrument had remained only a shorter period. A curious train of nervous symptoms, consisting of rigors, bilious vomiting, suppression of urine, and delirium, sometimes appeared, to the consternation of all those who were unaware of their nature. They occurred most frequently after the catheter was withdrawn; and they appeared to depend upon the urine resuming its natural course. They had never lasted more than thirty hours, and seldom little more than half that time. Opium and other remedies had their disciples; but the symptoms only required for their removal time and patience, so that the surgeon might confidently assure himself that there was no ground whatever for the slightest alarm or uneasiness for the cure. Recovery might be considered complete in the course of a few days, when the patient would pass water in a full stream, with ordinary frequency, having nothing to remind him of the operation, except the superficial appearance of a wound which soon contracted and cicatrised. After the withdrawal of the catheter, the urine continued to escape now and then through the wound, but it soon diminished to a few drops, and gradually resumed its proper course. The cure must be maintained by the introduction of a full-sized bougie every three or four weeks, afterwards at more distant intervals, according to the circumstances of the case.

The author then related some cases illustrative of his treatment; they were first, cases of stricture of the urethra which had resisted the established form of treatment; secondly, stricture of the urethra impermeable by surgeons of experience and reputation, but which might, through time and care, permit the introduction of an instrument, and the free division of the thickened and contracted part of the canal upon a grooved director; so that complete and permanent relief, even in the most distressing and obstinate conditions of the stricture, might be afforded. Each case might not contribute evidence on all those points; but the testimony of the whole must be considered.

It would be scarcely necessary, even if we had space, to report the particulars of these cases, twelve in number.

They were selected from Mr Syme's private practice, as permitting more easy and satisfactory reference. Hospital patients were often lost sight of when they left the hospital. He presumed not to throw blame on his brethren for the employment of other means; but these means were not always sufficient. The operation might be performed with safety; and he ventured to hope that the Society would give him the credit of good intention in bringing the matter under its notice. (Applause.)

#### NORTH AMERICAN EMIGRATION, EMIGRANTS, AND THEIR DISEASES.

BY THOMAS WESTROPP, ESQ., M.R.C.S.

(We quote the following observations from an interesting article on this subject by Mr Thomas Westropp, published in the 'Lancet,' April 30th:)

The first point I shall notice is the qualification of medical men required for this service; and as there are abuses on the part of the profession, it is necessary that they should be put a stop to in order to give no ground of complaint to any party, and because the dishonest conduct of young men professing to be respectable is, to say the least of it, disreputable. What I refer to is the forging of diplomas, using other men's names, and such like frauds. The qualification required by Act of Parliament is, that the medical man proceeding in a ship carrying more than one hundred passengers must possess the licence of either physician, surgeon, or apothecary. Now I have heard that not only junior students, but hospital porters, publicans, &c., have frequently been employed in the capacity of medical men, these persons making use of various means for passing the emigration officers, such as forged documents, bribery, interest, swearing affidavits that they had lost their diplomas, changing the words of the Dublin apothecary's certificate of the bearer having been found fit to "be apprenticed" into "practise as an apothecary." Some such cases I know of myself, and I have every reason to believe that these things are still done.

The cause of all this is, that ship-owners cannot get qualified men for the paltry remuneration at present given for the disagreeable office to be discharged and the loss of near four months. The average rate of payment is from 6% to 20%, very seldom more than 12%. For this sum, the surgeon is expected to attend, in some cases, 400 people, with the chance of fever, dysentery, or ophthalmia breaking out, and he looking on with scarcely an expedient to have recourse to. Perhaps he himself may be laid low by sickness or accident; then alone he can know what an emigrant ship is. He must make up the medicines without being supplied with a proper place, vessels, measures; even he will experience great difficulty, or at least delay, in getting water to wash his hands, if they become soiled in the discharge of his duty; and last—what must be disagreeable to a sensitive mind—be must know that, in many cases of sickness under his care, from want of proper medicines and diet, all his skill is of little use, and that his attendance is calculated to bring both himself and his profession into disrepute.

As to his own accommodation in the vessel I will say but few words. Let any of my readers anxious to be informed on the subject go on board one of these ships at dinner-hour, and then take a peep into the mate's sleeping berth, he will then



see what he has to expect in the way of accommodation, company, diet, and so forth, with this exception, that he will see the best side of the picture, because the ship is in port. If he thinks matters will mend when the place (as he may be told) is put to rights, let him go to sea. Now, I do not mean to say that all ships are equally miserable; under some respectable owners the surgeon will meet no one at table but the captain, first mate, and cabin passengers. He will be treated as well as circumstances admit of at sea; he will probably get a neat and well-lighted cabin to himself, but all this is rarely to be met with. But whatever his own condition may be, his position with regard to the passengers and their condition is nearly the same in every ship under existing regulations.

The surgeon of an emigrant ship should have some specified authority, without which being allowed him and his orders enforced he can never expect to hold his proper position with credit to himself and benefit to the emigrants. It is true that at present his influence is considerable; that some respect is paid to his opinion, but no more; he has no means of enforcing any regulation without appealing to the captain, who may either refuse to aid him, or through inattention or indifference neglect to give the necessary orders. I am no advocate for exalting one man over his fellows; but dealing with a number of persons in any large edifice there must be a certain amount of discipline, in order that matters may get on smoothly.

The law requires that the emigration officer and a medical man (not the ship-surgeon) shall inspect the passengers, to prevent, if possible, any infected person proceeding on the voyage. This is very proper; but I have reason to believe that these officers of the Crown are sometimes influenced by owners of ships or others, so as not to do their duty.

The medical inspector is also required to see that a proper supply of medicines, instruments, and surgical appliances are sent on board. He is expected (according to the words of the Act of Parliament) to see that the medicines are of proper quality. I doubt very much if he troubles himself about this particular. I should imagine that few of these gentlemen are competent to analyse adulterated drugs, and therefore that clause of the Act is a mere waste of words, unless proper chemists are appointed. In some ports the medical inspector supplies the medicine chest. How the duty is likely to be performed in that case I leave it to my readers to guess.

Now, with regard to instruments: I ask professional men what instruments are necessary for a long voyage, during part of which the surgeon has often 400 persons under his care, and after the passengers are landed in America the crew, perhaps twenty in number, and in some cases cabin passengers returning, are still to be attended? In my opinion there should be a proper supply, such as the assistant-surgeon in the navy is obliged to provide. A good set of surgical instruments cost from 15*l.* to 30*l.* Now I ask, is a young surgeon likely to expend 30*l.*, or even half of it, on instruments, when the entire emoluments of the voyage would not amount to that sum? or even if he had them, is he likely to bring them where they would be of little use to him under existing circumstances? The only instruments I ever saw sent on board were a pair of rusty, good-for-nothing lancets. I repeat the question—Who is to supply a set of instruments? Are they wanted at all? If so, how long are affairs to continue as at present?

I must again return to the medicines. For my part I must say they are sadly deficient. I could enumerate the contents of the medicine-chest, but it would be only a waste of paper, as there is a little book sent in each chest, in which is given the list. This compilation is said to have been made by Sir William Burnett. In addition a few pages are devoted to instruct the surgeon how he is to treat disease, and telling him the composition of astringent fever and other powders. The book and chest were originally intended for the use of masters of vessels, so that it cannot be adapted for surgeons. The labels on the bottles are in English, the stock deficient both in number and quantity (I have some suspicions as to the quality). Just fancy an ounce of laudanum

and the same quantity of Dover's powder, the only opiates sent for near 400 people! This one fact speaks sufficient to let the authorities know how the Act of Parliament is carried out.

## REGULATIONS FOR CANDIDATES

FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1, 1853.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct that the following regulations, relative to the examination of candidates for the appointment of Assistant-Surgeon in the Royal Navy shall in future be adopted:—

That a candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the Regulations, and a printed form to be filled up by him, to show if he possess the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates showing that they are fully qualified by age, professional ability, &c., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon, will be forthwith nominated to one of the naval hospitals at home, to await appointments to any of Her Majesty's ships; or, should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor, as a Surgeon, unless he shall produce a diploma or certificate from one of the said Royal Colleges or Faculty, founded upon an examination to be passed subsequently to his appointment of assistant-surgeon, as to his fitness for the situation of surgeon in the navy; and in every case the candidate producing such certificate or diploma, shall also undergo a further examination, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the navy medical service; and that previously to the admission of Assistant Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than twenty years nor more than twenty-six years, and that they are unmarried.

That they have actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, Manchester, or Bristol, for eighteen months, subsequently to the age of eighteen, in which hospital the average number of patients is not less than 100.

That they have been engaged in actual dissections of the human body twelve months, the certificate of which from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, &c., on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than hereunder stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more



than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each.

Anatomy (or general anatomy, twelve months, and comparative anatomy, six months), eighteen months.

Surgery (or general surgery, twelve months, and military surgery, six months), eighteen months.

Theory of medicine—Practice of ditto \* (if the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months), six months for the former, and twelve months for the latter.

Clinical lectures, at an hospital as above (six months on the practice of medicine—six on the practice of surgery), twelve months.

Chemistry (or lectures on chemistry, three months, and practical chemistry, three months), six months.

Materia medica, six months.

Midwifery (accompanied by certificates stating the number of midwifery cases personally attended), six months.

Botany, three months.

In addition to the tickets for the lectures, certificates must be produced from the professors, &c., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time also of actual attendance at an hospital or infirmary must be certified; and the tickets as well as certificates of attendance, age, moral character, &c., must be produced by the candidate previously to his examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the Profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the Regulations.

By the rules of the service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served three years (one year of which must be in a ship actually employed at sea), and can produce a diploma from one of the before-mentioned Royal Colleges or the Faculty of Physicians and Surgeons; and it is resolved that not any diploma or certificate of examination from either of the aforesaid Royal Colleges shall be admitted toward the qualification for Surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for Surgeon unless as herein-before mentioned he can produce a diploma, together with the most satisfactory certificates that he has performed on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification no one hereafter can be promoted to the higher branches of the service, and, whenever Assistant-Surgeons already in the service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

It is also to be observed that candidates who may be admitted into the Naval Medical Service, must serve in whatever ships, &c. they may be appointed to; and that, in the

event of their being unable to do so from sea-sickness, their names cannot be continued on the Naval Medical List, nor can they, of course, be allowed half-pay.

By command of their Lordships, R. OSBORNE.

## Obituary.

Jan. 17.—J. A. McBEAN, Esq., Staff Surgeon, the eldest son of the late Lieutenant-Colonel *James McBean*, 78th Highlanders, at *Lucea*, Jamaica.

March 7.—DUNCAN AFFLECK, Staff Surgeon, at St Vincent, West Indies, of yellow fever.

12.—GEORGE SEWELL, Esq., at Castle Hedingham, Essex, aged fifty-two years.

27.—GABRIEL JOSEPH GALE, Esq., Surgeon, at Newington, Surrey, aged fifty-two.

April 3.—WILLIAM HENRY COATES, Esq., Surgeon, at his residence, Salisbury, aged eighty-one. Mr Coates was surgeon to the 5th Dragoon Guards for many years, and afterwards staff-surgeon at Hilsea. He then practised in Salisbury twenty-seven years. He had served under the Duke of York in Holland, in Ireland during the Great Rebellion, and under the Duke of Wellington in the Peninsula. Mr Coates imputed his very early promotion from an assistant to full surgeon to the following incident:—During a skirmish in Holland a cannon-ball carried away, in the Duke of York's presence, both thighs of a private soldier. His Royal Highness asked if there was a surgeon present. Mr Coates, then a very young assistant-surgeon, stepped forward. The Duke placed the man under his especial care. The patient did well, and Mr Coates found himself gazetted full surgeon in the following year.

12.—BENJAMIN TULLOCH, Esq., M.R.C.S. Eng. 1814, at his residence, New Bridge street, Newcastle-on-Tyne, aged sixty-three.

25.—WILLIAM HORLEY, Esq., M.R.C.S. Eng. 1821; L.S.A. 1822; at his residence, Hoddesdon, Herts, aged fifty-five. Mr Horley had been in practice in Hoddesdon for thirty years, and was much esteemed by his patients and professional brethren in the neighbourhood. He died of pneumo-pleuritis, after an illness of four weeks.

Lately.—WALTER JARDINE, Esq., Surgeon, at New York, aged thirty-five. Mr Jardine is said to have committed suicide in consequence of extreme poverty and destitution.

—M. FLORENT CUNIER, Esq., well known as the editor of the *Annales d'Oculistique*, a monthly periodical published at Brussels, at a comparatively early age.

—WILLIAM CREASY, Esq., Surgeon, at Edenbridge, Kent.

The late Dr Blair, of Brighton, a notice of whose decease appeared in our last, received his early education at St Andrew's, and took the degree of Doctor of Medicine at Edinburgh, in the year 1792. He was one of the oldest Licentiates of the Royal College of Physicians, London, having passed his examination in 1794. Some years ago he was elected to the Fellowship, which honour, however, he declined. He first settled at Lewes in 1794. When the army returned from Spain after the battle of Corunna, some detachments were quartered in the district, among whom typhus fever prevailed to a great extent. Dr Blair was appointed to take charge of these men, and for his skill and attention on this occasion, he received the thanks of the Duke of York. In 1814, Dr Blair removed to Brighton, where he continued to practise with great repute till within a few years of his death. He took an active part in the foundation of the Sussex County Hospital, to which Institution he was the senior Physician for upwards of twenty years, during which time he devoted himself to the duties of his office, with great earnestness and constant assiduity. In both public and private life Dr Blair was universally esteemed and respected.

\* Six months' lectures on pathology, if given at a University where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine.

CHOLERA.—The 'Gazette de Moscow' announces the breaking out of the cholera in that capital.



## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 22nd ult. :—

Edward William Alexander, St Helena; Joseph Arthur, Shadwell; Samuel Joseph Bayfield, St Thomas's street, Southwark; William Cuthbert Blackett, Durham; José Maria De Mier, Santa Martha, New Granada; Thomas Dixon, Bedford; Thomas Forder, Winchester; James Fielden Howard, Rochdale, Lancashire; Edward Sword Morley, Blackburn, Lancashire; Thomas Henry Moxon, Brigg, Lincolnshire; William Edward Wedge Vaughan, Crewe, Cheshire.

The following gentlemen were admitted members on the 25th ult. :—

James Bonnyman, Alexandria; John Chisholm Culbard, Elgin; John Hudson, Newport, Yorkshire; Richard Jenkins, Swansea; Lachlan Hector John Maclean, Australia; Peter William Marriott, Loddswell, Devon; George Parkinson, London; C. W. N. Parsons, West Haddon, Northamptonshire; Charles Irving Smith, London; John Richard Tobin, Brussels; Robert Henry Tyte, Pinner, Middlesex.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 21, 1853 :—

Henry Bishop, Beckley, Sussex; George Buchanan, Myddelton square; James Thomas Fraser; Sidney Poole Lowdell; George Spicer, Tonbridge Wells; Thomas Terry, Bath, Somerset; Richard Baron Treffry, Nottingham.

**OXFORD UNIVERSITY.**—It is notified to students of medicine who purpose to offer themselves as candidates for the degree of Bachelor in that Faculty, that the next examination will be held on Tuesday, May 31. Candidates are required to transmit to the Regius Professor of Medicine the usual certificates of their having complied with the requisitions of the statute tit. vi, sect. 5, §§ 1, 3, on or before Monday, May 16.

**OXFORD BOTANIC GARDEN.**—The Fielding Herbarium being now arranged, may be consulted by members of the University between the hours of twelve and five every weekday during term, and whenever the sub-curator is in attendance in the vacations. Other persons desirous of examining this collection are to apply for permission to the Professor of Botany, or to either of the other curators.

**THE COLLEGE STUDENTSHIP.**—The Council of the Royal College of Surgeons have decided on appointing another student in human and comparative anatomy, to be filled up in June next.

**ROYAL SOCIETY.**—The Earl of Rosse, as President of the Royal Society, gave his first *soirée* for the season on Saturday. Among those present were, Sir J. Clarke, Sir D. Brewster, Sir B. Brodie, Sir H. Holland, the President of the College of Physicians, the Astronomer Royal, Professors Faraday, Sharpey, Wheatstone, and Tennant; Dr Playfair, Dr Bence Jones, Dr Thompson, Dr Farre, Dr Owen Rees, Dr Twiss, Dr Sibson, Dr Lee, &c.

**UNIVERSITY COLLEGE HOSPITAL.**—The Earl of Clarendon took the chair, on Thursday week, at a dinner in aid of the funds of this institution, supported by Sir James Graham, Mr Strutt, M.P., Sir Edward Ryan, Mr Hume, M.P., the Hon. G. Denman, Baron de Goldsmid, Mr John Wood, and Mr Heywood, M.P. About 120 gentlemen assembled. In proposing the toast of the evening, the noble chairman spoke strongly in behalf of the hospital. He said 100 beds were the least number requisite for such a school, and in University College Hospital 120 beds were filled, but there was accommodation for 200, and, therefore, on account of the inadequacy of their funds, 80 remained empty. This was a lamentable fact, whether it was regarded in relation to the wants of the poor, or the arrangements of the hospital. It was free in all cases of accidents, and no applicants were

refused whom it was possible to receive. During the past year its benefits had been extended to 16,000 persons, of whom 1,200 were in-patients, 400 women in childbirth, and 600 or 700 cases of ophthalmia had been treated at their own residences, while the rest were out-door patients or casual applicants. In affording this relief, little more than 5,000*l.* had been expended, which he regarded as showing great economy in the management. He concluded by exhorting the company to support liberally so noble an institution, which, since its establishment, had expended 107,000*l.* in alleviating the sufferings of the sick poor. Subscriptions to the amount of 1,500*l.* were announced in the course of the evening, including two very handsome donations from the Misses Elliotson, of Clapham.

**MEDICAL PROFESSION IN PRUSSIA.**—A statistical account of the Medical Profession in Prussia has just been published at Berlin. According to that document, there are at present 287 district physicians, 3,266 practitioners, 962 surgeons of the first class, and 973 of the second class: sum-total, 5,488. These figures being put by the side of the amount of population, which was at the last census 16,216,912 souls, will give one physician or surgeon for about 3,000 inhabitants. The number of veterinary surgeons is 828, and the apothecaries amount to 1,471.

**EXPERIMENT IN THE PROPAGATION OF FISH.**—We understand that Dr Robertson, of Dunkeld, questioning the popular idea as to the natural history of fish, which is, that the male and female meet on the redd or spawning bed for the purpose of each depositing its roe and milt in the channel—and conceiving, on the contrary, that the ova of the female were impregnated previous to their development within the body of the fish—in order to test this theory, took a number of live female trout from the spawning bed, and, having extracted the roe, deposited them in a perforated zinc box, containing also some gravel. All these, upon the 14th of October last, were placed in a running stream, and, on examining the box last week, several of the ova were found to be hatched, of which a specimen may be seen by any one taking an interest in the matter. The proof of this will completely do away with the trouble of obtaining the milt to apply to the roe, as is done by the French fishermen, and establishes a theory strongly advocated by Mr T. Stoddard. From the severity of the winter the whole of the ova are not yet hatched, but a sufficiency are to prove the truth of this theory. We understand that the doctor is preparing a detailed account of the experiment, which will appear soon.

**COLOUR-BLINDNESS.**—Dr Wilson, of Edinburgh, in a paper in the 'Athenæum,' refers to this subject as having an important bearing on the system of railway signalling by colours, especially by red and green danger signals. This affection ('Daltonism,' *Chromato pseudopsis*, *Achromatopsia*, etc.) Dr Wilson considers in three important practical relations: 1. That the affection is much more prevalent than is generally imagined. 2. That red and green, the colours used for danger-signals on our railways, are exactly those which are most frequently confounded with each other by the subjects of colour-blindness. 3. That colour-blindness implies not merely a confusion in distinguishing between two or more colours, but, at least in many cases, an imperfect appreciation or feeble hold of colour altogether as a quality of bodies. Prevost says that colour-blindness occurs in one male among twenty. Seebeck (in Poggendorff, *Annalen*, xliii, 177) found five cases among forty youths, in Berlin. Professor Kelland, of the University of Edinburgh, has this session found three examples among 150 students. In four of the cases which had come under Dr Wilson's notice, none of them could be trusted to distinguish a red signal from a green one; and there was not only false vision of colours, but, in many instances, total colour-blindness—so that the subjects of it doubted as to all colours, and would not swear in a court of justice as to any colour. These facts, in connection with the continually augmenting number of railway accidents occurring, must show the imperative necessity of strict examination being instituted as to the perfect vision of all railway servants.



**WARNEFORD HOSPITAL, OXFORD.**—On Wednesday Mr Male, the late House-Surgeon, was invited to attend a meeting held in the committee-room at this hospital, when he was presented with a very handsome testimonial, on his retirement from the duties of an office which he had long and worthily filled. The testimonial consisted of a handsome silver oblong inkstand, and was an exquisite specimen of the taste and workmanship of the makers; it bore the following inscription:—"Presented as a memorial of gratitude and esteem to James Edward Male, Esq., late House-Surgeon, by the Committee, Medical Officers, and other supporters of the Warneford Hospital. 1853." The inkstand was accompanied by a pocket-book, containing the sum of 30*l*.

**QUACKERY IN PARIS.**—A case of some interest came the other day before the Correctional Tribunal. A medical man, named De Bonnard, was cited for acting illegally in administering to his patients medical preparations of a composition not set down in the codex. It appeared, from the evidence, that in consequence of information given to the police, a search was made in December, at the residence of Dr de Bonnard, and a small box was seized there, containing 160 little glass bottles of various medicaments, and 1,350 little glass tubes filled with white globules. The object of these preparations was to enable the medical man to administer his remedy to the patient on the instant. An analysis has proved that these preparations were not in accordance with anything set down in the codex, and in consequence Dr de Bonnard was accused of practising medicine in an illegal manner, and of selling secret remedies. The court decided that there was nothing to prove the latter count of the charge, but that there could be no doubt as to the former. In consequence Dr de Bonnard was sentenced to pay a fine of 100 francs.—'Galignani's Messenger.'

**GOITRE AND CRETINISM.**—A recent discovery with respect to the iodine in water, and its influence on the human organisation, is of too great an interest to be passed over here, the more so, as it may lead our sanitary philosophers to some fresh considerations. The affliction of goitre and cretinism, painfully familiar to all Alpine travellers, has always been attributed to the water drunk by the inhabitants of those districts which are the homes of these cretins. M. Chatin many years ago announced, as the result of his investigations, that the absence of iodine from the water was the predisposing cause of the disease. He has recently placed this hypothesis beyond a doubt. Fully and Saillon, two villages on the right bank of the Rhone, although almost touching each other, have long been remarkable; one village, Fully, being a notorious cradle of cretinism; the other, Saillon, being as notoriously free from goitre or cretinism. Of late years, however, Saillon has in its turn become infected. And the reason, say the inhabitants, is none other than the sanitary measures recently taken to purify the water! Formerly the water of the Salente, before reaching the village, was wont to mingle with the streams of a hot spring, named *Source de fer*. To bring purer water into the village, they altered its course, and turned it away from the hot spring. Observers declared, that the date of the appearance of goitre in Saillon coincides pretty nearly with that of their being blessed with "pure water." M. Chatin investigated the matter; he analysed the water of the Salente, the water of the hot spring, and the water where the two streams mingle; the results confirmed his previous publications; he found the Salente water free from iodine, and the water of the hot spring and of the two mingled strongly impregnated with it. The conclusion is irresistible: wherever the water in these districts is free from iodine, cretinism and goitre are observed among the inhabitants; wherever it is impregnated with iodine these diseases are absent. To "purify water" is not always to make it better adapted to our organism; and there may be some physiological instinct in that paradoxical lady's announcement, "I like water with a dead-cat-and-dog flavour in it."—'The Leader.'

**GUY'S HOSPITAL.**—Mr R. Bianchi and Mr J. Attwell were the successful candidates for the Physical Society's Prize given at this Hospital.

**FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.**—The following is a list of the graduates of this college at the commencement, January 27th, 1853, with the subjects of their theses:—Hannah W. Ellis, Philadelphia, "Parturition." Henrietta W. Johnson, New York city, "Functions of the Skin." Annan N. S. Anderson, Bristol Pa., "General Physiology." Charlotte G. Adams, Boston, Mass., "De Effectis Lactationis Nimia." Julia A. Beverly, Providence, Rhode Island, "Ferrum." Margaret Richardson, Philadelphia, "Phthisis Pulmonalis." Almira L. Fowler, New York city, "Relations of Body and Mind." Maria Minnis, New York, "Medical Jurisprudence." Augusta R. Montgomery, New York, "Medical Education of Women."

**HANWELL AND COLNEY HATCH LUNATIC ASYLUMS.**—At a meeting of the Middlesex magistrates lately held, on the notice for the consideration of the report from the County Lunatic Asylum at Hanwell being read, Mr Laurie called attention to the great number of lunatics at the present time in the Hanwell and Colney Hatch pauper lunatic asylums. Mr Serjeant Adams said the difficulty arose from the want of a suitable establishment where persons not properly coming within the sense of the term "pauper lunatics" could be received and paid for at a moderate cost, instead of their being compelled to be sent to private asylums at such a cost as would have the effect of rendering their friends and relatives paupers themselves. He felt assured that if such an Institution could be procured, the best interests of humanity would be consulted. On the motion of the chairman, the sum of 2,000*l*. was granted towards the purchase of some land, adjoining the grounds of the Colney Hatch Asylum, from the trustees of the late Mr Henry Clive. The chairman then moved that the sum of 6,000*l*. be granted for carrying into effect different works and matters suggested in the report of the committee.—Carried.

## Notices to Correspondents.

\* \*—The 'Exeter Flying Post' containing a report of a large meeting held in that city, on the subject of the new Medical Reform Bill, has been received. We observe that the South-Western Branch of the Provincial Association is strongly opposed to the measure proposed by the Council, and intends to present a memorial to Lord Palmerston condemnatory of several of its provisions. This branch appears to consider that its suggestions have not received due attention from the Council, and now appeals to the Minister. A report appears elsewhere. We have little doubt that other branches will follow the example of the South-Western.

**SCALPEL.**—Mr Syme's exhibition at the Medical and Chirurgical Society was a miserable failure. He is, however, a chivalrous man. It is said that any cock can crow on his own dunghill; but here is a cock, that gallantly crows on another's dunghill. Your observations on the belligerent propensities of the modern Athenian are just. Like all irritable men, he is continually accusing his opponents of ill-treatment. The lady of doubtful reputation asserts her innocence by assuring you, with tears in her eyes, that she is more sinned against than sinning; and if you have a tender heart, you are much inclined to believe her. So, quoth the hurt soul of the super-sensitive surgeon: "I never used or intended to use coarse language against anybody, and if such can be pointed out to me, I will retract it. I am a deeply wronged and abused man. Heaven have mercy on my calumniators!" Mr Syme, we have discovered, is an amiable, gentle, unobtrusive, and forgiving gentleman, and we really pity him for the persecution he has been compelled to undergo. Not the least bitter passage in his life will probably be the indifference to his fame manifested by the great hospital surgeons of this metropolis at the late debate. How could Mr Syme, whose journal has been an arsenal for the manufacture of shafts hurled against London surgeons and London surgery, expect much courtesy from those whom his monthly print has habitually affronted? Still he will tell us that he is a man more sinned against than sinning. It is a pity that he cannot forgive others as readily as he can forgive himself.



A COUNTRY SURGEON.—Mr Bailliére, the publisher, in Regent street, will give you the information.

L.A.C.—Undoubtedly your claim is good. You have a right to payment for services in a surgical case although not a member of any College of Surgeons.

VERAX.—There is much difference of opinion respecting the utility of quinine in fever. You will find reports of cases so treated in our back numbers. Dr Duncan, of Liverpool, who is the advocate of this plan, will doubtless supply you with information, if you desire to have recourse to it.

MR BURNS.—The objections offered to the Bill for Medical Reform will be considered, but we may as well state now that you are incorrect respecting the provident clauses of the measure. These, which were copied from a bill framed many years ago by a Junta, of which Mr Wakley was the leader, have been excised, as inexpedient or impracticable. Any scheme of this sort, to be worthy of the College undertaking it, should be carried out on a grand scale; but we are satisfied that a single payment of one guinea from each newly-admitted member of the profession would be inadequate to meet the ordinary demands upon the fund; and we fear that a periodical benevolence in the shape of an annual tax would cause dissatisfaction. If such a plan were undertaken, a much larger payment would be required from each new member, than has hitherto been proposed.

*To the Editor of the 'Medical Circular.'*

SIR,—Some remarks in the letter signed "A Wakeful Student," which appeared in the 'Circular' for April 20, so loudly call for criticism, that you must excuse me for again trespassing on your space. In the first place, I will enquire "Who is this Wakeful Student?" His letter is dated from the Queen's College, but during the month of April the college is closed, therefore it could not be from a student of that institution, who would know better than date his letter from a house occupied only by the porters and matron. As the only person besides, who was likely to interfere in the matter, was Dr Nelson himself, it struck me that he forgetting that April was not, in the English schools as it is in Edinburgh, a term month, had taken up the cudgels on his own behalf, and reference to the style of some of his other epistles strengthened this conviction. To the Doctor then *in propria persona*, I will through you address the writer, and if he should require a precedent for this mode of procedure, I beg to refer him to the 'Lancet,' Vol. I, 1852, page 23.\* By the bye, I would repay a compliment of my facetious opponent by saying that looking at the date of his letter, I should fancy that if he has not been enjoying a siesta, his talented communication must have taken him a long time to concoct. In the next paragraph, the writer states that I might have written a letter in vindication of Dr Wright. I beg to assure Dr Nelson, that nothing is farther from my intentions. Dr Wright would be well able to do that himself (if he thought proper) were he in better health. My only object in writing the first letter was to inform the editor of the 'Medical Circular' of the precarious state in which Dr Wright was placed by his severe illness. With regard to the expression "Our ever-to-be-respected Professor," is it requisite to inform my sapient reviewer, that the above phrase does not signify "A Professor respected by all," but "Our Professor who ought to be respected"? And then this consistent man, after upbraiding me for using the plural number, is guilty of that very fault in the following line of his communication: "Now does he know that we can speak for ourselves?" for instance. The reason that Dr Nelson never indulged in those attacks on Dr Wright before the students, which he is so fond of making before the public, might be explained by the fact that the number of students at his clinical lectures ranged from three to four, while Dr Wright's average number was fifty, and that Dr Nelson's hospital *clinique* generally consisted of his solitary clerk; a man of Dr Nelson's talents could not of course be expected to cast his withering sarcasms before so small an audience. But enough of analysing such rubbish as that contained in the letters of the (so-called) Wakeful Student. I am tired of it, and in conclusion will say to the worthy Dr Nelson "requiescat in pace."

I am, &c., A STUDENT OF THE QUEEN'S COLLEGE.  
Birmingham, April 27, 1853.

\* The writer of the letter alluded to was not Dr Nelson. Both that, and another letter received last week, were accompanied by the card of the writers, as a guarantee of their authenticity.

MR W. C.—We are unable to decide.

AMICUS is thanked for his kind offer.

MR COCKLE's article on Delirium Tremens is in type and will shortly appear.

MR BLAKE.—1st: No. 2nd: No. 3rd: The degree cannot be obtained without residence.

A SUBSCRIBER.—The back numbers can be obtained by application to the publisher.

A SUBSCRIBER (Plymouth).—Your suggestions shall receive consideration.

A NORFOLK SURGEON AND SUBSCRIBER.—We are obliged to you for your kindness. The enclosures shall be examined.

AN UNFORTUNATE AGENT OF DR TOWNSEND.—A solicitor is the most suitable person to answer your inquiry. The affair could be easily settled in the usual mode.

DR S. THOMSON.—Your communication, with enclosure, has been received. A private note has been sent to you, explaining the matter to which, we presume, you refer. There has been "no mistake."

D.D.—Yours is by no means a solitary case, nor does your information concerning the great publishing house in Paternoster Row in the least surprise us. We have received many communications on the subject, and intend to exert our influence shortly in a manner to benefit medical writers. Consult Mr Churchill, of Princes street, Soho, who is decidedly the first medical publisher of the day.

*To the Editor of the 'Medical Circular.'*

SIR,—It may seem a somewhat strange request to make, but I shall nevertheless feel much obliged, if you can acquaint me with any work (having examined several without success) containing a concise and simple description of the usual mode of performing "artificial respiration."

Yours, &c., A.K.C. (A Subscriber from the beginning.)

April 29, 1853.

DELTA calls our attention to a correspondence that appeared some time since in the 'Association Journal' on the subject of the "Electric Chin Batteries." Of course it came under our cognisance, but we scarcely deemed the subject of such weighty import as our would-be immaculate contemporary. We have, however, since received a communication to the effect that Mr Mienig, not deeming the journal in question the best of mediums for his announcement, declined to favour it with an order for its insertion. Hinc illæ lachrymæ! Whether the little fillip in question is to be regarded as a *quid pro quo* or not on the part of the editor we will leave to the investigations of the curious.

\* \*—Our attention has been called to an omission in the biographical sketch of Mr Charles Clark, of Notting hill, which appeared in our No. for April 6, of the circumstance that Mr Clark is a "Fellow of the London Medical Society," also of an important communication to that Society, reported in the 'Lancet,' of Feb. 19, 1853, on certain "Extraordinary Bodies passed with the Urine," which are of a nature so singular as to have baffled the acumen of the members of the London Medical and Pathological Societies, even after careful microscopical and chemical investigation by such men as Dr Bence Jones, Mr Quekett, Dr Quain, Dr Lankester, &c.

ARGUS.—Yes. We noticed the venomous remark of the 'Lancet.' The 'Medical Directory,' or the 'Quack's Guide' as the 'Lancet' designates it, of the previous six years *did* sell at Dr Merriman's sale along with many other books for 6s. If the 'Medical Directory' of 1852 were of more value than waste paper there would be the less necessity for an annual issue of that important work. The changes in the profession are so numerous that before the year has expired, much of the information which the 'Directory' contains cannot with safety be relied on. But we might have retaliated, for we are told that Dr Merriman was not a subscriber to the 'Lancet,' whereas he was not only a subscriber, but a great friend and patron of the 'Medical Circular,' and has been heard to contrast the honourable and gentlemanly feeling which distinguished the commencement and subsequent career of the latter, with the filthiness and low blackguardism which ushered in and attended the progress of the former journal, down to a very late period of its existence. And what is the market value of the 'Lancet' from its first number to the present time? We will undertake to find complete copies of that work at the price of waste paper, binding included!! We have ourselves seen several volumes of the 'Lancet' offered for sale without finding a purchaser at the moiety of a farthing a number,—less than the cost of waste paper!!



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Hunterian School of Medicine,  
No. 1 BEDFORD STREET, BEDFORD SQUARE.—The SUMMER SESSION will commence MAY 2, 1853.  
Materia Medica and Therapeutics—Dr Ballard, every Monday, Tuesday, Wednesday, and Friday, from half-past three to half-past four.  
Midwifery and Diseases of Children—Dr Gordon Bailey, every Monday, Tuesday, Wednesday, and Friday, from half-past four to half-past five.  
Pathology and Pathological Anatomy—Dr Boon Hayes, every Monday, Wednesday, and Friday, from nine to ten a.m.  
Forensic Medicine—Dr Hullett Browne, every Monday, Wednesday, and Friday, from half-past eleven to half-past twelve.  
Practical Chemistry—Mr Ashley, every Thursday and Saturday, from three to half-past four.  
Botany—Dr Cattell.  
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Urinary Pathology—Dr Arthur Hill Hassall.  
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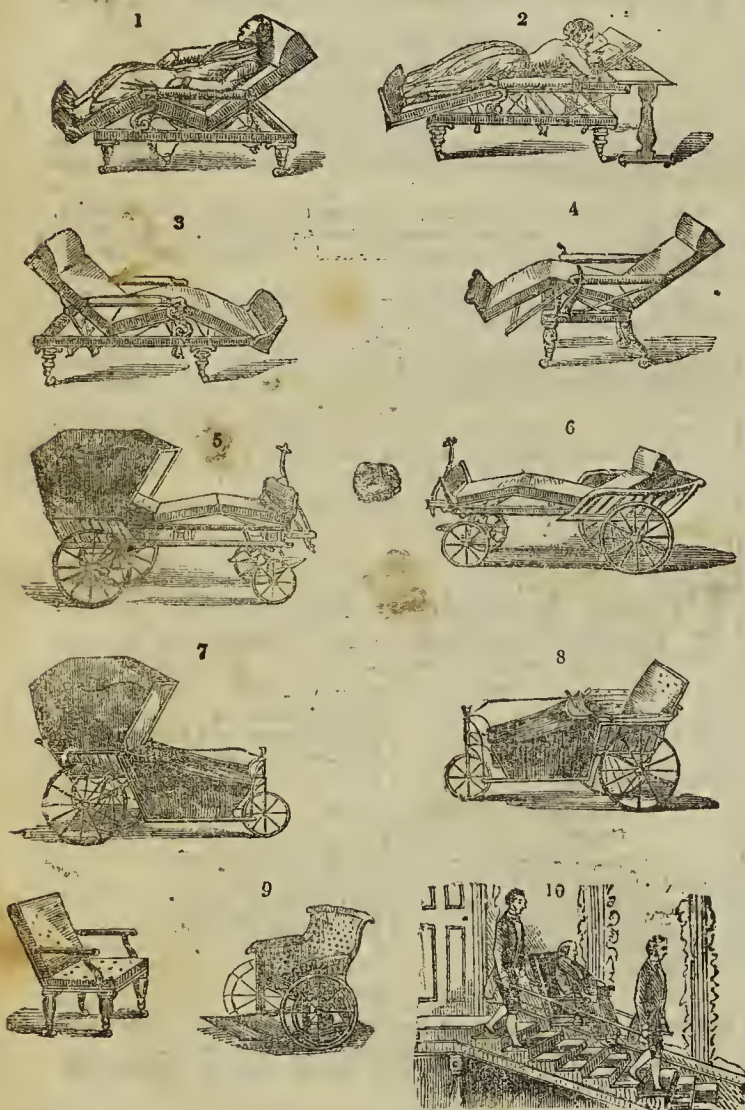
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## Medical Benevolent College.—

NOTICE IS HEREBY GIVEN, that the SEVENTH LIST of Contributors to the Funds of the College, which will include the Subscriptions and Donations received at the recent Festival, will be published in the Medical Journals on the 21st instant.

The List would have been published this week, but owing to its extreme length it was found necessary to postpone its publication to the time stated.

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## The Medical Circular.

WEDNESDAY, MAY 11, 1853.

### THE NEW MEDICAL REFORM BILL.

It is decided that Lord Palmerston will not introduce the new Medical Bill to the House of Commons. He has without doubt received sufficient intimation of opposition to deter him from undertaking the responsibility of such a step. Sir James Graham, who is a member of the Government, and retains probably an unpleasant recollection of his own trials and disappointments, may also have warned the chivalrous secretary of the scalding temperature of the cauldron into which he seemed to be on the point of making a plunge. However, the fact is confessed by the twin advocates of the New Bill—the ‘Lancet,’ and the ‘Association Medical Journal’—that the courage of the Home Secretary has cooled, and that he has declined the attempt to reconcile the conflicting interests and opinions on this subject.

The Council are now endeavouring to induce the less audacious Prime Minister to bring the Bill into the House of Lords; but it does not require much foresight to predict their disappointment. This Bill will be another, added to the list of “Wakley’s Failures,” and we suspect, that there will be few who will regret the premature decease of the acephalous conception. It has never had even the opportunity to breathe,—to enjoy a single moment of legislative existence, but, rejected by many important members of the Provincial Association, has been as it were strangled by its own funis in the stage of parturition. To give it decent Christian burial would be absurd.

While rapid changes are going on in the constitution of our Colleges, we do not think that the medical question is in a fit state for legislation. Numerous concessions have been already made, and others offered, that have much altered the circumstances which, a few years ago, gave strength and direction to a medical reform movement. The profession feel the truth of this observation, and hence have exhibited a most extraordinary apathy to the proceedings of the Provincial Association. The time will come when the question of medical reform may be taken up with more advantage than at present, and when the principles which the Association professes, but which this bill does not faithfully represent, may receive larger support from the corporations themselves, and may be embodied in a form more suitable to the exigencies of the profession. The Council of the Association must have felt that the hour for legislation had not struck, or they would not have trimmed their principles to suit the prejudices they opposed. Foreseeing that failure would be the result of the efforts to pass this bill, we have not strongly directed the attention of our readers to the subject, but have been content to allow the organ of the Council to sing its pæans uncriticised and unrebuked.

We would now, however, offer a little advice. If the Association wish to carry a measure, they must eschew the support of the ex-member for Finsbury. His touch is a blight on every scheme for medical regeneration. Above all things the organisation and credit of the Association must not be made subservient to the success of the New Equitable; and there must be no reciprocation of support for personal objects under the guise of public duty. Nepotism must be repudiated, or the fairest scheme that was ever promulgated will be regarded with suspicion and disgust.

### THE ABORTION CASE.

To the credit of our profession it may be affirmed that its members can be rarely accused either of misemploying their skill, or of perverting the confidence reposed in their integrity to evil purposes. It occasionally happens that the newspapers expose some scandalous transaction in which certain reputed medical men are charged with criminal misbehaviour, but it usually transpires that the persons so inculpated have no legitimate connexion with our profession. This general superiority to the vices that fill the calendar is a noble trait of our brethren. Our studies are eminently qualified to strengthen the understanding, our intercourse with suffering to purify the heart, the implicit faith and reliance placed in our honour to elevate the moral principle and ennoble the character. Whatever roughness or recklessness may seem to characterise the youth on his entrance on his duties a few years of medical practice usually remove, and the better qualities of his heart and understanding become developed and his manners refined. It is a privilege to belong to such a profession, an indelible disgrace to pollute its honour and pervert its holy mission.

It was with joy, therefore, we remarked that the names of the two reputed surgeons, Cunningham and Currie, charged with procuring abortion in the case of the woman, Eliza Mardon, did not appear in the ‘Medical Directory,’ and that there is no evidence of their being either members of the College of Surgeons or licentiates of the Apothecaries’ Company. It appears, then, that our profession is not soiled by the stain which the conduct of these parties would otherwise cast upon it.

According to the evidence given before the magistrate, the young woman, who is the daughter of respectable parents living retired from business in Ely place, Holborn, feeling ill, called on a chemist and druggist of the name of Thomas, conducting business in Leather lane, who informed her that she was in the family way, and offered to introduce her to the prisoner Cunningham, alias Dr Smith, who was accordingly visited by the young woman at the house of Currie, another chemist and druggist reputed to be a surgeon, living in Norfolk street, Middlesex Hospital. Cunningham having declined to render the assistance required without the payment of 10*l.*, was soon after supplied with the fee, when he resorted to the use of an instrument, as is sworn, and after a week’s manipulation declared



that he had cleared out the womb, and that there was no danger. However, two months elapsed, and the woman, finding that "she was not as she ought to be," again applied to Cunningham, who this time was successful in his efforts, induced abortion, and carried away with him some substance wrapped up in paper. A reverend culprit, of the name of Gordon, aged 53, the curate of St Andrew's, Holborn, is said to be the prime cause of these felonious acts.

The parties implicated in these proceedings will doubtless be indicted; and whatever may be the result of their defence, it must be satisfactory to our brethren to know that the men who have been leagued together in these transactions are not members of our profession, and that their punishment will not be our disgrace.

### Mirror OF PERIODICAL LITERATURE.

(From the 'Dublin Quarterly Journal of Medical Science,'  
May.)

#### ON DOUBLE MONSTERS.

This number opens with an interesting article, accompanied with illustrations, on this subject, by Dr Montgomery, President of the King and Queen's College of Physicians in Ireland. Dr Montgomery commences his paper with a description of a complete double child, in which one body was placed at right angles with the other, the umbilicus forming the central point. He records another instance, in which the two bodies were united at the abdomen, and the legs extended horizontally, two on each side, from the place of junction. Other instances of double-headed and double-bodied fetuses are recorded. We quote the following:

"*The Hungarian Sisters—Helen and Judith.*—Double female monster, united by the nates and part of the loins, which condition was attributed to the force of the mother's imagination while carrying them—'Attentius eanes contemplabatur cœnantes, aretius eohærentes, et capitis erga se invicem quodammodo conversos, eosque sibi erebrius præfigurabat.'

"They were born at Szony, in Hungary, 26th October, 1701. Helen was born first, as far as the umbilicus, and after three hours her feet passed, and then the body of Judith—nates first, it is to be presumed.

"In their sixth year Judith was attacked with paralysis of the whole left side; and although she recovered, she was ever after weaker, less active, and more dull. Helen was active, more sprightly, and intelligent. Both are described as very handsome.

"Menstruation was established in their sixteenth year, and continued regular all their life, but did not occur in both at the same periods.

"They had measles and small-pox at the same time, but other illnesses did not occur to both together. When venesection was required for either, it was always performed on Helen, as being the stronger.

"They were shown through almost all the countries of Europe for seven years. They exhibited a great disposition to learn, and spoke Hungarian or High Dutch, Low Dutch, and French, and were learning English.

"They could not walk side by side, and when one went forward, the other was obliged to go backward; when one stooped to take up anything, she raised her sister quite from the ground, and carried her on her back, which Helen often did, as being stronger and more lively than the other. They had not their feeling common anywhere but in the place of their conjunction.

"There was but one vulva, hidden inferiorly between the four thighs. The vagina was at first single, but soon divided into two distinct canals, and all the other sexual organs were distinctly double. In like manner there were two separate intestinal canals, terminating in a common extremity, and the desire of discharging the fæces was felt by both simultaneously; but not so with the urine, which caused sometimes disputes, though in general they were fond of each other.

"The two vertebral columns were united by the second piece of the sacrum, and they terminated in a single coccyx. The two aortæ and venæ cavae anastomosed inferiorly at the situation of the iliac vessels, and thus established a large and direct communication between the two hearts, producing, of course, a great community of life and functions.

"Their mental and nervous systems seemed to have little communication, for one often slept while the other was awake, and one was sometimes occupied in reading or writing, while her sister was in a state of profound repose.

"On the 8th of February, 1723, Judith died of disease of the brain and lungs, at the age of twenty-two. Helen took ill with slight fever soon after the commencement of her sister's illness, and suddenly sank into a state of collapse, preserving, however, her mental faculties. After a short struggle she fell a victim to the death of her sister, and both expired almost at the same instant.

"*Ritta-Cristina.*—This remarkable double monster was born at Sassari, in Sardinia, 12th March, 1829. The mother was well formed, and had previously borne seven perfect children; in the birth of Ritta-Cristina the labour was not attended with difficulty; the heads presented, and each head was separately baptized and named; they were brought to Paris, and there publicly exhibited, which is said to have hastened their death. It is rather amusing to know that the public authorities interdicted their exhibition except under most stringent restrictions, for fear that it would open a door for psychological speculations and discussions.

"On examination after death, the two vertebral columns were found separate in their whole length, and a rudimentary pelvis, formed of a single bone, separated them inferiorly. Another fully developed pelvis was situated in its natural position, and supported two well-formed abdominal limbs; the ossa innominata were widely separated posteriorly, so as to include between them the two sacra and the rudimentary pelvis: there were only eleven ribs at each side; the lower limbs were remarkably meagre and ill nourished.

"There existed a single bladder, uterus, and rectum, which were common to the two subjects; but behind these organs were found rudimentary traces of others.

"There were two distinct hearts in one pericardium, which touched at their apices; all the other thoracic and most of the abdominal viscera were double; examination by the stethoscope indicated only a single heart.

"Many interesting observations were made on this monster during life; the nervous systems seemed to have but little communication, except in those parts which were in the line of union, as the anus and sexual organs; for if the right limb was pinched, or the sole of the foot tickled, Ritta only felt it; and if the left, only Cristina; so that of the common pair of limbs, the right seemed to belong to the one individual, and the left to the other. And this was verified on dissection; for the spinal cords were found to be quite separate, and there was no communication between the nerves forming the nervous trunks going to the two abdominal limbs; the only union between the nerves of the two beings was found in the parts in the line of junction. One would sleep while the other remained awake sucking; or smile while the other cried, or was quite tranquil.

"The two creatures experienced the sensation of hunger at different times, but felt the desire to expel the fæces at the same time. This might be expected from the structure of their alimentary canal, which was double as far as the commencement of the ilium, and single in the rest of its course. There was an anastomosis of the iliac arteries belonging to each.



"There was a remarkable difference in the expression of their countenances; Cristina being of a gay and happy look, while Ritta looked sad and melancholy, as if suffering, which was the fact.

"They died at Paris, 23rd November of the same year, having lived eight months and eleven days; and I believe their survival for such a length of time constitutes an exception to the history of double monsters with two hearts in one pericardium. The account of their last moments is deserving of mention. Ritta, who had always been feeble and ailing, at last became very ill for some days before her death, but during those days Cristina continued in perfect health, was gay and merry, and was playing in her mother's arms when Ritta breathed her last, but on the moment Cristina screamed out and instantly expired. It was remarked also that she became cold and rigid in a few minutes; but that Ritta became so only at the end of eight hours.

"The same authority which objected to their exhibition while living wished to prevent their examination after death, and ordered their burial within twenty-four hours; and it was only at the urgent solicitation of M. Geoffrey St Hilaire and others, that permission could be obtained for delay, in order to investigate their organisation."

(From the 'Monthly Journal of Medical Science,' May.)

#### NOTES FROM PRACTICE.

Under this title Dr Balfour of Cramond records his experience in the treatment of Scarlatina, Erysipelas, and Rheumatism.

*Scarlatina*.—Dr Balfour wholly rejects belladonna both as a prophylactic and curative agent in this disease. He says,

"Scarlatina is a disease caused by the circulation in the blood of a depressing narcotic poison, which is thrown off by the skin, and, more or less, by the mucous membranes—the extent to which the latter are affected varying in different epidemics and in individual cases. The accompanying fever, or delirium, or stupor, are not inflammatory in character but are the effects of the circulating poison on the central organs of sensation and circulation, and are best combated by favouring its elimination. It tends to a death more or less sudden, by the poison being more or less in excess of the powers of the system. As death then occurs from a want of power in the system to throw off the poison at all, or completely, a stimulating treatment is obviously indicated. Accordingly, we find that in many cases we are forced to commence by the administration of alcoholic stimuli; but as reaction proceeds a milder stimulant is indicated, and one, too, which, while supporting the vital powers, should determine to the skin and mucous membranes, and such an one we have in carbonate of ammonia, long ago vaunted by Dr Peart as a specific in this disease. The wildest delirium is no contraindication of its use. On the contrary, the intervals between the doses may be advantageously lessened, as it acts in such cases as a calmative. Of course the skin must be determined to by means of the application of moist heat. The mode of doing so is of little importance; but a tub large enough to contain an adult not being a usual appendage of the houses of the poor, the modified vapour-bath is for them indispensable. Cold affusion or the wet sheet, while an effectual mode of producing the same effect, is not always a safe one. Warm poultices to the throat, and assiduous sponging or gargling with plain hot water, are the best means of combating the local affection,—the pain and swelling there depend on the situation and nature of the tissues, and are no more to be combated by stimulants and cauterants\* than is the redness of the skin. As from the same cause this local congestion is apt to become chronic, mild astringents, as acidulated gargles, may be subsequently employed; slight ulcerations are best treated by attention to the primæ viæ, which must always be unloaded of their depraved secretions; more severe and

foul ones are only aggravated by harsher remedies. Tonics, particularly iron, are generally required during convalescence, along with nutritious diet, warm clothing, and a careful prevention of exposure till desquamation is completed."

*Erysipelas*.—Of the treatment of this disease, Dr Balfour remarks:

"In consequence of having witnessed the cure of a case of erysipelas treated with iron, under the joint care of Dr Charles Bell and myself, and also in consequence of Dr Bell's assurance of its great and unfailing success, I was induced to give this method a trial, and this the more readily that opinions were very much divided regarding the proper treatment of this disease, and I myself had no great confidence in any. Since that time I have treated all my cases, upwards of twenty, with iron, and have had no cause to regret my doing so. On the contrary, erysipelas is one of the few diseases for which I now believe we have a certain and unfailing remedy, and this whether it be infantile or adult, idiopathic or traumatic.

"The first case so treated was a highly scrofulous woman, with erysipelas of the scalp, arising from irritation of two large sores on it. She was cured in three days. The second was a man with erysipelas of the foot and ankle, cured in two days. The third was a case of traumatic erysipelas of the scalp in a woman; she was ill for a day or two before being seen, but was cured in about five days' treatment. The wound, a deep cut about three inches long, was healed within a week. In short, all the cases, many of them very severe, and accompanied with high delirium, some of them phlegmonous, others vesicular, and several occurring in children, were cured in less than a week on the average. Suppuration took place in none but two, in both of whom the treatment was not commenced till after effusion had taken place. Their convalescence was, of course, more tedious. The ninth day was that on which convalescence commenced even in the most severe cases, and *probably* the course of the disease would have been shorter even in them had the medicine been given more regularly; for so sure is it in its effects that I can, with I may almost say absolute certainty, predict the state of the patient on ascertaining the quantity of the drug taken, and a glance at the bottle is fully as informing as to the state of the disease as a look at the affected parts themselves.

"The tincture of the muriate is that preparation of iron I have hitherto employed, the dose varying with the age of the patient; the great object being to saturate the system with iron as speedily as possible, and to keep it so till the disease is abated. A few doses suffice to remove the pain, and lessen the heart's action; it acts also as a diuretic, and to some extent corrects the secretions, often cleaning the tongue as well as any purgative. It never produced headache nor other unpleasant symptom, and was continued with advantage throughout the highest delirium. The only other remedy employed was an occasional purgative, and the local application sometimes of a warm poultice, and at others of simple flour or starch powder and cotton wadding, the poultice being preferred, perhaps without much reason, when the situation or extent of the part affected did not throw difficulties in the way of its application."

*Rheumatism*.—Dr Balfour makes some observations on the treatment of rheumatism with aconite, but his experience of its use does not appear to have been extensive. He says,

"While the employment of aconite in rheumatic fever, where it is desirable speedily to affect the system, entails an amount of care and watching, from the powerful nature of the remedy, which renders it unsuitable for country practice, there are certain cases of sub-acute rheumatism for which it is most suitable. These are chiefly synovial in character, with a more or less marked febrile state of the pulse. Where that is wanting, as in more chronic cases, aconite is rarely useful. In less urgent cases of affection of only one joint, and in many cases of sciatica, regulation of the bowels, and the local employment of the aconite, are often sufficient.

"As aconite, without being cumulative in its action—i. e., it is never prolonged or developed after the immediate ac-

\* I may add that since I discontinued the application of cauterants to the throat, swelling of the glands has been more rare than formerly. I am aware this fact is no argument, but it leaves the door open for future observations.



tion of the last dose has ceased, yet has this peculiarity, that one dose paves the way for another, rendering its action more powerful often than was to be anticipated, the dose requires to be very cautiously increased, and very often gradually diminished. I have in one case gradually increased the dose of Dr Fleming's tincture to ten minims thrice a-day, and as gradually diminished it to one; still keeping up the same amount of action. The patient was much benefited, but not cured. Sometimes it produces symptoms of gastric disturbance, which, when they threaten, are best prevented by giving the aconite after a meal.

"Diaphoresis was believed by Störk to be one of its principal actions, yet Dr Fleming never observed it, and I have only seen it once; but in that case it was most copious, the whole bedding being saturated after each dose. The patient was not benefited by his perspirations, and on account of them the aconite was stopped. To obtain the curative action of the aconite, its physiological one requires to be fully developed—the coincidence of the two is generally well marked. It is best given in plain water; and for external use, its tincture may be mixed in various proportions with plain soap liniment. The presence of opium, so often combined with it is unfavourable to the development either of its physiological or curative action."

(From the 'Lancet,' April 30, 1853.)

#### PURULENT OPHTHALMIA.

After considering the causes, symptoms, and diagnosis of this disease, Mr France thus dilates on the treatment:—

"The treatment of infantile purulent ophthalmia consists in the following measures:—Should inflammation be very severe, the tumidity of the palpebræ and conjunctiva excessive, and every indication of intense vascular excitement be present, it is right to deplete to a small extent by scarifying the conjunctiva with a lancet. From two or three superficial strokes a sufficient flow of blood will be readily obtained by fomentation. But cases demanding direct depletion are exceptional; the immense majority, formidable as they are in appearance, are perfectly controllable by other means. The bowels must be freed by a purgative combined with some preparation of mercury. I generally prescribe for this purpose the gray powder with rhubarb, which usually effects all that is wished in the first instance—viz., to procure free secretion along the intestinal canal and from the glands associated with it; a slight laxative action should be maintained subsequently by castor-oil. The whole constitutional treatment is comprised in these simple measures; and the local is scarcely more complex.

"We must first enjoin thorough cleansing of the eyes from all purulent secretion by tepid ablution. The sponge, I will here remark, should on no account be used for any other purpose, as the disease is highly contagious. Ablution should be repeated at least every hour, the upper lid being gently detached from the lower; the warm water suffered to flow between them, and wash away all accumulated discharge. You can hardly be too precise and earnest in enjoining the observance of these points, for their neglect diminishes in a serious ratio the chances of perfect recovery. The use of a syringe is advantageous for the purpose of effectually cleansing the surface of the conjunctiva, and may be recommended accordingly when there is reason to think it will be intelligently and carefully handled. In the larger number of cases, however, among the poor, it is safer to direct simply thorough sluicing between the lids, as just described. This plan is quite adequate to accomplish the object in view, and is free from the chance of splashing morbid secretion into the eyes of the attendant—an accident which an ill-managed jet of fluid from a syringe might cause.

"Subservient to the prime object of removing all discharge is the use of some unirritating ointment to obviate agglutination of the palpebræ, and prevent accumulation of the purulent matter during sleep. Spermaceti or zinc ointment may with this view be smeared along the edges of both palpebræ and upon the surface of the lower one, which

is often overlapped by the tumefied upper lid. Having thus secured a free outlet for discharge, and relieved the conjunctival surfaces from the purulent and lachrymal secretion, the next point is to employ a collyrium. That which I have found of the greatest service, and habitually use, is a solution of nitrate of silver, a grain or a grain and a half being dissolved in the ounce of rose-water. Two or three drops of this should be instilled upon the conjunctiva three times daily, the part having been first cleansed from all matter which may have gathered since the last ablution. Continuing this application for four or five days, you will find the eyes so lately streaming with pus and intensely inflamed, gradually assuming a less angry aspect, the swelling diminishing, the discharge rapidly lessening, and the affected organ returning progressively to the state of health.

"As soon as all chemosis has disappeared, tumefaction of the integuments has abated, and the quantity of purulent secretion declined, it is advisable to diminish the frequency with which the nitrate of silver collyrium is used. At a still later stage of convalescence it may be changed for a solution of sulphate of zinc. The compound zinc collyrium of our Guy's Pharmacopœia is eligible at this period of the disease. Its composition I have previously mentioned—viz., sulphate of zinc, two grains; opium wine, two drachms; and rose water, six drachms. The reason for substituting this, as early as the circumstances of the case will permit, for the nitrate of silver drops, is to avoid the chance of discolouring the conjunctiva. The possibility of such discolouration is not for a moment to be weighed in the scale against the striking utility of this collyrium, yet it does constitute a sufficient ground for discontinuing it when the complaint is unquestionably subdued. A solution of alum (three grains to the ounce) may be employed in the same way as the compound zinc collyrium, to conclude the cure which the nitrate of silver has brought about. Other astringent solutions as well, are, I believe, sometimes used instead of the nitrate of silver collyrium from the beginning, but I would emphatically dissuade you from trusting to them. This is not a disease with which it is justifiable to experiment or temporise. With the fullest confidence I can recommend the plan of treatment above described, because I have always found it successful; and I deprecate resort to other means, because the uncertainty of them is evident from the unsuccessful cases every now and then applying too late at our Eye Infirmary.

"When the cornea is found to be hazy or opaque the treatment does not essentially differ from that already described. If it be ulcerated the only addition indicated is greater care to avoid the slightest pressure on the globe in examination, or in the processes of ablution, and injecting collyria; but, if the ulceration has extended through the laminae of the cornea, and opened the anterior chamber, a point of nitrate of silver may sometimes advantageously be applied, to excite healing action at the bottom of the ulcer and procure quicker closure of the opening.

"If the iris has prolapsed, or there is reason to expect that it will do so, owing to the depth to which an ulcer of the cornea has advanced, it is proper to apply belladonna around the orbit, with the view of obtaining dilatation of the pupil and consequent retraction and disentanglement of the iris. The application of belladonna would supersede that of caustic, if the prolapse were quite recent, until the iris should have withdrawn from the corneal aperture. The nurse, however, must be directed to prevent any belladonna reaching the mouth of the little patient, either by means of the discharge or its own fingers, or the mother's breast. The best mode of guarding against so serious an accident is to apply the extract by simply smearing it over the inner portion of two rings of soap or resin plaster, which may then be placed so as to surround the patient's orbits. These must be renewed or moistened twice a day.

"After all morbid discharge has ceased, the case has become chronic, and any ulcer which may have existed has closed or shows a disposition to do so, the black wash, composed of seven grains of calomel to an ounce of lime water, is extremely useful, promoting cicatrisation, and tending to



disperse the hazy opacity which always surrounds a cicatrix. Some degree of opacity may result from the inflammation to which the cornea has been subjected, independently of ulceration; and in such cases likewise, in their chronic stage, the black wash is beneficial.

"If destruction of the entire cornea has taken place, it can be of no avail in restoring vision to apply nitrate of silver to the part or belladonna to the brow; the treatment then becomes merely palliative, and the only remaining object is to relieve the conjunctival inflammation, and control the deformity which ensues."

(From the 'Lancet,' May 7, 1853.)

#### CASES OF FRACTURE OF THE BASE OF THE CRANIUM.

Mr Hilton continues his lectures on this subject in the present number of the 'Lancet;' and two cases are reported in illustration of the points dwelt on by the lecturer. The lecture deserves attention.

#### ON THE TREATMENT OF THECAL ABSCESS.

The following observations are by Mr Cumming:—

"Inflammation and suppuration in the theca of the fingers are of great importance in practice. In these cases it is necessary to know what to do, and the proper time for interference. The need of early opening in cases of thecal abscess is an axiom in surgery, neglect of this involving the loss of the use of the finger. The difficulty is not in the use of the remedy, but in recognising the case which requires it. While on the one hand it is desirable to leave no cure to the risk of the results of unrelieved thecal abscess, and on the other not to adopt a severe measure without real necessity, I have often made a deep incision, thinking that the theca was affected, when after-observation has made me think that this need not have been done, or suppuration at the back or side of the finger has shown that the theca was not the part affected.

"I remember a case some years ago of a woman who showed me the extreme phalanx of the finger severely inflamed, which she would not consent to have incised. I saw the finger a day or two after, quite well. These and similar cases have made me look with some attention to those marks, which might more clearly show that the theca was the part inflamed, and suppurating inflammation of the superficial cellular tissue of the finger may be left to its own progress, or advantageously be allowed to point before the lancet is used. Thecal abscess must never be left to itself, as it will certainly damage or completely destroy the finger.

"It is said by many that inflammation of the theca alone calls for an incision into it. I do not know that the signs of this would be sufficiently clear or urgent to lead us to do this, while I am certain that as soon as the theca is distended with pus that the signs are positive, and admit of no delay.

"When there is suppuration in the theca, the finger is swollen, tense, throbbing, and perhaps red; in addition to these characters, which may occur in superficial inflammation, there are others more distinctive—great pain on pressing over the course of the tendon. If the finger, which is generally slightly flexed, be bent backwards, the tension and stretching of the tendon and theca give great pain; this can generally be done without pain if the theca is not involved. The pain is so urgent as to prevent the patient sleeping. There is fluctuation deep in the finger felt from one side of the tendon to the other. These characters I have found present in thecal abscess, and to indicate almost certainly its presence, and calling at once for an incision into the theca. I will mention a few of the cases on which these remarks are founded.

"A. B.—, aged thirty. A few weeks after her confinement the fore-finger of the right hand became very painful. No incision was made. When I first saw her, three weeks afterwards, there was an opening in the palm, and one at the back of the finger, which discharged freely. All power of flexing the finger was lost.

"A middle-aged man showed me his thumb, which had been swollen, and in great pain, for more than a week. A small opening had formed at its anterior surface, from which pus was just beginning to flow. An incision into the theca was made, allowing pus to escape, and giving relief, but the tendon sloughed, and a large piece of dead bone came away.

"These cases show the result of thecal abscess unrelieved by incision.

"A young man had great pain in the thumb, with swelling. The first time I saw him there was distinct fluctuation from one side of the tendon to the other; great pain, which prevented sleep. An incision was at once made into the theca; pus escaped freely, and the case did perfectly well.

"A German, working in a sugar-house, had swelling, tension, and pain in the extreme phalanx of the middle finger. The finger began to be painful four days before I was sent for; so much so last night as to keep him from sleeping. There was superficial swelling and redness at the back of the finger, but distinct fluctuation from one side of the tendon to the other, and pain on stretching the finger back. An incision was followed by the free escape of pus, which gave immediate relief, and, in a few days, the finger was well.

"A lad, aged sixteen, had had pain in the finger five days, which prevented him sleeping at night. Extreme phalanx of right fore-finger tense, swollen, red, and throbbing; fluctuation distinct, and pain on pressing over the course of the tendon. On incision, pus gushed out freely, followed by immediate relief.

"In these cases there were the characters presented on first seeing them, and the incision was made at once, with a scalpel, into the theca. An attention to these characters of thecal abscess will guide us to their relief and cure, and save us, in many instances, from the mortification of making a deep and painful incision without any benefit.

"The tension and pain deep in the situation of the finger, the deep fluctuation, and the severe pain preventing sleep, are the distinctive marks of thecal abscess."

(From the 'Medical Times and Gazette,' April 30, 1853.)

#### HISTOLOGICAL ANATOMY.

Dr Boon Hayes continues his lectures on this subject in the present number of the 'Medical Times and Gazette.'

The epithelium, nails, and hairs, are the topics treated of in this lecture.

#### ON CERTAIN CASES IN WHICH THE ADMINISTRATION OF CHLOROFORM MAY PROVE INJURIOUS.

Mr Armstrong Todd, one of the surgeons of the Ardwick and Ancoats Dispensary, states that the class of diseases in which the use of chloroform appears to be the most injurious, "are those in which the blood is either much vitiated in quality, or considerably diminished in quantity, let the cause of this diminution or vitiation be what it may. Many diseases of the lungs may cause a state of the blood which should prohibit the use of chloroform. For example: I can imagine a case of chronic bronchitis, where the lining membrane of the air-cells has become so thickened, that but little air can come in contact with the blood, in which case it must take a considerable time for the patient to recover the effects of, although he may have been easily influenced by, the anæsthetic agent. Acting upon this opinion, I refused to give chloroform in a case I operated upon a short time ago, the man having been the subject of a chronic bronchitis for several years, and having a bluish appearance, indicating a deficiency of oxygen in the blood. In such a case, when chloroform has been administered, one may naturally expect to meet a great difficulty in recovering the blood to even its former state of oxygenisation, however imperfect that may have been; and I think this may be readily accounted for in the following way: The free interchange of carbon and oxygen being in part interrupted by a thickened membrane lining the air-passages of the lungs, the blood, poisoned by the chloroform, finds a great difficulty in coming in contact



with a sufficient quantity of air into which it may expel its superfluous carbon, and from which it may take up a sufficiency of oxygen to support life; and this blood passes to the heart in its still carbonised state, to be again sent through the body, there to accumulate still more carbon; and thus the process of carbonisation of the blood going on in a much greater degree than that of its oxygenisation, the balance is soon turned in favour of the poison, and the patient dies from a deficiency of oxygen in the blood. The patient may be easily placed under its influence. The blood, owing to the state of the lungs, is unable to free itself altogether of its carbon; then, at the time of administration of the chloroform, it being already considerably vitiated, but little is required to turn the balance. The operation may go on as expected, the patient feeling no pain; but great difficulty may be experienced in restoring him to his former state of sensibility, and even death may ensue in some minutes or hours, or perhaps days, according to the difficulty of oxygenisation in proportion to carbonisation. There are several other affections of the lungs which may produce a state of the blood such as ought to prohibit the use of chloroform. Emphysema, for instance, where the structure of the lung itself is so affected as to prevent a sufficient quantity of the blood coming in contact with the air, the pulmonary circulation being so impeded that in many cases a large portion of the blood remains in the right side of the heart, so as considerably to enlarge these cavities; and thus the same evil results, but from a different source. I do not mean to say, that in every case of chronic bronchitis, or in every case of emphysema of the lung, the administration of chloroform is impracticable; but I do mean to say that in cases where there is an affection of the lungs which considerably impedes the process of oxygenisation of the blood, whether it be by a mechanical obstruction to the air coming in contact with the blood, or by a deficiency of blood being permitted by disease to enter the vessels of the lungs, and thus come in contact with the pure air, the surgeon runs considerable risk in administering chloroform. Diseases of the heart, also, by retarding the circulation, render the re-oxygenisation of the blood difficult, and thus, to people affected in this organ, there is great danger in the use of an anæsthetic agent."

Mr Todd objects also to the administration of chloroform when there is a small quantity of blood in the system, owing to previous hæmorrhage or other cause. To these conditions must be added also disease of the heart. Mr Todd makes the following remarks relative to the administration of the anæsthetic:

"I cannot help thinking, that some of the cases of death from chloroform have been more the effect of an indiscreet mode of administering the anæsthetic agent than from the real effects of chloroform upon the system, for I have frequently seen it administered in the most careless manner. I have seen a patient held down, and an inhaler put close to his mouth, with the sponge filled with chloroform, and held there, notwithstanding the most violent struggles, until at last he is choked into a state of anæsthesia, the pain of this process being much more severe than the operation itself. And I have met with people to whom it has been administered, and who strenuously declare, they will never undergo such punishment again; they would much rather suffer the most severe operation than the sensation of smothering they experienced while the chloroform was being administered to them. But I believe this to be the fault of the administrators, and not any peculiarity in the patient. This choking system is not the way to administer chloroform; it ought to be done in a quiet and gradual manner. The mode which I have found most successful—(what I call perfect success being, not only placing the patient in a state of anæsthesia, but doing so without his feeling any inconvenience whatever from it)—is the following:—I use a common huckabuck towel, which is folded in a strip about seven inches wide; one end is then turned down, and the other rolled round so as to make a conical bag; a piece of lint is then taken and applied to the mouth of the chloroform-bottle, and just so much put on it as it will soak when the bottle is turned up once or twice upon it, which is then inserted into the conical

towel, and put to the mouth of the patient. This small quantity of chloroform can generally be borne without the least inconvenience, but sometimes it will be found necessary to remove it for a second or so, which should be done if there is the least choking sensation, and re-applied, either close to the mouth again, or at a very little distance from it, so as to dilute the vapour still more; as the patient gets accustomed to it, a little more chloroform may be added, and again, perhaps, a little more, until he is fully under its influence; thus, you give a small dose at first, which the patient is able to breathe with ease, and it is increased as the lungs become accustomed to the at first irritating vapour, instead of giving a large quantity, which emits so dense a vapour, that the patient is totally unable to inhale it. I prefer the towel to the pocket-handkerchief, because, being more readily made into a bag, the chloroform can be placed at a greater distance from the mouth, which enables the patient to breathe it with great facility without its being so much diluted with air. This objection holds good with the common chloroform-inhaler, to which there is, also, another, namely, in the arrangement of its valves, as, when it is placed close to the mouth, the sponge being full, nothing can be inhaled but the pure vapour of chloroform. It may, however, be used by arranging the quantity of chloroform poured upon the sponge; but, as far as my experience goes (having used many kinds of inhalers), I believe the best, most convenient, and most safe, is the towel, as I have before described. The best chloroform I have ever used is the Edinburgh chloroform; it can be made in Scotland so much cheaper and better than in England, owing to the spirit laws in that country. One thing I must mention before concluding, that chloroform is not a thing to be given by any person who happens to be near; but it ought to be placed in the hands of those who are in the habit of administering it, and who know and can watch its effects; especially in hospitals, there should be one person appointed to administer the chloroform,—one who is likely to remain attached to the hospital for several years, and whose business it is, during the operation, to mind the chloroform, and nothing else; for, in most cases, when left in the hands of inexperienced people, they are prone to watch the progress of the operation, and not to attend at all to the effects of the chloroform,—a habit which is fraught with the greatest danger."

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**Medical Times and Gazette.**—(No. CXLIX. May 7, 1853.)—ORIGINAL LECTURES.—Dr W. Jenner's Lectures on the Acute Specific Diseases, being the Guelstonian Lectures; delivered at the Royal College of Physicians. Dr G. Budd's Lectures (II) on the Organic Diseases and Functional Disorders of the Stomach.—ORIGINAL COMMUNICATIONS.—Mr W. F. Barlow: Some General Observations on Fatty Degeneration. Mr W. Brigham on a Case of Pulsating Abdominal Tumour. Mr P. Dicken on Extensive Gangrene and Sloughing of the Entire Scrotum, from Probable Deep-seated Inflammation of the Prostate Gland; with the Complete Reproduction of Lost Parts. Scientific Lectures. List of Scientific Meetings.—EDITORIAL ARTICLES.—The New Medical Reform Bill. More Gems from Irish Poor-law Advertisements. The Out-patients at Hospitals. Royal College of Physicians. Provincial Medical and Surgical Association.—REPORTS OF SOCIETIES.—Royal Medical and Chirurgical Society: On the Treatment of Obstinate Stricture of the Urethra by External Incision upon a Grooved Director. Medical Society of London: Cat-head Monster; Cancer of the Hand; on the Questionable Utility of Tracheotomy in the Treatment of any kind of Epilepsy. Charge of procuring Abortion against Two "Surgeons."

**Association Medical Journal.**—(No. XVIII. May 6, 1853.)—LEADING ARTICLES.—The Excise on Spirits a Tax on Medicine. The Medical Reform Bill. The Jenner Monument. Medical Fees and Life Insurance Companies.

—ORIGINAL COMMUNICATIONS.—Dr W. S. Oke on Abnormal Menstruation. Mr G. May: Case of Scirrhus Disease of the Rectum; Artificial Anus; Death. Mr C. R. Thomson: Case of Simultaneous Dislocation of Both Humeri.—BIBLIOGRAPHICAL NOTICES.—J. Y. Simpson on Homœopathy: its Tenets and Tendencies. J. Y. Simpson on Modern Advancement of Practical Medicine and Surgery. Kaln's Atlas of the Formation of the Human Body. E. D. Walker's Hints on Sea-Bathing.—PERISCOPIC REVIEW.—Materia Medica, Pharmacy, and Therapeutics: Hydrochlorate of Ammonia in Enlargement of the Prostate Gland; Butter a Substitute for Cod Liver Oil; Albuminate of Iron and Soda. Midwifery and Diseases of Women: Menstruation during the Early Months of Pregnancy; Superfoetation: Case of Double Uterus; Twin Pregnancy; Placenta Prævia.—REPORTS OF SOCIETIES.—Medical Society of London: Fibrinous Coagula Expelled at the Menstrual Periods; by Edwards Crisp, M.D. Prolapsus of the Anterior Wall of the Vagina and Bladder: New Operation for its Cure; by I. B. Brown, Esq. Diphtheritic Exudation Confined to the Larynx; by W. H. Willshire, M.D. Delirium Tremens; by W. Camps, M.D. Monstrous Birth: Funis without Vein; by W. C. Dendy, Esq. Epithelial Cancer of the Hand in an Old Man; Amputation; Recovery; by W. Cooke, Esq. Impropriety of Tracheotomy in Cases of Epilepsy; by C. B. Radcliffe, M.D. Chronic Rheumatic Arthritis; by E. Canton, Esq. Epidemiological Society: Comparative Mortality of large Towns and Districts; by John Snow, M.D.—ASSOCIATION INTELLIGENCE.—South Western Branch: General Meeting. Yorkshire Branch: Notice of Annual Meeting. Medical Benevolent Fund.

## Reviews.

*Modern Domestic Medicine.* By THOMAS I. GRAHAM, M.D. Eleventh Edition.

Dr Graham's 'Domestic Medicine' is so well known that it is scarcely necessary for us to point out its merits as a popular work. It commences with a domestic materia medica, and suitable cautions are enforced with respect to the employment of very active or poisonous agents. Some observations on diet and regimen, cold bathing, the management of children, &c., follow, and the remainder of the work treats of diseases and their remedies. For a work of this kind it has few objectionable points. It is carefully and judiciously written, and calculated to be useful to persons living in remote situations, where the aid of a medical practitioner cannot be readily obtained.

*On Diseases of Women and Ovarian Inflammation, in relation to Morbid Menstruation, Sterility, Pelvic Tumours, and Affections of the Womb.* By EDWARD J. TILT, M.D. Second Edition.

To Dr Tilt is due the credit of having drawn special attention to inflammation of the ovaries as a cause of sterility, morbid menstruation, &c. The application of the recently discovered truths relating to the functions of the ovaries to the pathology of these bodies could not have been long deferred; and Dr Tilt has interposed at the right time to attach the connecting links, and to complete our knowledge of these important organs. This work has reached a second edition—a proof of the estimation in which the author's views have been held by the profession. It is written with taste and elegance, and is a masterly *exposé* of the subject. The phenomena of menstruation are investigated with great care, and are lucidly discriminated and explained. The additions in the second edition much enhance the value of the work.

*On Continuous Molecular Changes, more particularly in their relation to Epidemic Diseases.* By J. SNOW, M.D.

The commencing pages of this dissertation are occupied with a consideration of the molecular changes in organic bodies, and the chemical actions induced by combustion, putrefaction, &c. We shall quote such portions of the



essay as explain the author's views in relation to epidemic diseases:—

"The material cause of every communicable disease resembles a species of living being in this, that both one and the other depend on, and in fact consist of, a series of continuous molecular changes, occurring in suitable materials. The organised matter, as we must presume it to be, which induces the symptoms of a communicated disease, except in the case of the entozoa, can hardly ever be separately distinguished, like the individuals of a species of plant or animal; but we know that this organised matter possesses one great characteristic of plants and animals—that of increasing and multiplying its own kind.\* In the instances of syphilis, small-pox, and vaccinia, we have physical proof of this increase, and in other diseases the evidence is not less conclusive.

"The molecular changes taking place in the materies morbi of some diseases resemble the changes in many living beings in another respect also: they permit of being suspended, under certain circumstances, and recommence at the point at which they ceased. Thus the matter of variola and of vaccinia can be carried, in the dry state, to distant parts of the world without injury, like the seeds of a plant.

"No evident effects are produced at first by the reception of the material cause of any of these diseases. There is always a definite period, of longer or shorter duration, before the illness commences, which is called the period of incubation. As regards the materies morbi itself, this is a period of something more than incubation; it is a period of reproduction. All substances capable of causing a disturbance in the animal functions produce symptoms from the moment of their absorption or imbibition, when introduced in sufficient quantity; but the specific animal poisons, as they are called, are very rarely, if ever, introduced in such quantity as to produce sensible effects; the disturbance in the system, which constitutes the diseases they induce, being due to the crop or progeny of the matter first introduced.

"One character of communicable diseases is, that they are apt to be extremely prevalent at particular times and places. This character, which arises strictly out of their communication from individual to individual, has obtained for many of these diseases the name of epidemics—a name which may be applied to nearly all of them, although some are prevented, under ordinary circumstances, from showing their epidemic character. Thus syphilis, for instance, keeps a pretty even course in this metropolis, because there is a steady amount of vice for its support, and a still greater amount of virtue to keep it in check; but when it is introduced amongst a community of savages, indulging in promiscuous intercourse, it rages as a fearful epidemic. The extent of population and of intercourse has great influence over the epidemic character of communicable diseases. The various irruptive fevers are constantly present in London, and are only liable to fluctuations in their prevalence. In less populous districts, however, there are not enough subjects to support their constant presence. One or other of them is often absent for a number of years, and, when re-introduced, spreads to a great extent. There is one disease which neither the metropolis, nor the country at large, nor even the whole of Europe, will supply with victims except for a time. The cholera has been twice spread over the world within the memory of the present generation, and seems to be dying out a second time everywhere but in the south of Asia. Fatal as it is to the human species, it is itself so difficult of support that the world seems scarcely large enough for it, and, were it not for its pasture in India, it would be in danger of passing altogether out of existence, like the dodo of the Mauritius."

Dr Snow does not seem to have any faith in the influence of the atmosphere in causing epidemic diseases.

\* See a paper by Mr Grove, of Wandsworth, 'Med. Times,' vol. xxiv., p. 640.

## Hospital Reports.

### THE LONDON HOSPITAL.

STRANGULATED INGUINAL HERNIA.—REDUCTION BY OPERATION.—DEATH FROM INTERNAL STRANGULATION.

(Under the care of Mr ADAMS.)

A. M., a greengrocer, aged 20, came under the care of Mr Adams with severe symptoms of strangulated hernia. A tumour occupied the upper third of the scrotum, and from this extended into the inguinal canal, so as to distend it somewhat. Slight impulse existed on coughing. The patient stated that the gut had come down thirty-two hours before his admission, immediately after having lifted a sack of potatoes, his truss being off at the time. Immediately after its descent it was about the size of a bantam's egg, and gradually increased; pain came on in about three hours afterwards across the stomach and below the navel, followed by sickness. The bowels had been rather relaxed than otherwise prior to the descent of the intestine. The taxis had been used three times before his admission, and gave him great pain. The patient had had rupture for thirteen years. He commenced to wear a truss two years ago, and continued its use for fourteen months, since which time he had laid it aside, fancying himself cured. In the steps of the operation, Mr Adams first divided the outer ring, without being able to reduce the tumour; the investing layers were next incised; and, on the sac being opened, about two ounces of bloody fluid escaped, followed by collapse of the sac, which contained no intestine. The finger was next introduced into the inguinal canal; and, having been passed to at least half an inch beyond the usual level of the internal ring, the neck of the sac was reached. From the direction of the finger, the apex of which was directed somewhat downwards and inwards, the opening of the sac appeared placed over the brim of the pelvis. A knuckle of intestine was found to be strongly girt by the abdominal orifice of the sac. A bistoury was passed along the finger; the neck of the sac was cut, and the gut went back, apparently without any difficulty. The patient died suddenly during the application of leeches to the abdomen, twenty-two hours after the operation, the symptoms of strangulation having increased in intensity, and peritonitis having supervened.

The examination of the body was made twenty-eight hours after death. The abdominal muscles in the region of the right inguinal canal were carefully reflected, and a good deal of extravasated blood was found in the cellular tissue between them. The finger was passed up into the neck of the sac, and it was found triangular in outline, owing to the upper part having been cut. It was placed an inch and a half from the usual level of the inner ring, just over the brim of the pelvis. Running from the lower and posterior part of its circumference, was a delicate, tense band, which was connected with a ring in the mesentery, which ring tightly girt three folds and a half of small intestine, which were of a deep dusky purple, having patches of deeper-coloured extravasation between their coats. These coils occupied the lower part of the abdominal cavity, and were matted together by plastic effusion, as also was the remainder of the intestine, which was, however, in a much less advanced state of inflammation. A large quantity of bloody serum occupied the cavity of the abdomen. The part of the intestine which had been girt by the neck of the sac was evidently a portion of that which was surrounded by the ring of the mesentery."

### KING'S COLLEGE HOSPITAL.

EXCISION OF THE KNEE-JOINT; FATAL TERMINATION OF THE CASE.

(Under the care of Mr FERGUSON.)

A portion of the following case was reported in No. XLII of the 'Medical Circular.' We regret to say that the patient



died on the sixteenth day after the operation. The following is a full report of the case:

Day of the excision of the knee-joint.—The patient had thirty minims of laudanum after she had been placed in bed.

First day after the operation.—The patient slept about an hour in the night, and vomited several times; she has had a good deal of pain and starting in the limb; tongue moist; pulse at nine o'clock a.m., 126; at nine p.m., 160.

Second day.—Slept better last night; the leg is free from pain, but the patient complains of headache; the bowels are confined, the tongue rather foul, and the skin dry; pulse 140; and at nine p.m., 148. Mr Fergusson ordered effervescing draughts, with acetate of morphia, to be taken every fourth hour.

Third day.—The patient slept only two hours on the previous night, being disturbed by a dying patient lying in the same ward; she still complains of headache; feels no pain in the limb, and takes her beef-tea and brandy well; the eggs make her sick; pulse 129.—Three p.m.: The dressings were changed this day for the first time; the wound looks well; slight suppuration has set in; the limb lies in a good position; it gave her no pain to have it dressed; the bowels not having been open since the operation, half an ounce of castor oil was prescribed.

Fourth day.—The castor oil operated twice, and made her sick in the night; she had but very little sleep, but felt pretty comfortable in the morning, and was free from pain in the leg. The patient is thirsty, the tongue dry and brown, and the pulse at 130. Lemonade was ordered, and she was desired to name anything she fancied.

Fifth day.—The night was better, and the patient is more cheerful; pulse 110. The splint was changed, and there is a plentiful discharge of healthy pus from the wound; the transverse incision has united by first intention; there is no pain in the limb.

Sixth day.—The night was better; the tongue cleaner; the patient is not so thirsty: the limb is quite free from pain, and the discharge plentiful and healthy; pulse 120. In the evening of the same day the girl fainted while the dressings were being changed; she soon recovered, but fainted again twice in the course of an hour.

Seventh day.—Very little sleep last night; pulse 130; the tongue is foul, but there is no pain in the leg. The patient looks pale and distressed; she refuses her food, and coughs a good deal. There is a slight abrasion over the sacrum from lying in one position, which abrasion annoys her a good deal. She was ordered a cough mixture.

Eighth day.—The girl is more cheerful to-day, and has had a better night. Some amadou plaster and a pad of cotton-wool were applied to the back with great relief; pulse 125; appetite rather improved; beef-tea, brandy, oysters, fowl, &c.

On the ninth, tenth, and eleventh days the principal symptoms were severe cough and diarrhoea, which were combated by appropriate remedies.

On the twelfth day the patient was very low and faint, and complained much of her back, which had become more inflamed.

On the thirteenth, fourteenth, and fifteenth days the patient became weaker, though every possible means were used to keep up her strength. Dr Todd saw her with Mr Fergusson on the fifteenth day, and advised an enema of beef tea to be given, which was returned about seven o'clock in the evening.

She continued to vomit very frequently; this symptom was relieved by means of creosote and morphia, but the grumous vomiting returned again about seven o'clock, gradually lowering the strength of the patient. She died on the sixteenth day.

No post-mortem examination was allowed by her friends, but Mr Fergusson, about forty-eight hours after death, examined the joint, and found it in a flabby condition, such as is usually met with when death occurs at such a date after an operation: the granulations were soft, and there was no indication of action leading to the formation of bone,

nor any attempt of the edges of the wound to granulate. The surfaces of the ends of the bones were looking very unhealthy, the periosteum separating readily from them, as was observed during the operation. No swelling about the region of the thigh or groin, or any enlargement of the other joints were observed; nor could any sign of effusion into the chest be detected. The body was much emaciated.

## An Epitome of Toxicology,

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY FOR THIS WORK.)

(Continued from p. 308.)

Resuming THE CONSIDERATION OF GENERAL TOXICOLOGY, we intend to pursue the arrangement of the subject proposed in a previous number. The limits and object of these papers, suggested by their title, will, however, necessarily confine us, chiefly, to recording facts and indicating the proper line of study.

THE ACTION OF THE POISONOUS SUBSTANCE ON THE BODY can only be determined by actual experiments made on living\* animals, and by careful observations gathered from the effects produced on the human system. The dynamical† properties of poisons, should therefore, early engage the attention of the toxicological student; as on a knowledge of these properties, greatly depend our ability to counteract the effects of deleterious substances on the body, and to prove that poisoning has taken place.

Other methods of ascertaining the effects of substances on the living body, have, at various times, been proposed by different writers; but as, for the most part, they are based on mere inferences derived from supposed resemblances between the substances, instead of precise evidence, they possess little practical value.

Among the methods alluded to, may be mentioned, that founded on the colour, taste, odour, and other sensible qualities of substances, particularly those belonging to the vegetable kingdom; which though advanced or noticed by Linnaeus, Cullen, Edwards, Greeves, Vavasseur, Langrebe, and others, is totally unworthy of a position in exact science.

The method founded on the resemblance of external form and structural parts, or what is termed the natural-historical properties of bodies, is of a like character to that just referred to. In the mineral kingdom, which yields a vast number of our most valuable medicines and active poisons, no conclusions as to physiological effects can be drawn from either form or structure.‡ In the vegetable kingdom the same discrepancies exist; and although in a very large number of cases an analogy is found between the exterior or botanical properties of plants and their action on the animal body, the exceptions are numerous, and frequently of the most unexpected character.§ Thus in the natural order

\* The susceptibility of living and dead animal tissues to the action of foreign substances so greatly differs, that experiments on the one, are useless as regards the other, unless it be with reference to substances possessing strong physical or chemical action. With life nervous sensibility and sympathy are lost, and with them the peculiar action of many substances. The experiments of Dr Crawford were useless, being made on dead animal tissues.

† *δύναμις*, power.

‡ Mr Blake states that the action of isomorphous compounds, when introduced into the blood, possess striking points of resemblance. (Ed. Med. and Surg. Jour. 1841.) This does not, however, hold good when the same substances are swallowed.

§ Cæsalpinus and Camerarius first announced this doctrine, and have been since followed by Linnaeus, De Candelolle, Dierbach, Jussieu, Barton, Wilcke, Gmelin, Isenflamm, and others; whilst Gleditsche and some others have maintained the contrary opinion. The former opinion appears to exist among botanical authorities chiefly.



*Umbelliferae*, the root and leaves of the *daucus carota* are esculent, whereas those of *conium maculatum* are poisonous. A still more striking example occurs in the order *Cucurbitaceae*, where two plants, *cucumis melo* and *cucumis colocynthis*, both belonging to the same genus, possess widely different properties. A more familiar example is even found in the natural order *Solanaceae*, which includes the poisonous *hyoscyamus niger* (henbane), *atropa belladonna* (deadly nightshade), and *nicotiana tabacum* (common tobacco), as well as the *solanum tuberosum* (the common potato), and the *capsicum annuum* (Chili pepper). We might also give instances wherein plants of dissimilar structure, and belonging to different natural orders, possess many analogous properties. In the animal kingdom the connexion between the exterior form and structure, and the physiological effects, exists only among certain species of fishes, mollusks, and insects. The coleopterous insects belonging to the tribe *cantharidiae*, for example, are all vesicants.

The chemical properties of substances have also been proposed as the basis of a method of ascertaining their physiological effects. Here, again, the analogy only exists between certain substances, as the corrosive acids, mineral alkalies, &c.; whilst with others, and in fact the greater number of substances possessing similar chemical properties, those analogies do not exist. Thus the chemical properties of quinine and morphia greatly resemble each other, but their actions on the system are widely different; whilst some substances which are chemically dissimilar are found to resemble each other in their medicinal properties. The action of the organism also so often completely alters the chemical properties of bodies, as to destroy any supposed relation between these properties and their physiological effects.

The rejection of the three methods referred to of ascertaining the action of deleterious substances on the living body points out the study of their dynamical properties as the only means that can safely be followed for the purpose. The recorded results of experiments made on living animals and observations gathered from the effects produced by poisons on man, are now so numerous as to afford a rich harvest ready gathered to the student's hands. The prosecution of actual experiments in the same field should, however, be perseveringly followed, in order to illustrate discoveries already made, and to increase the number of facts we already possess in connexion with the subject of Toxicology.

It is found that a substance which is poisonous to one animal, is, with few exceptions, poisonous to all. This is particularly the case with the more active and dangerous poisons. But the degree, or intensity, of this action is greatly modified by variations in the development or character of the several organs and functions, depending on the animal to which our observations refer. The statement to the contrary, made by certain writers, appears to be unsupported by facts. "If the subject be studied more deeply, the greater number of

the alleged diversities" (of the action of poisons on different animals), "will prove rather apparent than real."\* The differences which really exist of this description depend on peculiarities of organism and different degrees of sensibility, which may be referred chiefly to the nervous system, the structure of the digestive organs, and the skin; and many, if not the greater number of cases, are of a class which might be suspected by a scientific physiologist prior to his acquaintance with the fact. Thus opium produces vertigo, sleep, or coma in man, but (according to some authorities) never so in animals;† and the action of some of the other vegetable narcotics is also said to be different on man and animals. That any greater difference exists in these cases than may be reasonably expected, there is great reason to doubt. The difference between man and other carnivorous animals in the perfection and development of his nervous system, will be readily acknowledged; and the difference between the last and the herbivora is also extremely great in this respect, whilst the formation of the digestive organs is widely dissimilar. The stomach of the one is highly vascular and sensitive—the rumen or paunch of the other possesses but few blood-vessels, and little sensibility. Between the fourth or true stomach of the ruminant, and the stomach of the carnivora, there is less difference. To the varying structure of the skin may also in some cases be referred the difference of action of poison on different animals, whilst to the structure of some of the viscera (exclusive of the stomach), the character of the respiratory process, and in birds the structure of the bones as well, may be referred other apparent incongruities of action.

In conducting our observations a distinction must also be made between the action of a substance on the living body in a state of health and vigor, and when the vital functions, or some of them, are modified or depressed by disease. It is found that the effects of deleterious substances under the latter condition are often entirely changed, and in a manner which cannot always be anticipated. "The symptoms of natural disease, mingling with those which the medicinal substances are capable of occasioning, the latter can seldom be distinguished with any clearness or precision from the former."‡ Both fields of observation should therefore be studied in their turn.

(To be continued.)

\* Christison.

† Charvet, De l'Action de l'Opium. This statement is greatly exaggerated. Only a few days since we exhibited a large dose of opium to a very large cat, which in a short time afterwards fell into a state of profound sleep, and laid in that state for about fourteen hours. A few months since we also tried the effects of the expressed juices of various narcotic plants, as hemlock, henbane, belladonna, &c., on dogs and kittens, and the results led us to conclude that the difference of action in man and these animals was not greater than might be expected.

‡ Hahnemanu.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their re-publication, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the 'Medical Circular,' in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the London and Provincial Medical Directory.

Further particulars of this important and most interesting Work will appear in a future Number.





PORTRAIT OF DR WILLIAM HARCOURT RANKING.

(From a Daguerreotype by Beard.)

### Biographical Notices.

#### WILLIAM HARCOURT RANKING, M.D.

Extending the circle of our editorial favours, we now select for biographical distinction the late editor of the 'Provincial Medical and Surgical Journal,' Dr Ranking, of Norwich. It is our intention to add, from time to time, to our gallery portraits, provincial practitioners, whose character and position may qualify them to sustain the lustre of our galaxy of medico-chirurgical stars. Dr Ranking ought, however, to be excepted from this list; the distinction he has acquired being related neither to time nor place, but is as wide and universal as the empire of Science herself—one of whose liege subjects and servants he is proud to be called. His connexion with the medical press entitles him to a place in our biography, which has lately exhibited some of the leading literati of the profession.

The name of Dr Ranking is well known to all reading men, whose labours he has greatly assisted, and whose intellectual resources he has aided largely to increase by the publication of his 'Half-yearly Abstract of the Medical

Sciences,' a work that is a compendium of everything of the kind worth knowing, abridged, condensed, and displayed, so as to be quickly read and easily remembered. The 'Abstract' is, in short, a half-yearly 'Medical Circular,' and we will not declare that the success of the 'Abstract,' which afforded a clear indication of a want to be satisfied, did not suggest in some degree to ourselves the feasibility of a more frequent periodical review, and, therefore, a more complete representation of medical science and literature than at that time had been provided. Dr Ranking's work has, however, peculiar merits, which will enable it for a long time to maintain possession of professional confidence, and to reward its author for the care and labour bestowed on its pages.

The reader who has a 'Ranking' constantly at his elbow may yearn to know something of a more special personal interest than the book discloses, and this desire we now intend to gratify. The man is only half understood who is studied through the medium of his literary labours alone,



and we trust that our brief record of Dr Ranking's career may contain lessons deserving of study, and may show that a love of science, zeal, and industry are the surest pass-words to excellence and repute.

Descended from an old Border family, the subject of this sketch is the third generation in the medical profession. His father, who is still living, enjoys a large practice in that fashionable watering-place, Hastings. His early medical education was entrusted to Dr Whiting, at that time Lecturer on the Practice of Physic, &c., in the Webb-street School, in whose house he resided as a pupil for five years. He subsequently entered the University of Cambridge, where he took his degree of M.B. in 1837, and M.D. in 1842. After spending some time in the Parisian hospitals, Dr Ranking settled at Bury St Edmund's, where he became Physician to the Suffolk General Hospital, a post he retained for seven years. In this interval he married the daughter of the late Sir John C. Mortlock, one of her Majesty's Commissioners of Excise.

Need we state that throughout his career Dr Ranking has been an assiduous cultivator of medical literature, and has frequently figured in the medical periodicals? To a man like him, always reading, ever observing, and fruitifying reading and observation by thought, communication with the press becomes almost a necessity, and in that necessity is found the regimen that qualifies for more lasting labours. Many minds have been developed merely by correspondence with the daily or weekly press, and many crude notions have been matured through the discussion thereby elicited, or by the desire to sustain or acquire credit, which the responsibility of publication inspires. Our weekly press is a gymnasium where our rising men try their strength, and train their intellectual powers. Among Dr Ranking's lesser writings we may refer to one in the 'Medical Gazette,'—a paper on the "Dimensions of the Heart," in which the deductions are drawn from a greater number of measurements than have been made, we believe, by any other observer, certainly five times the number referred to either by Bizot, Clendenning, or Bouilland.

But it was in 1845 that Dr Ranking commenced the undertaking with which his name is chiefly identified, viz., the 'Half-Yearly Abstract of the Medical Sciences.' This work at once commanded a large circulation, which it has since increased; and its value was so much appreciated in America, that an offer was at once made to the author by an American publisher for the privilege of receiving the proof-sheets. We fear that the transaction has not been to the entire credit of the transatlantic publisher, as we understand that the payments were speedily repudiated, and the firm now acts upon the easier and more truly American plan of reprinting the work without any pecuniary or other acknowledgment. In America we have reason to know that the sale is extensive. We may, we trust, when the international copyright bill comes into force, be able to congratulate ourselves on a more honest mode of dealing on the part of our American cousins. Dr Ranking has continued the 'Abstract' to the present time, but the duties of an increasing practice have obliged him to associate with himself a London Editor.

A short time prior to the establishment of this periodical he published a translation of Lugol's valuable researches on Scrofula, to which he appended an original essay on the treatment of the various forms of that too common malady. This work was well received, and without exception met with the high encomiums of the medical press.

On the fourteenth anniversary of the Provincial Medical and Surgical Association, Dr Ranking was selected to read the Retrospective Address on Medicine—one of the best ever read on such an occasion—and he had subsequently the high compliment paid him of being requested by the Council to become one of the editors of their journal. This important office he filled, we have reason to believe, to the satisfaction of a large proportion of the members of the association, until the last anniversary meeting at Oxford, when, disgusted at the tone of the discussion on

Dr Cowan's motion for moving the journal to the metropolis, he resigned the post on the spot. That Dr Ranking was an editor worthy of the journal none can deny, and that he deserved courteous and considerate treatment is equally beyond dispute. We apprehend that the notion that the removal of the journal to London was necessary to improve its character, was a mistake which must by this time have been discovered. Without disparaging the present editor, it may be boldly affirmed that in no department does this periodical approach to a comparison with the other weekly journals; and for this reason that a journal of its peculiar character cannot and ought not to enter into competition with their merits. If it mistakenly should, its subscribers must be content to have merely a faint copy of their excellencies. That Dr Ranking was, beyond most other men in the profession, qualified to make the British and foreign selections, in which, according to our idea of usefulness, the merit of such a journal should consist, must be admitted; and that his leading articles were at least as good, though not so numerous, as those that now,—it can scarcely be said, adorn the journal,—a mere reference to the different numbers will testify. According to the views of the new men, large sums of money appear to be spent on leading articles that are worth nothing, instead of on scientific intelligence that might be of great value. The Association has now got a London journal; and what was before at least respectable as a provincial journal, has by contrast become exceedingly insignificant. A mistake was made, Dr Ranking was unfortunately the scapegoat, but good sense will return to the Association, and Dr Ranking and Mr Walsh will be justified.

For the last six years, Dr Ranking has resided in Norwich, and has been fortunate in gaining an extensive consulting practice in Norfolk and the adjacent counties. He holds the office of Physician to the Norfolk and Norwich Hospital.

Dr Ranking has always been keenly alive to the honour and dignity of the profession, and has striven in the profession, and out of it, to vindicate for it the social position to which it is entitled. He has been an uncompromising enemy to quackery in all its forms, and has on several occasions testified to the absurdity of the fashionable humbug of the day—Homœopathy. This course of conduct might have been expected from a gentleman filling a public capacity, who is in his own person strictly honourable, and enjoys a fine sense of professional decorum. Though a misunderstanding recently occurred between himself and a general practitioner, with reference to a point of professional etiquette, the circumstances of which were fully stated and debated in the journals of the time, and therefore require a brief notice, yet we are confident that no blame attaches to Dr Ranking for any intentional impropriety, and that no man in our ranks would be less likely to violate those rules by which professional intercourse is regulated. The occurrence must be regarded as an unfortunate *contretemps*, to be regretted and forgotten.

Dr Ranking is another example of those men who are seeking to found a sound and enduring reputation on study and science. In order to keep pace with modern improvements a man must be always a student, and the better student the better practitioner. We trust that his unwearying perseverance and faith in his calling will be rewarded with those solid testimonies of success which, after all, prove to us in the most comfortable and satisfactory manner that we have not lived in vain. It is a pleasure to us to know that he is rapidly rising in practice, and that our good wishes are already undergoing fulfilment.

JOHN CLARKE, ESQ.

JOHN CLARKE, ESQ.

JOHN SAY CLARKE, ESQ.

JOSEPH CLARKE, ESQ.

ROBERT RICHARD CLAY, ESQ.

THOMAS FREDERICK CLAY, ESQ.

(Vide 'London Medical Directory,' 1853.)



## JAMES CLAYTON, ESQ.

Mr Clayton is a highly respectable general practitioner, residing at 3 Percy street, Tottenham-court road. He was formerly a member of the Council, and treasurer of the National Institute, and has, on all occasions, displayed much interest in questions relating to professional amelioration. He is a man of mild manners and honourable character, and is much esteemed by his professional brethren. He became a member of the College of Surgeons in 1813.

## OSCAR CLAYTON, ESQ., M.D.

This gentleman is a son of the former, and is practising with his father in Percy street. He passed the College of Surgeons in 1838, and in the previous year became a member of the Society of Apothecaries. He also holds a degree from Erlangen. He is a gentleman of considerable ability and information, and holds the appointment of surgeon of police and to the St Pancras School for female children.

## ALLAN CLELAND, ESQ.

(*Vide* 'London Medical Directory,' 1853.)

## J. CHITTY CLENDON, ESQ.

Mr Clendon holds the appointment of Surgeon-Dentist to the Westminster Hospital, and also delivers lectures on the "Anatomy and Diseases of the Teeth" at the Hospital School. He passed the College of Surgeons in the year 1846. He is doing a good practice in his branch of the profession, and is a skilful operator. He has published "Observations on Extraction of Teeth," and "On the Use of Chloroform in Dental Surgery." He resides at 28 Albemarle street, Piccadilly.

## WILLIAM FREDERICK CLEVELAND, ESQ.

(*Vide* 'London Medical Directory,' 1853.)

## Original Communications.

## CONTRIBUTIONS TO THE PATHOLOGY OF DELIRIUM TREMENS.

BY JOHN COCKLE, A.M., M.D., ETC.

Delirium tremens is comparatively of such frequent occurrence, that its symptoms are generally readily recognised. It presents itself in an acute, sub acute, sthenic, asthenic, idiopathic, or symptomatic form. Nor is the diagnosis attended with difficulty, unless the affection merges, as it occasionally does, into the true mania à potu, or meningitis becomes superadded. In these cases the differential diagnosis may become of importance, particularly in reference to treatment. Exaggerated hypochondriasis may also occasionally wear the semblance of delirium tremens, or even become temporarily converted into it; but the commemoratives of the case respectively would probably guide the judgment. The peculiar irritation of the nervous system, which occasionally heralds in genuine mania, may also for a time render the diagnosis doubtful. The same difficulty also applies to some forms of poisoning, though these present residual phenomena, not ordinarily observed in delirium tremens. The traumatic delirium of Dupuytren, or the delirium of shock, so essentially resembles the ordinary form in its pathologic characters, that it seems needlessly multiplying families of diseases by attempting to indicate a distinction, the difference being one altogether of etiology.

The object of this communication is to direct attention to some of the less frequent forms of delirium tremens, more particularly those resulting from irritation reflected upon the brain from some distant organ, independent of alcoholic stimulus; and also to those cases which arise from impure matters circulating in the blood in undue quantity, their

necessary elimination being prevented by organic changes in the great secreting viscera destined to the function of depuration. These cases will naturally involve a consideration of the pathology of the disorder in question.

The proposition is perhaps generally true that when the nervous centres have been over-taxed, either by intellectual effort or mental anxiety, the various secreting viscera are liable to perverted function, consequent on such over-exertion; and that, under these circumstances, slight exciting causes may induce symptoms which accurately correspond in a nosological point of view with those of delirium tremens, both in the aspect they bear and the treatment they require.

One such form originates in the stomach, this organ being in a state of acute or chronic irritation, or sub-inflammation. In most cases of gastric irritation there exists a tendency to cerebral disturbance, and marked attention has been directed to this point both by Andral and Broussais, and it is certain that with this condition of the stomach a state resembling delirium tremens may originate when any source of mental anxiety becomes superadded and perfectly independent of the ingestion of alcoholic liquors. The following case illustrates this statement:

A respectable farmer, nearly sixty years of age, of nervous temperament, and unusually temperate habits, had been for some time past liable to gastro-hepatic disturbance, accompanied with severe palpitation of the heart. A remote probability that he might sustain pecuniary loss from some agricultural speculations seemed seriously to prey upon his mind. He now lost his appetite and rest for two days and nights, and during the third night was attacked with well-marked delirium tremens. He left his bed, and was found in an adjoining room wringing his hands, and incessantly tattling and crying, exclaiming he was ruined! His pulse was weak and rapid, his tongue tremulous and unsteady. He was with considerable difficulty persuaded to return to his bed. The immediate symptoms were much relieved by ether and laudanum, and under the influence of a nutritious diet, with alterative and stomachic medicines, he was in a few days restored to a more than ordinary degree of health. This form, not by any means an uncommon one of acute asthenic delirium tremens, is one of the simplest of the reflected forms of disorder, and certainly very far from rare in individuals of irritable nervous system during periods of commercial anxiety and speculation.

The long continued exhibition of mercury, again, is occasionally followed by symptoms exactly resembling those characteristic of delirium tremens, at all events so far as hallucination, loss of sleep and appetite, with convulsive movements, quick rapid pulse, and perspirations are concerned.

It is probable that this mineral, by exciting extensive irritation of the gastro-intestinal tract, reflects irritation on the brain, and thus produces the assemblage of symptoms in question. To this entire class of cases Schlegel's opinion fully applies: "Sic explicari possunt capitis adfectiones dolorosæ, ut convulsiones epilepticæ et alia mala, quæ à ventriculo oriundæ caput adficiunt; ventriculus enim est organon maxime irritabile, simul tamen vi sensationis magnâ donatus."—'De Sympathia,' p. 356.

The next class of cases in which delirium tremens occurs, is that where, in addition to the use of alcoholic or other toxic agents, one or more largely secreting organs are obviously diseased, causing various morbid principles to be retained in and circulate with the blood. The first case I have to mention in this division is that of a lady between fifty and sixty years of age, who had been accustomed to partake freely of both alcoholic and fermented liquors to within a few weeks of her decease. She suffered apparently under serious organic disease of the liver, stomach, and kidneys. Her stomach was so irritable, and vomiting so constant, that she could retain no solid food, and for some weeks before she died lived principally upon fruit, jelly, lemonade, and soda-water, with wine and brandy. She was on several occasions intensely jaundiced, and for some time her kidneys scarcely acted, a remarkably small quantity of urine only being passed loaded with bile. During



her long illness she had three or four attacks of acute delirium tremens and mild epilepsy, and eventually died in an aggravated attack of epilepsy. Dr Billing saw this lady with me about two months before her death, and Mr Hodges, of Brompton (where she had gone for change of air), was called to her in her last attack. No examination post mortem was permitted.

The second case in this category occurred in a distinguished General of Indian Artillery, lately deceased, and on the occasion on which I attended him I had the advantage of the co-operation of Mr Martin, the experienced Indian surgeon. The General had suffered severely in India from hepatic disease and dysentery, and had been accustomed, prior to his leaving India, as well as the early part of his voyage home, to the daily use of opium to relieve the dysenteric symptoms. So far as I could ascertain, the dose had not exceeded the ordinary one, and this was gradually diminished at the latter part of the voyage. Soon afterwards occasional fits of delirium tremens gradually supervened, and upon his arrival at Gravesend the delirium became constant, but of a quiet character and unaccompanied with fever. The pulse was weak and rapid, and subsultus was pretty constant. The tongue was clean, scarcely tremulous; the controul over the sphincters considerably diminished. A day or two subsequent to this the delirium became more violent, and his man-servant, who had been accustomed to the management of his master, had considerable difficulty in keeping him in bed.

It was a matter of difficulty to decide clearly upon what the delirium depended, but it was eventually agreed to regard it as a case of chronic asthenic delirium, occurring in a diseased habit, and to try the effects of opium again. Under this plan, combined with nourishment, the General, I believe I may say rapidly, recovered from this complication. One most important point in this case, discovered on physical examination, was the almost *entire absence of hepatic sound* on percussion over the liver region. It is therefore nearly certain the liver was in a state of atrophy—probably not cirrhosis, as no dropsy either did or had existed. The General survived this attack some months. In this case, although the withdrawal of the opiate was possibly intimately connected with the attack, there can also be little doubt but that uneliminated matters were circulating in the blood, which were not without influence upon the symptoms induced.

The fear of occupying too much space restricts the insertion at present of further cases. I shall, therefore, now briefly glance at the pathology of the disorder. On looking to the results obtained from the examination of the bodies of those who have died from delirium tremens, this disorder is found not to be necessarily connected with any special alteration of the encephalic mass. It is sometimes associated with fulness, at others with corresponding emptiness, of the cerebral vessels. And with either condition, violent or quiet delirium, sthenic or asthenic symptoms may occur. In this particular the brain appears to be in a condition analogous to that existing in typhus and other adynamic fevers. The more prominent symptoms of delirium tremens would also indicate, that those portions of the brain subservient to the intellectual and sensory acts, are equally influenced with those specially devoted to the co-ordination of the voluntary muscular ones. The ganglionic system of nerves is also alike disordered, hence in part the depraved condition of the secretions.

From these facts, then, the nervous disturbance might be viewed as immediately dependent upon the condition of the blood-vessels, either with reference to their *tone* and *calibre*, or to their *contents*. When the former condition alone exists, it is by restoring their normal condition, whether by diffusible stimulants or by opium, that the nervous system becomes eventually tranquillised. Even the delirium of shock would seem to be intimately connected with altered tone and calibre of vessels from exhausted nervous influence. The state of the central organ of the circulation certainly lends support to this view. Indeed, it is impossible to conceive of sensation, even traced to its ultimate cause,—a

change in the organic globules or their nucleated contents, without a simultaneous and reciprocal action of the capillaries supplying such cell or series of cells. The mutual reaction of blood and nerve matter is indispensable to its very existence as a subjective phenomenon.

Professor Flourens, well known for his admirable experimental researches into the physiology of the brain, was inclined to advocate the opinion that certain portions of that organ had a special elective affinity for various agents, as the cerebral lobes for opium, the corpora quadrigemina for belladonna, and the cerebellum for alcohol; and this latter view is supported by the fact of the frequent association of disordered voluntary motion, convulsion and epilepsy, with delirium tremens. This would also confirm the opinion of the Brothers Wenzel, that epilepsy was centred in the cerebellum. The collective symptoms, however, of delirium tremens seem scarcely to warrant this restriction of the action of alcohol, as, to whatever portions of the cerebral mass blood passes, there in all probability is also functional disturbance *coetaneous* with the disordered action of the cerebellum, although, of course, with difficulty detected in animals so low in the scale as those upon which Flourens experimented. Nor, as stated before, does morbid anatomy justify the conclusion that effusion and organic change affect the cerebellum more than any other part. With regard to another function attributed to the cerebellum by Gall and his followers, but little is known in this disorder. Upon careful consideration of the subject, it is probably nearer the truth to suppose that many fatal cases of delirium tremens are rather dependent upon the actual contents of the blood-vessels.

Robin and Verdeil, in their '*Traité de Chimie Anatomique*,' &c., state that Zanarelli has detected an undue quantity of phosphorised fatty matter in the blood of an individual who had drunk deeply; and Professor Bock also asserts that the blood of drunkards contains both phosphorus and fatty matter. These facts, taken in conjunction with Dr Bence Jones' researches into the condition of the urine in cerebral affections, acquire a deep significance. It would appear, from the observations of the last-named physician, that there is no excretion of phosphates in delirium tremens. Now, when besides these conditions, it is remembered that in the delirium tremens of drunkards there is frequently a coexistence both of diseased liver and kidneys, I can hardly avoid indulging in the hypothesis, that these phosphorised fatty compounds retained in the blood circulate through the brain, and there possibly by an action of catalysis or presence induce irritation and accelerate cerebral waste, thus occasioning death by nervous exhaustion.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 26th, 1853.

JAMES COPLAND, M.D., President, in the Chair.

TREATMENT OF STRICTURE OF THE URETHRA BY EXTERNAL INCISION. BY JAMES SYME, ESQ., F.R.S.E.

(Continued from page 353.)

Mr WADE said, that it was well known that surgeons had, previously to Mr Syme, directed their minds to the performance of the perineal section in intractable cases in which no instrument could be passed; though they had never thought of performing it to the extent recommended by him. There would be differences as to the best mode of managing the more intractable strictures. It probably mattered little to the patient what means were adopted, so that the object was gained without danger: but where there was danger in any proceeding, it was the duty of the surgeon first to employ every other means. The operation was not new; for Sir B. Brodie, in the edition of his work on *Diseases of the Urinary Organs*, published in 1841, in speaking of the difficulty of dilating urethral obstruction,



had stated that it would sometimes be necessary to introduce a small grooved staff into the bladder, and divide the cicatrix by an incision through the perinæum. Afterwards a gum catheter must be retained for some time. He limited the operation, however, to cases arising from laceration of the urethra.

It was very desirable to ascertain, first, the degree of freedom from danger of this operation; second, the probability of permanent relief which it afforded. In Mr Syme's hands, the operation appeared to have been remarkably successful; but the results had been so very different in the hands of other surgeons, especially in London, that the subject required a very searching investigation. Perhaps it might all be explained by the more bracing air of Edinburgh. Instead of being a simple means of cure—as it had been represented to be, and no doubt was in the hands of Mr Syme—it had proved in London nearly, if not quite, as fatal as the operation of lithotomy. The causes of death had been phlebitis and purulent infection; and sometimes alarming hæmorrhage had occurred. Urinary extravasation and abscesses had also been produced. These had occurred too often to be, as had been alleged, the result of accident, and not chargeable to the operation. The patients on whom the operation had been performed had long suffered from intractable strictures; their health was broken; and the parts through which the incision was made had been in a state of long-continued disease: these circumstances, and the condition of hospital patients, might account for the more unfavourable results.

The ultimate effects had certainly not been so satisfactory in London as in Mr Syme's cases. In the first patient on whom Mr Fergusson operated by Mr Syme's method, the stricture returned with nearly its original severity. Not only in London, but in Edinburgh, had there been fatal results; as the case of Dr Mackenzie in the latter city. In Mr Miller's case, which was operated on by Mr Syme, the patient certainly had a narrow escape with his life. He suffered from abscesses a long time, and was in a very precarious state. Many cases, of the nature of those operated on by Mr Syme, would be equally restored by a careful use of potassa fusa. With regard to ultimate success, some strictures would recontract, notwithstanding whatever means were employed: and it was not unlikely that contraction would recur in some of Mr Syme's cases, in two, three, or four years. Sir B. Brodie had stated that, after the performance of this operation for stricture from lacerated urethra, the patient must continue to use a bougie, and must only expect to be able to pass urine by the introduction of a moderate-sized instrument.

Mr Syme had said that all strictures were tractable in his hands. Mr Wade would ask how Mr Syme knows that, in the cases in which he used a small director, the instrument really passed along the natural passage into the bladder? In some cases the urethra was not only highly contracted, but also almost distorted; and it was very difficult to guide an instrument through such a labyrinth. In cases of entire obliteration of the urethra, with fistulous passage of urine behind the stricture, would Mr Syme endeavour to force a passage through the obstruction, or have recourse to the old operation for perineal section?

Mr SOLLY said that the paper read had appeared to prove the operation to be less dangerous than surgeons were in the habit of considering; but the operation was probably attended with greater danger than Mr Syme's cases would lead us to suppose. It would be interesting to have the results of Mr Syme's hospital practice, and to know in what cases he considered the operation necessary. He (Mr Solly) believed that, as a rule, the bougie alone was sufficient, if patience were exercised. By beginning with a small catgut bougie, and gradually increasing the size, there was scarcely any stricture which might not be overcome. The plan of Mr Wakley, of passing a small instrument through a larger one, was worthy of attention. Mr Solly had employed it with advantage. As far as his experience went, when once an instrument could be introduced, division was unnecessary. There were no doubt cases of irritable stricture, in which the perineal operation might be necessary; and in those

cases—of the existence of which every London surgeon must be aware—in which the stricture was absolutely impermeable, the operation would be both necessary and advantageous. At the same time other operations had been performed, as puncturing the urethra posterior to the stricture. He feared that the junior members of the profession would think the operation universally successful, and have recourse to it on insufficient grounds.

Mr COULSON hoped that we should be able to determine to what class of cases Mr Syme's operation was proper. The external division of stricture had been recommended in 1811 by Mr Chevalier; but he confined this practice to cases complicated with perineal fistula, chiefly to those produced by external violence. In 1822, Mr Arnott read a paper before the Society, advocating the division of stricture from without: he recommended it, not as the means of removing retention of urine, but of curing stricture before it became unmanageable; but only when no reasonable hope of cure from caustic could be expected. In the following year, the late Mr Shaw recommended that the operation should be had recourse to before the tissues had become so indurated as to render the operation almost useless. It was undeniable that certain forms of stricture resisted all ordinary modes of treatment. Were these to be abandoned to their fate, or were there effectual means of relief? He would not hesitate to have recourse to the plan of Mr Syme in such instances.

There were three classes of cases in which Mr Syme's operation was applicable. The first class consisted of those in which the urethra was all but obliterated by chronic inflammation of the mucous and submucous tissues. In the second class, not only was the urethra involved, but the submucous and spongy tissues were converted into a hard fibrous mass. These could not be cured by ordinary means. The third class of cases consisted of those in which there was fibro-elastic tissue, more like India-rubber, where the stricture easily yielded, but immediately returned. Temporary relief might be obtained, but not permanent cure. Attempts at dilatation were followed by severe constitutional irritation, very often by retention of urine.

Much had been said about the severity of the operation. Mr Coulson had performed it as often as any other surgeon in London. One of his earliest cases had been fatal, from purulent infection; another had nearly died from hæmorrhage. Hæmorrhage he believed to be the only danger to which the operation was exposed; and, if carefully dealt with, this need not be feared. There might be some little difficulty in introducing the catheter after the operation into the posterior portion of the urethra. To obviate this, he had introduced the director along a small grooved tube, before withdrawing it.

Mr T. WAKLEY, as a visitor for the evening, was anxious to make a few remarks. They had heard of a family of Blan—treated by Messrs Blan—, eminent London surgeons. Now, as the results of the operation had been so different in London and in Edinburgh, he thought that a searching inquiry was called for into the circumstances of the cases, and that to enable this to be accomplished, Mr Syme ought to have stated the names of some of his patients and of all the surgeons to whom he had referred. (Order, order.)

The PRESIDENT stated that the names had been furnished: but he had not judged it proper to allow the usual practice to be departed from by giving names publicly in the society. Surgeons referred to by name in that way in their absence might with justice complain. It would be unusual and improper.

Mr P. HEWETT said that such a course as that proposed by Mr Wakley never had been allowed in that society. (Hear.)

Mr T. WAKLEY: I will, then, ask Mr Syme if he sent a challenge to the London surgeons—(Order, order.)

The PRESIDENT having again interposed, Mr Wakley sat down, after remarking that he saw clearly that he was not likely to get a fair hearing.

Mr HENRY SMITH had seen five cases of perineal section, in which the operation had been skilfully performed. One



of them was the case referred to by Mr Coulson, in which the patient nearly died of hæmorrhage. With reference to contraction of the urethra after the operation, he (Mr Smith) had last week seen a naval officer on whom he had assisted in performing the perineal section in November 1848. No bad symptoms followed, and the patient went to sea; and when again seen by Mr Smith, in September 1851, he stated that "he was nearly as bad as when the operation was performed." He had passed an instrument for a year, remaining perfectly well; but had afterwards neglected it, and the stricture had returned. Only a No. 3 bougie could be passed. Last week, only a No. 4 instrument would enter, and there was much difficulty in passing urine. He had seen two fatal cases.

Mr GAY thought that the discrepancy between the results of Mr Syme's operations and those of English surgeons might be accounted for by considering the different conditions of the patients. Mr Syme's patients were in a better class of society, and more able to bear operation than those of English surgeons, who had been mostly hospital patients, in whom hæmorrhage, inflammation, and all the mishaps of operation were more likely to take place. A more accurate judgment of the value of the operation would be formed from an account of Mr Syme's hospital cases. It was not necessary that an operation should be always successful to render it a good one, and the occasional fatal results should not lead us to reject the operation in suitable cases. He would also ask in what cases Mr Syme would *not* perform the operation, as well as those in which he would do so. Mr Syme had referred to a case which had been under his (Mr Gay's) care. The operation had in that case been eminently successful, and he thought it his duty to bear this testimony. He trusted that in future all acrimony would be banished from discussions of this subject.

Mr SYME begged to express his grateful sense of the kindness with which his communication had been received, and also the extreme satisfaction he had felt from the tone and temper in which the subject had been discussed. It was peculiarly gratifying to him that the gentlemen who had devoted so much attention to the treatment of urethral diseases, as Mr Coulson and Mr Gay, should express sentiments so favourable to his proposal. He certainly participated in the wish of the latter gentleman, that for the future the treatment of stricture by external incision should be discussed solely with reference to its own merits, and entirely free from personal considerations. For his own part, he had always been desirous to avoid saying anything personally offensive, and he was not aware of having ever done so. But if a single word or expression could be pointed out to him as admitting of such a construction, he would be most willing, and, indeed, anxious, to withdraw it. He hoped the Society would no longer regard the operation he had proposed as a formidable gash of the perinæum, rivalling the wound of lithotomy, and exposing the patient to danger from hæmorrhage as well as extravasation; but, on the contrary, clearly understand that it was an incision always anterior to the bulb, and, therefore, implicating a very inconsiderable thickness of parts, which might be cut with perfect safety. The unfavourable results of the operation in London were rather a delicate subject for him to enter upon, as he could not avoid attributing them to a want of due attention to the points which he had endeavoured to inculcate for safety and success. If the contraction were not fairly divided, there would be risk of extravasation, even with the protection of a catheter; and if the knife were allowed to glide past the conductor, it might readily cut the artery of the bulb; in which case plugging the wound would become requisite, with a great risk of extravasation. In short, he believed that the operation, if correctly performed, was perfectly safe, but, through a very slight deviation, might place the patient in the greatest danger. But if he had been correctly informed that, in one of the London hospitals, a small silver catheter had been used as a guide, instead of a grooved director, he could not be surprised at the results not being satisfactory.

As to the case operated upon by himself in Edinburgh,

and published by Professor Miller as an escape from extreme danger, he believed that the nervous symptoms described in his paper had imposed upon Mr Miller, who, so far as he knew, had had no further experience of the practice than this single instance which he had witnessed as the family attendant. He did not believe that there had been the slightest ground for serious apprehensions in this case; and as the patient, after being for a year under this treatment by Mr Liston without relief, had been restored to perfect health by the operation, he thought that, instead of being quoted as an objection to its practice, it should rather be regarded as a very favourable example of success. With regard to the results of his hospital experience, he could assure the Society that they had been in no wise inferior to those he had preferred relating from private practice, on account of the greater facility of reference. He could also assure the gentleman who put the question as to the proportion of cases treated in his practice by dilatation and incision, that the latter bear a very small ratio to the former, in confirmation of which fact he might appeal to one of his colleagues in the Royal Infirmary, Dr Mackenzie, who was present. As to the treatment of obliterated urethra, when this canal was truly closed through part of its extent, the operation for stricture was not applicable; all that he contended for being, that where the water got out a bougie might be got in. The only case of stricture which he should think beyond the reach of benefit from this operation were those where organic disease existed in some other part of the urinary organs. It was well known that the presence of a stone in the bladder prevented the successful treatment of stricture; and it was therefore reasonable to expect that chronic irritation in the kidneys, or elsewhere, might produce a similar effect. In conclusion, he begged to express his hope that the unmeaning title of "Perineal Section," which had originated with the opponents of the operation, would be banished from surgery. He had no objection to the terms "urethrotomy" or "operation by external incision."—*Association Medical Journal.*

#### ROYAL COLLEGE OF PHYSICIANS.

Another letter from Dr Hawkins, Registrar of the Royal College of Physicians, to H. Waddington, Esq., the Under-Secretary of State, has lately been sent to the Home Office.

Royal College of Physicians, May 2, 1853.

SIR,—I am directed by the President and Charter Committee of the Royal College of Physicians, to request you to present their acknowledgments to Viscount Palmerston for his Lordship's attention in causing copies to be transmitted to them of

1. A letter containing the observations of the Senatus of the University and King's College of Aberdeen, on the proposed new charter of the College of Physicians.

2. A letter containing the observations of the same body on an alleged Medical Reform Bill.

On the first of these documents, the president and committee do not think it necessary to address Viscount Palmerston at any length, because the observations which they had recently the honour of submitting to his Lordship respecting a letter from the Vice-Rector of the University of St Andrew's, are applicable also to this letter. But they are desirous of adding to the remarks then offered, that they are perfectly assured, that the clause which has been objected to in the proposed new charter of the College of Physicians would not have the effect anticipated from it in this letter, viz., that "it would withdraw one of the strongest inducements which are at present held out to young men to pass a regular university curriculum of medical instruction," because it cannot seriously be contended that *young* men would be materially influenced in their course of education by the distant chance of obtaining admission, after the age of forty, into the order of physicians, without having passed through the studies of a university. On the contrary, the "inducements" held out to medical students to resort to universities, would be greatly increased by the clause in the



new charter, which forbids that any person should hereafter be admitted into the College without a regular medical degree, except in the case of medical practitioners of advanced years and unusual attainments, for whom it is allowed, on all sides, that some means of admission into the order of physicians, must be provided. The president and committee are so sincerely desirous that physicians should be educated in the universities, that they heartily wish the universities themselves would abstain from granting degrees to those who have not had an academical education. Whereas it is notorious that some of the universities, especially the Universities of Aberdeen and St Andrew's, have long been, and still are in the habit, greatly to the detriment of the medical profession, of granting the degree of M.D. to persons who have had no previous connexion with any university, and whose curriculum of medical education has been inferior to that which the College of Physicians deems necessary for physicians. This fact is candidly admitted in the letter from the University of St Andrew's, as it should have been also in that from Aberdeen, for it is sufficiently clear, from the printed regulations of the latter university. With respect to the second letter, "On an alleged Medical Reform Bill," the president and committee have no observations to offer, the bill alluded to not being before them. I have the honour to be, &c.

FRANCIS HAWKINS, M.D., Registrar.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

On Tuesday, April 26, a meeting was held at the Devon and Exeter Hospital, for the purpose of receiving the report of the committee appointed by the south-western branch of the Provincial Medical and Surgical Association, to confer with the promoters of the Medical Reform Bill. The attendance of the profession generally was requested; and accordingly a considerable number of gentlemen interested in the measure were present.

Mr DE LA GARDE having been called to the chair, said—I have convened this meeting with the entire concurrence of the committee appointed by you at our last annual meeting, to confer with the central committee, who have taken in hand a bill for medical reform. You have doubtless seen short editorial notes in our journal, which, I perceive, has very properly ceased to call itself provincial, leading you to this conclusion, that cordiality alone prevails between ourselves and the central committee. Our suggestions have been so gracefully received, our objections so blandly met, that you could not feel otherwise than satisfied; and you have probably said within your own hearts, "here is peace at last—differences end—all are agreed—they leap to anticipate each other's views—*les beaux esprits se recontrent*." Gentlemen, I must undeceive you. I have to announce, with deep regret, that the correspondence has been most unsatisfactory throughout. We found a bill the proper title for which would have been "A Bill to authorise certain Persons (to be nominated hereafter by some Authority as yet undetermined) to levy on Medical Men sundry Taxes, and to apply or otherwise distribute the Proceeds of the said Taxes in such Manner as to them shall seem best, and for other Purposes." Let me to ask you to give your earnest attention to the report which will presently be read, and more especially to the following subjects:—A registration, right in its general principle, but vexatious, harassing, and inefficient, is to be maintained. A scheme of education wholly unadapted to ordinary practice—a scheme which we feel certain will at an early day, call unqualified persons into open practice, the penalties of this bill notwithstanding—a scheme which will not so much as inquire whether any instruction can be given save in colleges, which are to have a monopoly of teaching that which we assert they are not qualified to teach: this is to be maintained. A board whose very inquiry will oppress, and perchance ruin, the practitioner whose merited success renders him an object of jealousy; but which will be wholly unable to cope with the supple licentiate who adopts the fashionable delusion of the

day—a board which may suppress a failing, but which will itself quail before a thriving, quackery: this is to be maintained. As regards the composition of the Council itself—the circumstances of medical men in the country differ so widely amongst themselves, and more particularly from those practising in London, that we thought a certain proportion of the Council ought to be derived from districts remote from each other and from the metropolis. You will only render me common justice in supposing that I, for one, never contemplated that silliest of phantasies, a medical parliament. Let me entreat you, for the sake of those who come after us, to attend to another and a stranger regulation of this bill. The candidate, after a collegiate curriculum, determined on all points by the sole authority of the Medical Council, will be required to appear before a Board of Examiners, appointed by that Council out of the College of Physicians and the College of Surgeons. By that board he will be examined as to his fitness to practise medicine, surgery, and midwifery. From that board he will obtain a license (for which he will pay) declaring him fully qualified to practise those several branches of medicine. But this license will not entitle him to practise without incurring all the penalties of the registration clauses unless he be registered. Well, then, let him go to the registrar, produce his license, and tender his fee for registration. The registrar's duty is to decline that fee, and to inform him that the license acquired by his examination before the united Board of Physicians and Surgeons, under the authority of an irresponsible Medical Council, is worthless and invalid until he has undergone another examination, at which he may be declared incompetent, either at the College of Physicians or the College of Surgeons, the very bodies whose representatives in the Council's Board of Examiners have already pronounced him qualified to practise. I need not observe that this is an unworthy device to extort a second fee. It was admitted to our committee, when I was present, that this second examination is superfluous and indefensible except on the score of expediency. That it was necessary to conciliate the College of Physicians and the College of Surgeons, as those time-honoured bodies were found to stand too high in public estimation to be set aside by any medical council that is to be. I think those learned and influential bodies are quite justified in thus resisting any invasion of their rights. They simply perform their duty in defending that which they were constituted to defend; but recollect, the individuals who are hereafter to enter our profession are to be the victims of this compromise. This vexatious and anomalous proposal is to be maintained. There are other and serious objections, but we are less personally concerned in them. Yet, in the face of our protest—and bear in mind, gentlemen, all the principles of that protest were unanimously affirmed at our general meeting last summer, in this very room (when there were present sixty members, none of whom so much as knew that medical reform would be mentioned—men from all parts of Devon and Cornwall, and of whom seventeen were practising physicians)—in the face of that protest Lord Palmerston has been assured that "the bill had received an unparalleled amount of support"—"that it was warmly supported by a vast majority of medical practitioners throughout the kingdom"—a vast majority of those practitioners never having thought or cared one iota about the matter; and that, "in fact, no opposition had been made to its principles, though some exceptions might have been taken to its details."

Dr SHAPTER, having been called upon, read the report, which enumerated the objections entertained, which were, in substance, as follow:

"That the 3rd clause of the draft bill is deemed objectionable, because in the appointment of the Medical Council for England no adequate representation of the provincial medical practitioners is insured, since it does not direct the appointment of any provincial medical practitioners. It would obviously be useful to the general interests of the profession that, perhaps not less than one-third of the members of the Medical Council should be selected (as equally and fairly as may be) from amongst those medical practitioners



who are resident in the various counties of the kingdom. This clause is also objectionable from its entirely passing by all consideration of, and representation by, the company of Apothecaries. \* \* \* \*

"That the 12th clause is objectionable, from its not sufficiently securing the monies to be derived directly from the whole mass of the profession; these being, as the clause now stands, vested solely in the Council instead of in trustees thereto specially appointed, and separate from the Council and Examining Board.

"That the 14th clause is objectionable, inasmuch as, while (together with schedule B) it confers the name and title of a 'licentiate in medicine,' and grants a 'license to practise medicine,' with the express statement that the person so designated and so licensed is 'duly qualified to practise medicine;' both the title and the license to practise are, by subsequent enactments of the bill, practically set aside.

"That the 15th clause is objectionable, from its omitting to direct, previously to the commencing of the required collegiate education, some time or form of studentship, together with a matriculation examination, whereby the possession of a previous sufficient elementary medical and general knowledge may be insured. This clause is also objectionable, from its neither recognising nor giving any special privilege to the extensive means of education afforded by provincial hospitals, with the exception of those few to which 'medical schools' may be attached. The effect of this enactment and of these omissions cannot fail eventually greatly to retard the attainment of sound practical information, as well as to be prejudicial to the personal interests of the profession at large. Medical education will thus be virtually, if not actually, transferred to the 'universities' or 'medical schools,' to the subversion of that excellent and extensive means of practical medical instruction afforded by pupillage in provincial hospitals and apprenticeship under private practitioners, which has so long existed, and which has mainly contributed to form the useful and intelligent class of medical men now practising throughout the country. Doubtless 'universities' and 'medical schools' are most admirably adapted to convey information in medical science; but they must not be deemed the only sources whence early medical information is to be obtained, and if relied on solely, or even mainly, will fail to produce a useful and practically instructed class of medical men, trained to those habits of business which, in the general private practice of this country, are no less indispensable to the success of the practitioner than to the safety and satisfaction of the sick he has in charge. \* \* \* \*

"That the 17th clause is objectionable from its pre-emptorily obliging those who have been examined and licensed by the Council (under the 14th clause) to undergo, in order to registration, a further examination by the College of Physicians or by the College of Surgeons, especially as the bill in no way provides that these bodies shall be satisfied with the 'curriculum' prescribed by the Council as necessary to their own examination. Moreover, by forcibly obliging the 'licentiate in medicine' to attach himself to one or the other of these bodies, it subverts the usage of this country, which has established, both nominally and practically, three divisions of the medical faculty, viz., the general practitioner, the surgeon, and the physician. Again, this clause is objectionable from its omitting in any way to allude to or to define the position of those who may, subsequently to the passing of this act, have medical degrees conferred on them by the London or other British Universities, with the exception of those of Oxford and Cambridge. The degrees thus derived are treated by this proposed bill, apparently as regards title and certainly as regards qualification, as worthless; those holding them being actually disqualified from practice unless they shall be registered under this bill, which can only be after an examination by the Council and by the Colleges of Physicians or Surgeons. On reviewing the whole bearings of this clause, it cannot but be regarded as anomalous and unjust; and though its provisions may probably be a means of averting opposition to the bill gene-

rally on the part of the College of Physicians or Surgeons, by guaranteeing to these bodies their present or an increased source of income, yet this will be done at the expense of the future candidates for practice.

"That the 18th clause is objectionable, from its obliging medical practitioners annually to apply and to pay for the certificate."

The portions of the report relating to the various clauses were then read over separately, and after a few remarks unanimously agreed to.

Mr JAMES moved as a rider to that part relating to the 17th clause, that "the meeting are of opinion that, in dealing with the preceding objection, the purposes intended now would be much facilitated if the College of Surgeons were relieved from the burden of maintaining the Hunterian Museum, which they should still continue to superintend and govern as they have hitherto so ably done; and a very moderate assistance from the legislature would provide for this."

Mr EMPSON having seconded the motion, it was agreed to.

Dr SHAPTER proposed a resolution expressing the satisfaction of the meeting at the introduction of a measure for the due regulation of medical education, and requesting the chairman to forward the resolution and the objections entertained against the proposed bill to Lord Palmerston.

The motion was adopted.

On the proposal of Mr Empson, the following motion was also passed:—"That Dr Pennell, Dr Shapter, Mr Barnes, Mr James, Mr De la Garde, Mr Pridham, Mr Empson, Mr Howard, and Mr Kempe be appointed a committee to watch the progress of the bill."

A vote of thanks to the governors of the hospital for the use of the room terminated the proceedings.

**POLITE ASSURANCE COMPANIES.**—It is no unusual thing in the intercourse of society for blundering superciliousness to be replaced by cringing servility. It was, therefore, no surprise to us to find, after the Assurance Companies had long denied common justice to the members of the medical profession, in the matter of assurance fees, that, when they had at length come to see their error in contemning so powerful a body, some of them should resort to the very opposite line of tactics, and try to purchase favour by bribery. This has been attempted cautiously, and not without success, by a company which is favoured with the patronage of a notorious medical editor, and which offers for the professional certificate of the medical attendant of every proposer of assurance, double the ordinary and reasonable fee paid by other companies for this information. But we confess we were not prepared for such a bold attempt at seduction as that which has been more recently made by the directors of a company calling itself the "Merchant's and Tradesman's Mutual Life Assurance Society." In a circular on "Medical Fees," which has been sent to us and most medical men in Edinburgh, we are delicately informed that, "Many gentlemen of the medical profession having an objection to receive a commission on business introduced by them without the intervention of an agent, the directors of this society, anxious to meet the views of the profession, have come to the resolution of allowing the following medical fees in all such cases, viz., 1*l.* 1*s.* under 200*l.*; 3*l.* 3*s.* for 200*l.* and under 500*l.*; and 5*l.* 5*s.* for 500*l.* and upwards." Now, if a medical practitioner chooses to unite his profession with the occupation of an insurance agent, let him by all means do so in a regular way, be acknowledged and advertised as such, and take his commission as well as the natural consequences. But, to receive a *douceur*, under the rose, for his services in supplying "business introduced by him without the intervention of an agent," is a totally different matter. And so we trust our brethren will pause before they swallow the tempting bait of this company—especially as they have forgotten to annex the usual condition in all such equivocal proceedings, that the utmost secrecy will be observed in these transactions.—'Edin. Mon. Journ. of Med. Sci.'



## Obituary.

March 6.—CHARLES KING, Esq., Assistant-Surgeon in the Honourable East India Company's Service, at Rangoon, of abscess of the liver, aged 25. The deceased was the only son of Charles King, Esq., of Mortlake.

15.—ROBERT BROWNE, Esq., Superintending Surgeon of the Dinapore Division, at Dinapore.

28.—WILLIAM COLE, M.D., M.R.C.S. Eng., and L.S.A. (of Wilton Hall, Yorkshire), at the Azores, whither he had gone for the benefit of his health. Dr Cole, who at the time of his death was 43 years of age, had been in practice for many years at Piekering, and was the last of six brothers, all of whom died of phthisis pulmonalis. Though of unassuming manners and retiring disposition, and opposed to those vaunting pretensions which the blustering and obtrusive not unfrequently essay to pass current for real merit, he possessed a large amount not only of professional, but varied information. Having travelled through the Peninsula, Italy, Sicily, and other parts of Europe, he had acquired nice sense of taste, a just criticism for the fine arts; and those with whom he was more intimately acquainted will always remember the enthusiastic manner in which he was wont to speak of the *chefs d'œuvre* which, in other countries, he had carefully examined. Dr Cole was one who had not forgot the watch-word of his order, *opiferaque per orbem dicor* (and, to the honour of the medical profession, such are not rare),—who did not practise the healing art with a sole and grovelling reference to emolument. He felt a return in the honest applause of his own heart. At all times, with willing alacrity, he was ready to obey the calls of suffering humanity. Impressed by the feeling of those high-toned moral sentiments which prompt to duty rather than gain, and without which the practice of our noble vocation is bereft of the brightest jewel in its crown, he was never supine where assistance could be ministered—never hesitated where alleviation could be afforded. The district in which Dr Cole for many years practised will long have cause to lament his loss—the humble and lowly, to whose appeals he ever lent a listful ear, will long exclaim: "We were sick and he visited us." All those who had the pleasure of his friendship will not forget his gentle urbanity, innate kindness, and genuine worth.—'Lancet.'

April 23.—JOHN WEBB, Esq., M.R.C.S. Eng. 1819, at Stratford-on-Avon, Warwickshire, aged 60. Mr Webb had formerly practised in Alcester, and after a few years retirement, settled in Stratford, where he assumed the functions of a consulting surgeon. By his own request, a post-mortem examination took place, which disclosed a hypertrophied condition of the heart, with an universally adherent pericardium, together with a granular state of the kidneys, eventuating in general dropsy.

23.—FREDERICK LEOPOLD PULLING, M.D. St Andrew's, 1839; M.R.C.S. Eng. 1839; L.S.A. 1839; (of 2 Queenhithe, Upper Thames Street) at Reigate, Surrey. Dr Pulling was consulting surgeon to the Royal Maternity charity, and surgeon to the Western City Dispensary.

May 1.—JAMES MILLER, M.D. Edin. 1841; M.R.C.P. 1846; at his residence, 40 Welbeck street, from fever, aged 35. Dr Miller had been the late Physician to the Western General Dispensary, Lisson grove; was an Extr. member of the Royal Medical Society of Edinburgh; and a Fellow of the Royal Medical and Chirurgical Society. He had been but recently elected to the office of assistant-Physician to the London Hospital,—an appointment which opened to him a wide field for the exercise of the industry, zeal, and talents in the cultivation of his profession by which he was distinguished. In the private and social relations of life he was highly esteemed, and his death will be deeply lamented by all who had the privilege of knowing him. Dr Miller, in 1850, published a work on "Pathology of the Kidney in Scarlatina," and contributed papers on the same subject to the 'Lancet,' in 1849.

2.—ROBERT HARDY, M.D. Edin. 1832; L.R.C.S. Edin.; at his residence, Alpha terrace, Lower Broughton, Man-

chester Dr Hardy held the offices of Consulting Physician to the Salford and Pendleton Royal Dispensary, and Lecturer on Botany at the Manchester Royal School of Medicine and Surgery, and was also a member of the Medical and Physical Societies of Edinburgh.

The late Mr BENJAMIN TULLOCH, of Newcastle-upon-Tyne, whose death was recorded in our last.—Few men, either in public or domestic life, have descended to the tomb more deeply or more sincerely regretted than this estimable individual. He commenced his studies at Edinburgh, and finished them at Guy's Hospital, after which he obtained the situation of House-Surgeon to the Sunderland Dispensary, which he retained for two years. This charity was in a very depressed state at the period of his appointment, but owing to his indefatigable exertions the governors were not only enabled during this period to pay off a heavy previous debt, but also to invest a considerable sum. He here early enjoyed the advantage of the friendship of the celebrated Dr Armstrong, then a physician in practice in that town, and assisted him in several of his pathological investigations. In the year 1814 he became a M.R.C.S. Eng., and in the spring of the same year he commenced practice in Newcastle-upon-Tyne, his native town, and has ever since been one of its leading medical men, enjoying a more than usual share of popularity for nearly forty years. His kindness and sympathy for his patients endeared him to them in no ordinary manner. His presence in the sick chamber was ever hailed with confidence and affection; and now that he is no more, there are many who lament him as a friend, as a brother, and as a father. His very extensive medical knowledge was well known and duly appreciated by his medical brethren, possessing the talent of great discrimination and observation, together with a peculiarly retentive memory. His mind was a very storehouse of medical facts—in short a vocabulary of forty years' experience. If there be wanting another proof of the general estimation in which he was held, his funeral will furnish it. Nearly all the medical men in the town, and a great number of the most respectable inhabitants, voluntarily followed his remains to the grave.

"The memory of the just is blessed."

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 29th ult.:—Humphry John Gillett Atkinson, Dublin; Edwin Stephens Collins, Sherborne, Dorset; William Harrison, Gargrave, Yorkshire; Marcus George Hill, Chelsea; Frederiek Abell Humphry, Balham-hill; John Jones, Ruthin, Denbighshire; William Kaye, Knaresborough, Yorkshire; John Robert Low, London fields, Hackney; Henry Frederick Marley, Port Isaac, Cornwall; Herbert Eady Proctor, Brackley, Northamptonshire.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 28, 1853:—George Stewardson Brady, Gateshead; Francis Russell Hall, Fulhouse, Cambridgeshire; James Ireland, Provost street, Hoxton; John Phillipson Langham, Forest of Dean; Edwin Moore; Richard Burford Searle, Bridport, Dorset; John Smith, Wheatley, Oxon; Eustace Carey Summers, Rothbury, Northumberland; Edward Swales, Helmsley, Yorkshire.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—Graduates in Medicine of this University for the April term:—John E. Crook, Northfleet, Kent; John C. N. Culbard, Elgin; Richard Hodges, Rochford, Essex; John Leake, London; George F. Mitchelson, Sussex; Robert Nichol, Kent.

THE HARVEIAN SOCIETY.—At the next and last meeting of the session of the Harveian Society, May 19th, 1853, Dr Tyler Smith will read a paper "On the Transmission of Syphilis." The Society meets at 64 Edgware road, 8 p.m.



## Notices to Correspondents.

- A.K.C.—The most concise and simple description of the mode of performing "artificial respiration," our correspondent will find in the article "Asphyxia," by Mr Bennett Lucas, in the 'Cyclopædia of Practical Surgery.'
- M.R.C.S.—There is no school of military surgery at present in this metropolis; but we understand that it is the intention of the Government to establish one in connexion with the College of Surgeons. It is an institution much wanted, and would be highly beneficial.
- L.A.C.—The income of the Society of Apothecaries is one of those mysteries revealed only to the hierophants themselves. We have no means of getting at the facts, for the Society does not publish any balance-sheet, except probably among the members of the Company. Nor do we know how many actions against quacks have been instituted by the Society during these last five years. We opine that the Society is wretchedly poor, and has become more so since it declared its inability to put down illegal practice. Should it continue in its present unpopular state it will soon become obsolete, and be of no account in the consideration of any measure for medical reform.
- TR. LYTTE.—We cannot publish your statements unless authenticated by your name.
- MR HOWELL.—1st: No. 2nd: The work has been, we believe, long out of print; at any rate it would now be of little use to you.
- MR WESTON.—The Act of Parliament recently obtained by the Pharmaceutical Society, does not compel everybody trading as a chemist and druggist to become a member of that Society: in this respect it differs from the Society of Apothecaries' Act.
- F. L.—"Keating's Cough Lozenges" will shortly be dissected; and the claims of a chemist to the support of the medical profession, who thus vends his quack nostrums, will be duly canvassed.
- DR FOOTE.—Communication received, with thanks.
- BETA (Birmingham).—The document has arrived.
- A SURGEON (Worcester).—The Glycérine Quackery has been fully exposed in every Medical Journal but the 'Lancet.' Mr Yearsley's work on "Throat Ailments" will give you all the information you require.
- INQUIRER.—The quarrel about the perinæal section, or urethrotomy, at Edinburgh, is a counterpart to the "fracas" about orthopædic surgery, when it first came under discussion in the Academy of Medicine, at Paris. M. Guérin and M. Malgaigne fell into an acrimonious debate, and the former gentleman brought an action against the latter for defamation. Surgeons are almost as irritable as poets. It is unnecessary to publish your letter.

- A SUBSCRIBER.—A candidate for a degree at Munich must have studied three years, and attended the usual courses. The fee is 20*l.*, exclusive of the cost of publishing the thesis.
- MR OWEN.—There are several coroners who are neither lawyers nor medical men; such as newspaper proprietors, agents, and persons of that equivocal class styled "gentlemen;" whose only qualification may be property and impudence, or the latter perhaps without the former. Medical men ought to contest the election at every vacancy for coroner.
- X. (Portsmouth).—Somerset House. Every Thursday during the winter session.
- A.B.—1st: No. 2nd: No.
- DELTA.—We are not acquainted with the facts; but we doubt your statements.
- DR GRINFIELD.—Communication received with thanks.
- M.R.C.S. Eng. informs us that the names of neither Cunningham nor Currie appear in the 'Medical Directory.' He will observe that we have adverted to the subject in an editorial article.
- A STUDENT.—A course on "Natural Philosophy" is given at some of the hospital schools; at St Bartholomew's, for example. The fee is one guinea, and any gentleman, whether studying the profession or not, will be admitted to it, on taking out a ticket.
- M.R.C.S. AND L.A.C.—We are unable to give an opinion upon the subject. Mr Bowmer will give you the information you desire. A country practice, with the appointment to a union, would probably answer your purpose.
- A STUDENT.—1st. Guy's has the largest number of beds; but it is not on that account a better school. It is unnecessary to advise an industrious man, and an idle one will receive no benefit from the wisest counsels. 2nd. Taylor's work on "Jurisprudence" is the best.
- A COUNTRY PRACTITIONER.—Any office is better than the office adverted to. The New Equitable is misnamed. Abide the event.
- MR WELLS sends us a series of quack advertisements, but it is unnecessary to publish them. Such things are too well known for further publicity; and the guilty parties are far beyond the benefit of censure.
- CHIRURGICUS (Isle of Wight) is right as regards the composition. Chloride of ethyl is usually prepared by pouring three parts of sulphuric acid and two of alcohol upon four parts of common salt in a retort, and applying heat. The vapour of the hydrochloric ether should be conducted through a little tepid water in a wash-bottle, and then conveyed into a receiver, surrounded by a freezing mixture.
- M.D. (Renfrewshire).—We know nothing of either of the assurance offices referred to. We should advise you to insure in an old society.
- MR J. H. ASKWITH.—Communication received.

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this title a series of Portraits of distinguished living Medical Men are now being published, under the superintendence of Mr T. M. Stone, of the Royal College of Surgeons.

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# THE MEDICAL CIRCULAR

AND

## General Medical Advertiser.

No. 20, NEW SERIES. }  
No. 46.

WEDNESDAY, MAY 18, 1853.

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## The Medical Circular.

WEDNESDAY, MAY 18, 1853.

### MEDICAL REFORM.

LORD ABERDEEN has offered little encouragement to foster the expectation that the question of Medical Reform will be settled this session. He considers the principles upon which the new bill is founded—so far as they have been explained to him—to be wise and just, and he might have added much more to the same effect without being accused of rashly committing himself to any definite line of action. It is quite obvious that he does not intend to incur the responsibility of introducing the measure to the House of Lords; and we do not see how the promoters of the bill could have expected him to undertake a step so unusual, seeing that they had not acquainted him beforehand with the precise views in favour of which they were desirous of engaging his sympathies. Thus a strange blunder has been committed, and the practical benefit to be derived from an interview lost.

Another ominous sign of failure may be observed in the careful abstinence of some of the most able and experienced advocates of Medical Reform enrolled among the members of the "Metropolitan Counties Branch" of the Provincial Association during the discussions on the subject at the recent meeting of this society. Several new men unversed in medical politics and unacquainted with its difficulties expatiated at some length, but we look in vain for the names of those who are capable of giving weight and definite aim to a debate. The strength of the profession either in support or in opposition has not yet been displayed; and perhaps will continue to be withheld until the Home Minister shall think it his duty to place a bill upon the table of the House of Commons. Then, we have little doubt, that meetings of the profession would be called in every part of the country, and opinions upon the scheme pronounced without reserve.

The Council of the Provincial Association ought not to desire to maintain a chronic agitation on this subject: much less is it worthy of their position to seek to carry a bill during the temporary exhaustion consequent on a severe and protracted political struggle. Their plan if feasible will gain support by discussion, but discussion on such a subject is incompatible with the present temper of the professional mind. An examination of the principles of their measure is only now commencing, as the debate at the "Metropolitan Counties" meeting on the mode of forming the council significantly shows. This question alone is of sufficient importance to divide the profession, and to obstruct the passage of the bill.

### LORD ST LEONARDS' LUNACY BILL AND THE MEDICAL PROFESSION.

WE lately directed attention to the new laws of Lunacy, and particularly to the clause which relates to the management of our public asylums for the insane. The subject has been noticed by a contemporary, and we trust that the result of united endeavours in a common cause will effect a change, and make the resident medical officer in all cases the superintendent.

Official visitors may be satisfied in examining county asylums, as in Norfolk, &c., "with their sanded floors, clean beds, and whitewash, which are merely well-regulated gaols, holding within their walls patients or prisoners who must be guarded as best they can by resident officers hampered with restrictions and cramped in their authority;"—yet the public and the profession have a right to demand that lunatic asylums should be really hospitals for the cure of the insane, where "the principal medical officer, in his capacity of general superintendent, should be invested with paramount authority within the hospital, and be responsible for the whole of the internal management, and to him the rest of the medical staff, matron, and the inferior officers and attendants, should be all subordinate. He might also be empowered, under the sanction and regulation of the committee, to call in certain other eminent medical practitioners in cases of difficulty or emergency."\*

In the Norfolk County Lunatic Asylum we believe the medical staff is thwarted and embarrassed, by a matron and steward having conflicting and independent powers. The steward has the sole management of the institution, recommends and discharges all ward attendants, and registers the names of "patients whom he thinks fit for discharge." According to the rule 1, under the head of medical officer, he is to accompany the steward through the male wards at 9 a.m., and the matron at 11 a.m.; hence the surgeon can suggest only what he considers essential to the proper treatment of the insane. Any subsequent visit of the medical officer would be an intrusion, and he might be considered to be outstepping his province unless summoned to attend by the principal officer. To give directions to a ward attendant, whatever circumstances should arise, would be a breach of discipline, and render him liable to dismissal.

The late resident medical officer of Bethlem has received much discredit, because he quietly acted up to the strict letter of his rules, and did not do that which the regulations forbade. But at the Norfolk asylum the late medical officer was discharged, because he acted conscientiously, investigated cases which especially required it, performed his duties with zeal and ability, and differed from a steward and matron as to the management of the insane;—he too a man of whose medical knowledge and moral character the magistracy entertain the highest opinion, yet after five years of

\* Commissioners in Lunacy's Report on Bethlem.



indefatigable industry, he was politely told to resign, simply because he would not wink at abuses, perilling the usefulness of the institution. So long as such treatment is visited on the members of our profession, few will be found of first-rate talent and ability to enter on public appointments of this kind.

It is very easy, when any evil results, for independent persons to criticise the way in which a medical officer performs his duties; but when a conscientious man is thwarted in every movement he makes, it requires passing powers to persevere in doing that which a governing board strongly opposes.

## Mirror

OF

### PERIODICAL LITERATURE.

(From the 'Dublin Quarterly Journal of Medical Science,' May, 1853.)

#### ON PROLAPSUS OF THE UTERUS AND VAGINA DURING PREGNANCY AND LABOUR.

Mr Houghton, surgeon to the Dispensary, Dudley, has published an interesting paper on this subject in the 'Dublin Quarterly Journal.' He says—

"It will be conceded that, as a general rule, 'extraordinary cases are usually more curious and interesting than instructive and important,' and therefore, while it may be an agreeable occupation to relate the former, it becomes an imperative duty to record the latter; amongst which I think the following case of prolapsus of the uterus during the whole of pregnancy and labour, may justly be classed. So few cases have been recorded, and fortunately so few happen, that, considering the dangers and difficulties we have to encounter when they do occur, any information on the subject must be considered important.

"Mrs S., aged about 26, was taken in labour with her second child, on the 13th of November, 1851, at 4 p.m. The pains continued feeble and infrequent till 2 p.m. on the following day, and I saw her at about four. The head presented naturally; the os uteri was dilated to the size of a crown piece; the passages were moist; and the membranes had been ruptured about twenty-four hours previously. However, on examining more carefully, I found that the os uteri was close to the outlet; that the walls of the uterus, from the margin of the os to that part of the uterus against which the head of the child pressed, formed a cone about three inches long, the apex downwards, as though the neck of the uterus had dilated simultaneously, instead of becoming obliterated before the dilatation of the os commenced. The lips of the os were exceedingly thick, rigid, and unyielding, and indeed the whole of the cone above described presented the same unyielding character. The pains were regular and tolerably strong. As the labour proceeded, the whole mass, uterus and head, came down together, dragging with it the anterior wall of the vagina, and at length obliterating the anterior *cul de sac* of the vagina; and the considerable tumour thus formed dilated the vulva. The descent continuing, and the dilatation of the os uteri hardly progressing at all, the uterus came so low down that the anterior lip of the os uteri was pushed outside the vulva, and the anterior half of the os uteri, and the posterior half of the vaginal orifice together, formed an elliptical opening, through which the head of the child could be readily felt, and if necessary could have been seen. Still the os uteri continued firm, hard, and unyielding, and eventually the whole of the os, with an extraordinary caput succedaneum, protruded from the vagina. Still the rigidity continued, and I began to lose all hope of the dilatation being effected by natural means.

"The above is a pretty fair account of what took place until about eight o'clock, p.m., and then things were much in the state described. The patient being a pale, delicate, little woman, venesection was not performed, but tartar emetic, in nauseating doses, was given, and nausea was kept up for about three hours. After this, two scruples of laudanum were administered.

"At this time the condition of the patient was much as follows:—Os uteri rather larger than a five-shilling piece; caput succedaneum protruding through the os; bones of the head pressing on the margin of the os, which was thick, hard, and very unyielding. Pains strong. Anterior *cul de sac* of vagina obliterated with each pain, and a disposition for the whole os uteri to pass externally at every pain. For some time after the laudanum was given the pains became more moderate, but they never ceased, and at about ten o'clock they returned sharply; the os, if anything, showing more disposition to dilate, though still very firm, hard, and rigid; and I had serious fears that incision of the os uteri would become necessary.

"All things considered, I determined to wait and see if the faint hope of dilatation, which seemed to present itself, would be realized, and, whilst waiting, to continue the same course of treatment which I had hitherto adopted, and which consisted in preventing the total inversion of the vagina, and entire protrusion of the child and uterus *en masse* during each pain, this accident threatening with each contraction of the uterus, indeed once happening to a considerable extent when I had been late in watching a pain. To effect my purpose I proceeded in the following manner:—Having replaced the uterus and vagina as well as I could, I watched carefully for each pain, and when it was about to commence I passed the fingers of my right hand into the anterior *cul de sac* of the vagina, and the thumb of the same hand into the posterior *cul de sac*; my fingers and thumb thus embraced the os uteri and child's head, and whilst it allowed the latter to press against and dilate the former, I supported the whole mass in its proper position, or nearly so; and thus, as I conceived, imitated nature to the best of my ability, by keeping the uterus artificially suspended in the cavity of the pelvis, and maintaining a point of support to the uterus, to allow of the pressure of the child's head upon the os, and hence its further dilatation. For some time the dilatation continued very slowly, and I could feel, from time to time, that some abrasion of the anterior and posterior lips of the os had taken place. The os now very tightly embraced the head, the posterior lip being softish, the anterior very hard and thick. At about half-past eleven o'clock, during a very strong pain, and whilst I was pursuing the same plan, I felt something suddenly give way, and the child was almost immediately born alive; in fact laceration of the posterior lip of the os uteri had taken place to, I suppose, an inch in extent. No flooding followed, and the placenta came away without any difficulty; except that with it down came the uterus and vagina. The laceration was then distinctly seen, and the whole of the os uteri swollen and tumid; this was easily returned; the patient was, as might be expected, much exhausted; a stimulant and dose of opium were given, and she was allowed to rest."

The woman eventually did well. Mr Houghton recites the particulars of fourteen other cases recorded by various authors, and thus sums up the treatment:—

"Counter-pressure, dilatation, and incision, are the modes of treatment which were most practised, and which seem most naturally to present themselves to the mind as the means best calculated to meet the difficulties we have to contend with, and on each of these a word may be said.

"Counter-pressure, and by this I mean supporting the uterus *in situ*, seems to be applicable in all cases of prolapsus during labour. It was used in four of the cases reported—indeed, on seeing a case this mode of treatment at once suggests itself (at least it did so to me and to three other observers, though I had never before witnessed such a case, or contemplated the possibility of one occurring). For, on seeing the uterus and vagina protruded, and reflecting how the uterus is naturally suspended in the pelvis, it follows almost as a



corollary to the mind, that by supporting the vagina by means of the points of the fingers, and thus maintaining its proper *cul de sac*, a point is afforded for the uterus to act from, from which the head of the child or the membranes, if entire, may press upon the os, and thus facilitate dilatation. "Some of these cases, however, are attended with extreme rigidity, and spontaneous dilatation may not be so easily effected, and then mechanical dilatation or incision must be decided upon.

"*Mechanical dilatation* was performed in four of the cases—but these four cases all occurred when mechanical views of parturition were prevalent, and long before the physiology of labour was understood. Independently of any injury which might be done to the os uteri by the act of dilatation, I think that upon physiological grounds there are strong objections to it—for if the views promulgated by Dr Tyler Smith be correct, and of their general truth I feel no doubt, then by the act of dilatation we should be running great risk of producing violent uterine action, by stimulating the reflex function of the uterus, and thus probably induce the greatest danger we have to fear—viz., violent pains and laceration of the cervix or body of the uterus. Hence I should not be disposed to try dilatation were another case to come under my observation.

"*Incision of the cervix* was practised in two cases, and both did well. During the last few years a good deal of discussion has taken place on the propriety of incising the cervix in cases of extreme rigidity of the os uteri, and names of high repute are ranked amongst its advocates—Murphy, Lever, Tyler Smith, Kennedy, &c.

"Dr Murphy observes: 'After all, in making incisions we are only imitating nature, who, in her own way, often incises the cervix—you cannot go wrong in following her example, and therefore, when you meet with these very embarrassing cases (simple rigidity), I feel justified in recommending you to incise the cervix;' and Dr Lever considers that 'the operation is free from danger or pain, or fear of hemorrhage.' Dr Smith also recommends it in extreme cases of rigidity.

"Dr Ramsbotham, in the last edition of his work, whilst arguing generally against the practice, and looking upon it in a much more serious light than Dr Lever seems to do, would still allow it, but 'only with extreme caution in unmanageable cases, and then not till all other means of procuring dilatation had failed.'

"But if there can be an extreme case, I conceive that such a one as that I have recorded must be ranked amongst the number; and remembering the imminence of the danger, the anxiety it creates, and the probable result of waiting too long—laceration or rupture—I am disposed to think that, after well weighing all the facts and the authorities I have been able to consult, if another case should occur to me, I would try counter-pressure for a time, and if then the rigidity continued in spite of the ordinary means of overcoming it, I would incise the os; and I am the more disposed to this conclusion by remembering the admitted uncertainty of all the means which have hitherto been devised for overcoming rigidity of the os uteri."

(From the 'Lancet,' May 14, 1853.)

#### ON THE USE OF A VERTEBRAL HOOK IN SOME CASES OF DIFFICULT DELIVERY.

Dr Oldham recommends the use of this instrument, which he thus describes:

"This vertebral hook is of simple construction; its length is fourteen inches, of which four inches are taken up in the handle, which is roughened on the surface, and sufficiently large to afford a good grasp. A straight steel stem well fixed into the handle, and gradually tapering to the extremity, is bent at an acute angle, the free point being fined off at the edge to facilitate its being fixed. The bent part forming the hook is half an inch long, and projects at such an angle that it easily traverses the upper part of the vertebral canal in a mature or even a seven months' foetus,

and if well made it is quite strong enough to bear, without yielding, any degree of traction by the hand. When using it all that is necessary is to seek for the foramen magnum, and to push the hook within it. The cord breaks down before it, and when within the canal it only requires a slight rotatory movement to be made to find it fixed firmly on the arches. The best way to demonstrate the use of this instrument is to run it into the vertebral canal of a foetus already delivered by craniotomy, when the ease with which it becomes fixed, and the difficulty of removing it when once it is fixed, will at once be seen. The upper part of the vertebral column forms an excellent point for traction, as the force is well kept on that part of the skull, which, next to the presenting parietal bone, it is best to keep the lowest. The hold too is so firm, that there is not the same necessity as with the crotchet for counter-support with the other hand and finger, and consequently there is less need of vaginal manipulation.

"The vertebral hook does not supersede the crotchet or craniotomy forceps, as in a majority of cases these instruments, and especially the former, accomplish delivery as safely and expeditiously as circumstances permit. But in some cases of unusual difficulty it comes greatly to our assistance. I have found this to be the case where there has been considerable pelvic deformity, associated it may be with rigidity of the soft parts in a first labour; and, if labour has gone on for long, with inflammatory congestion and great tenderness of the vagina, or oedema of the labia and perineum. The prolonged efforts with the crotchet which some of these cases require, gradually break away the bones, to which it has been applied, and still the head, if the deformity is in the conjugate diameter, may remain above the brim. Further attempts with the crotchet involve a good deal of handling, and occasion considerable pain, although its full power and efficiency is not tried until it has been applied outside the head, or on the edge of the orbit, where a good purchase may be obtained. In these exhausting cases, both to the patient and practitioner, a vertebral hook is a valuable resource.

"This hook is of essential service too in cases where the trunk of the foetus has been removed, and the head left behind, whether it be designedly, after severing the one from the other, in an arm presentation, or when, in attempting to extract a foetus by the feet, in a deformed pelvis, the neck has given way in the efforts to bring the head through the brim. I have had to deliver the separated head under both these circumstances.

"In April, 1851, I was requested by Mr Remington, of Brixton, to see a patient with a deformed pelvis, who had twice been delivered by the crotchet, and on one occasion premature labour had been induced, and a live child born. She had again advanced to seven months and a half, when Mr Remington ruptured the membranes, and five days afterwards labour set in and an arm protruded. Mr Remington and two of his medical neighbours had tried to turn, but failed. A full dose of opium had been given. When I saw her the left arm was beyond the vagina, livid, the skin peeling off, and the uterus contracting energetically. To turn seemed impossible. On making traction with the protruding arm, with the view of getting the thorax within reach of the perforator, it gave way. Having a decollator with me I passed it over the neck and divided it, and at once removed the trunk. I then, without difficulty, run the vertebral hook within the spinal canal, and with the hold so obtained, drew the head through the narrow brim. In the same way I was enabled to deliver in a case where after long-continued traction the head of a mature foetus remained fixed in a contracted brim, the breech having presented and the body of the foetus withdrawn. When I saw this case the vertebræ had given way and the neck was held only by soft parts. Whilst endeavouring to fix the head so as to perforate the occiput, the neck separated, leaving the head behind. The uterus was supported in a contracted state upon the head. By pressure over the lower part of the abdomen, and with a little management, I ran the vertebral hook within the canal, and so fixed the



head that I was enabled to pass a perforator into the occiput and then delivered with the hook. The great difficulty of removing a separated head is a practical objection to the use of the decollator in arm presentations, when turning is impracticable; but, so far as my experience goes, I think that a vertebral hook will so far assist in the delivery of the head as to allow this operation an occasional preference over the perforation of the thorax, and the delivery by the breech."

Dr Oldham relates another case in which both himself and the medical attendant were satisfied of the utility of the instrument.

(From the 'Medical Times and Gazette,' May 7th, 1853.)

#### LECTURES ON THE ACUTE SPECIFIC DISEASES.

Dr Jenner thus describes the phenomena of pyogenic fever:

"The signs of inflammation that precede the formation of the pus are usually of the most trivial kind, the patient's knowledge of the existence of the local ailment being first derived from the presence of the swelling; the physician at the same time observes fluctuation. Sometimes, however, the signs of inflammation are more manifest, and, while pus is formed more or less rapidly at some spots, at others the inflammatory signs disappear, and neither before nor after their disappearance is any evidence of the presence of pus to be detected. The local lesion is limited to the first stage.

"These disseminated abscesses in the subcutaneous tissue after or during the progress of the acute specific diseases, are allowed pretty generally to have their origin in a diseased condition of the blood; only, by some they are held to be critical, the evacuations of peccant matter: while by others they are regarded merely as local inflammations, excited by a diseased condition of the blood,—a diseased condition which gives to the local inflammation it excites a tendency to terminate in the exudation of a blastema susceptible only of evolution into an albuminous fluid and cells of low organisation. The exudation of a blastema possessing the same properties in so many places at the same time, is held to indicate the existence of a definitely diseased condition of the fluid from which that blastema is formed, just as the deposit of many masses of cancer blastema in the same body at the same time, is held to indicate the existence of a definite disease of the blood in the person who is the seat of them. The idea that these subcutaneous collections of purulent-looking fluid of small size, and the formation of which is attended with little constitutional disturbance, are due to any foreign solid matter, be it pus globules or any other, circulating in the blood, has never, so far as I know, been advanced: it would be too untenable to be entertained for an instant. But, instead of being attended by little constitutional disturbance, as in the cases to which I have just referred, we now and then find that great constitutional derangement precedes and accompanies the establishment of the suppurative action,—that, instead of being situated in the cellular tissue immediately under the skin, the collections of purulent-looking fluid are formed in cellular tissue more deeply seated. Again, in other cases, we find that they are not limited to the cellular tissue, but that the pus blastema is exuded into the joints; and yet further, that it is in rare cases disseminated in masses through the viscera of the chest and abdomen. Now, the transition from the first to the last described state is by most insensible gradations; the circumstances under which all occur are the same; and, if it be granted that the first arises from a definitely diseased state of the blood or system generally, I see not on what ground it can be argued, that the others, which differ only in the more wide diffusion of the local affections, may not also depend on the same diseased state of the blood. This disease seems very closely allied to that condition of the blood in which purulent discharges issue at the same time from several of the mucous membranes after some of the acute specific fevers, and to that chronic state in which every scratch or abrasion 'fester,' as the vulgar say. The existence of this

condition of the blood or system generally, as a substantive disease, appears to have been in modern times first recognised by Tessier, in 1838. He, however, associated with it the cases in which disseminated abscesses are excited by the circulation of foreign matter in the blood. Tessier described the state referred to as a new pathological genus, under the name of the 'purulent diathesis;' and he defined it to be a modification of the organism characterised by a tendency to suppuration in the solids and coagulable fluids.

"Amid much pathologically erroneous, the doctrine of Tessier appears to contain an important truth, viz., that in a certain number of cases of disseminated abscesses the febrile disturbance is established before any local disease is set up, and, consequently, before any pus is formed, and by inference, that the abscesses are, in such cases, merely the effects of a special alteration of the element from which that blastema is exuded out of which they are developed.

"Although the morbid condition of the blood, which is thus manifested by its effects, is common as a consequence of the acute specific diseases, it sometimes arises without having been preceded by any other disease, i.e., as a primary substantive affection."

Cases follow in illustration. The author also makes some valuable observations on acute tuberculosis, which he divides into three forms: the insidious, the active febrile, and the adynamic; each of which he diagnoses with much minuteness.

#### ON FATTY DEGENERATION.

This popular subject is again treated of in this number of the 'Medical Times and Gazette,' by Mr Barlow. *Atheroma* of the arteries is the topic of the present article. He remarks:—

"It would be superfluous to enter at any length into the obvious relation between failure of nutrition and every form of arterial degeneration. Where *atheroma* is, atrophy has been. Fatty, calcareous, and mixed degeneration, must be connected with the conditions of the surrounding tissues and body generally. Mr Gulliver and Dr Davy both insist on there being 'almost always atrophy and discolouration of those parts of the middle coat of the artery which happen to be near to the accumulated fatty matter.' Hasse speaks of there being found in the atrophic fibres phosphate and carbonate of lime. Rokitansky compares the fatty degeneration of the fibrous coat to "the so-called fatty metamorphosis of the muscular tissue." In considering the changes of this particular structure, we must keep in view how readily fibrin is converted into fat, and the strong disposition of fibrous tumours, their force of growth failing, to calcareous decay. Calcareous granules, in scales and groups of elliptic form, have been seen by M. Bizot upon the lining membrane of certain arteries. Some granules in large arteries may probably, like those pointed out by Dr Jenner in small vessels, be occasionally difficult, perchance impossible, to distinguish from minute oil globules. True ossification of arteries does not exist; let this process be distinguished from the calcification of tissues falling to decay.

"Atheromatous degeneration must be fully considered.

"1st. In relation to the arteries themselves:—

"a. Their atrophy and change of structure.

"b. Their narrowing and obstruction.

"c. Their dilatation and aneurism.

"d. Their ulceration, as it is termed improperly.

"e. Their rupture.

"2nd. In relation to the due nutrition of the parts which they supply.

"3rd. In relation to definite life, whether looking to the body or particular tissues.

"4th. In relation to the symmetrical failures of the nutritive process.

"5th. In relation to the question of diagnosis, for this may be aided by an obvious aneurism, or an artery, as the radial, clearly ascertained to be degenerate by the touch.

"6th. In relation to the whole complex question of decay.

"The following observations on *cerebral aneurism* are interesting:—



"Cerebral aneurism, like every other, must be viewed closely in relation to fatty degeneration; not that it is contended to arise *exclusively* from that species of decay, which, however, may be held most commonly to aid more or less in its production. Where mixed forms of degeneration occur, we are compelled often, in alluding to one of them, to treat of their joint consequences. But *practically* speaking, it is not so much the exact species of degeneration to which we shall find it so essential to attend, as to the grave destruction of tissues which results. Aneurisms, I apprehend, would be more common in the old, but for the quantity and force of the blood-current diminishing; and, on the other hand, limited degeneration may be perilous in the young, from the full and oftentimes tumultuous circulation which may be prevalent. While lingering disorders dispose to degeneration, they can only be said to lead to aneurism in an indirect and modified sense; but in this way most surely, for parts of arteries, defective in assimilation, will languish and decay, though only at a little spot or two, where anæmia or exhaustion are much protracted; and then it may happen, on the constitution recovering, in a general sense, and the circulation regaining its wonted power, that the affected spot, equal enough to resist the weak current, gradually gives way before the strong. On going into the history of cases, we feel often that what we most seek is most perfectly hidden. Commonly, for example, we want to know the exact changes left by some fever or exhausting disease, but can reach nothing certain.

"Dr Brinton has drawn up a valuable table of fifty-two cases of intracranial aneurisms. According to his summary, the average time of their occurrence is the fortieth year. The terminations of the cases should be well observed. Asked how these aneurisms may end, we might reply:

"1. Death may result from rupture, which was the end of half the instances collected by Dr Brinton.

"2. The aneurismal artery may have its ramifications so degenerated that fatal softening or apoplexy may be the consequence.

"3. The aneurism may destroy by direct pressure on the medulla oblongata.

"4. It may prove fatal by indirect compression of the same, occasioned, in some cases, by sudden effusion into the lateral ventricles.

"5. It may give rise to mortal epileptic convulsions.

"6. Or the patient may die of some cerebral disease in nowise connected with the aneurism; or of heart affection; or renal diseases, or some acute malady; or fever, or of some form of degeneration kindred with that which caused the aneurism. Aneurism, of course, gives no immunity from any other complaint; and so we find it by accident in the bodies of those who have died from affections of another sort."

(From the 'Association Medical Journal,' May 6, 1853.)

#### CASE OF SCIRRHOUS CONTRACTION OF THE RECTUM; ARTIFICIAL ANUS; DEATH.

Mr May, of Reading, reports this case, which was that of a widow lady 63 years of age; who was troubled with obstinate constipation, accompanied with vomiting, but unattended with pain. The œsophageal tube passed twenty inches up the bowel without obstruction or causing pain. On the fourteenth day after the last fecal motion, an artificial anus was formed at the right side over the cæcum, and the woman died twenty-eight hours after. Mr May reports as follows:—

"*Examination of the Body*, seventeen hours after death.—The small intestines were generally but moderately distended. The descending colon was distended with flatus and feces. A firm stricture from scirrhus earcinomatus deposit existed in the rectum, about six inches from the anus, scarcely permitting the point of the finger to pass within it superiorly. Its extent was about three inches; it was annular, but was chiefly situated in the interior wall; it was stratiform, and about one inch in thickness; it closely

adhered to the fundus of the uterus. The mucous membrane was ulcerated, and about four inches of the tube above the stricture had overlapped the strictured portion, considerably augmenting the obstruction. The ascending and transverse portions of the colon were less distended. The small intestines, near the wound, were agglutinated by recent peritonitis. No secondary earcinomatus deposits were found in the abdomen, and no other part was examined. Several calculi were found in the gall bladder, and one was impacted in the cystic duct.

"*Remarks.*—The peculiarities of this important case consisted in the absence of premonitory evidence of stricture, in the sudden supervention of symptoms of obstruction, and in the capability of passing an œsophageal tube high up in the bowel without obstruction, and without any complaint of pain, although the mucous membrane was found to be ulcerated. A correct diagnosis was therefore extremely difficult—perhaps impossible. The absence of persisting sickness, and the duration of the symptoms, seemed to justify the inference that obstruction existed in some portion of the large intestine; while the ready passage of the œsophageal tube forbade the presumption of its existence in any part of the left side.

"The choice of operation for artificial anus lay between an opening into the cæcum through the loin, external to the peritoneum, or anteriorly through it. The latter was preferred, as giving the opportunity of opening into any part of the intestinal canal, should circumstances require it. The cæcum was found to be moderately distended, and also the ilium at its cæcal termination. The ascending colon was contracted above; an opening was therefore made into the cæcum.

"Since the operation for artificial anus was first performed by Pillore, in 1776, forty-eight cases have been recorded; and are embodied in an interesting and valuable communication by Mr Cæsar Hawkins, published in the 'Medico-Chirurgical Transactions,' vol. xxxv. From this table, it appears that an opening into the cæcum by Littre's operation on the right side, has been performed four times before the present case; and that all these cases were fatal. The small intestine has been opened twice, both cases being fatal. A similar operation has been performed on the left side, also through the peritoneum, in eight cases, five of which recovered, and three died. I am not aware of any reason, anatomical or otherwise, which can account for these comparative results; and must presume death to have arisen from other causes than injury to the peritoneum.

"Had we been able rightly to diagnose this case, an opening in the left groin, if made sufficiently early, would probably have been successful. The existence of cancer would not have barred its chance of success, as is proved by the recorded results of former cases.

"I had the satisfaction to be associated in the conduct of this case with Dr Burnie, of Guildford street, London, a friend of the patient; and also, at the operations, with my partner, Mr Harrinson, and my son."

(From the 'Dublin Medical Press,' May 11, 1853.)

#### A NEW FORM OF SPLINT.

Dr Thomas Darby brought this form of splint under the notice of the Surgical Society of Ireland. We give the description of the instrument, with the brief discussion that ensued.

"It consists of a plane in the form of a tray, capable of receiving the trunk of the body, a hole similar to that of a commode seat, made to receive the buttocks, with two prolongations for the legs, to the ends of which a footpiece, with an adjusting apparatus for the purpose of extension, is attached, counter-extension being made either by a padded strap, or fixed upright pin, corresponding to the fork.

"It was first suggested to my mind by the emergency of the following case:—On the 16th of August, 1852, a child of five years old was run down by a car, whereby the right thigh was fractured in the upper third of the bone, and a deep lacerated and contused flesh wound inflicted on the



front of the thigh over the site of the fracture. There were besides several scratches and abrasions on both the back and front of the body. I adjusted the limb on the ordinary straight splint, with a tail bandage, to facilitate the application of dressing to the wound; on the 24th erysipelas had appeared on the limb, spreading over the trunk, the child was attacked with diarrhoea, the nates excoriated; and on the 27th, sloughing, accompanied by symptoms of speedy dissolution were present. The cabin in which the parents lived was damp and ill-ventilated; here, in a dark corner, on a scanty bed of straw (by this time saturated with alvine and urinary discharges), the little sufferer lay. This combination of circumstances it was that suggested the apparatus to my mind. I had it made within half an hour, the child fixed in it, and removed from its loathsome position to two chairs placed in a more airy part of the room, where, by allowing the splint to rest with one end on either chair, I could turn the child on its face, and reverse the position without difficulty. Thus I daily dressed the sores until they healed, and thus the mother was enabled to effect a degree of cleanliness hitherto impossible. The child recovered, and I attribute its recovery to the use of the apparatus.

"The second case in which I have applied it, has been that of a gentleman, aged 40, who was lame for upwards of the last four years, and who still suffered severely from some painful affection of the right hip and thigh; he, on the 27th of December last, having fallen from his horse, sent for me. I found the neck of the right femur fractured, with a shortening of the thigh of not less than three inches and a half. He suffered so much from forcible extension of the limb that, for the first six days, I was obliged to readjust the bandages twice and some days three times in the twenty-four hours; yet fix him as I might, he always contrived, by twisting his body towards the injured limb, to disarrange and counteract the effect of extension. During this period I had tried various modifications of the single and double planes, applied with all the care and skill of which I was capable, as well to the sound as to the injured limb, but without success. I then, almost in despair, had a tray, such as I describe, made, and by adapting to it a pair of double inclines, one for each limb, fixing the pelvis and trunk in the tray (a desideratum in this case), and allowing him to adjust at will pillows to his head and shoulders, his sufferings were mitigated, and I was enabled to keep him, without further trouble, in a satisfactory position for eight weeks. He is now going about, with but slight shortening of the limb. By permanently raising and fixing the splint or tray two or three inches above the level of the bed, a bedpan was used with facility, and all the advantages of a fracture-bed attained by an apparatus which cost only a few shillings, and which may be made in an hour by any handy person.

"4th May, 1853.—Since the foregoing paper was read to the society, I have had another opportunity of testing the usefulness of this splint in the treatment of a compound fracture of the thigh—an injury which occurred to a man engaged on the railway works at Bray Head. This man has now been three weeks under treatment, and I find that the contrivance continues not only to present all the advantages of a fracture-bed, but affords greater facilities to the application of dressings and bandages than I have on previous occasions experienced from any other apparatus I have met with; but there is one defect which may easily be remedied, it is that the circular hole for the buttocks has been made needlessly large, whereas one of a smaller size would answer all necessary purposes and afford more comfort to the patient.

"Dr JACOB: Did he bear the pressure well?

"Dr DARBY: He did; extremely well. The advantage of this splint is, that it fixes the trunk, leaving it in the power of the patient to raise and lower his head and shoulders with the greatest ease; and it is so simple in its construction that a carpenter could make one in the space of a single hour.

"Dr H. KENNEDY: I did not exactly catch what Dr

Darby said with regard to the seat of the fracture in his second case. As far as I could see, the shortening was very considerable indeed, and in that respect, therefore, it was a very unusual fracture.

"Dr DARBY: The fracture was easily reduced; there was neither inversion nor eversion of the foot; the crepitus was distinctly marked on rotating the limb; and on the whole, therefore (though from the existence of the disease in the part, to which I have already made allusion, I will not pronounce any positive opinion), I am inclined to consider it as a case of fracture either immediately through the trochanter, or adjoining the spring of the neck of the thigh-bone, external to the capsule."

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##### ROYAL FREE HOSPITAL.

ULCER OF THE LEG; CICATRISATION FAVOURED BY LATERAL INCISIONS.

(Under the care of Mr GAY.)

It is scarcely necessary to say that cases of ulcer of the leg are very tedious affections; that patients thus troubled occupy beds for a long time; and that surgeons are not much pleased at seeing people, otherwise in good health, making use of advantages which are sometimes more needed by other and more severely visited patients. And yet it cannot be doubted for a moment that rest, the horizontal posture, a well-regulated diet, and more or less tonic medicines, as the case may be, are powerful auxiliaries in the healing of sores on the leg, the majority of these seen in hospitals being generally of the indolent kind. Have we any other means at our command which will answer as well as those last named? This may be answered in the affirmative; and we would rank first and foremost the strapping system as introduced by Baynton, improved by Scott, and lately advocated and successfully carried out by Mr Critchett at the London Hospital.

From the practice and results which we have seen at the latter institution, we must express our regret that strapping is not more extensively employed, for the general application of this mode of treatment would redound to the advantage of the nosocomial establishments and the patients themselves. The latter need not be taken into the house except much inflammation be present; they may be discharged as soon as the phlogistic symptoms have abated, and can thus attend to their occupations and continue to provide for their families.

Another manner of treating ulcers, and which has been adopted by Mr Holt at the Westminster Hospital, is the dressing of the sores in such a manner as to exclude the air completely from the affected surface for a certain number of days. This method has in some cases been found extremely valuable, but has not been tried in a sufficiently large number of instances to allow of a final conclusion to be arrived at.

Mr Partridge, at King's College Hospital, has used issues in very obstinate ulcers, and Mr Busk, of the Dreadnought hospital-ship, is in the habit of making incisions into the brawny and thick margins of chronic ulcers, with satisfactory results.

As to the usual way of treating ulcers of the leg in the different hospitals of this metropolis, it is of course regulated by the variety of sore which comes before the surgeon; the weak, the irritable, the inflamed, the scrofulous ulcers, &c., are dealt with according to the peculiarities they present; and the mode of treatment, being founded on general principles, does not differ much from one institution to another. But the strapping without confinement, in cases of chronic ulcer, is not so generally adopted; rest, emollient or stimulating applications, support to the system, and gentle pressure, are chiefly relied upon.

Now the object in view, when indolent ulcers are strapped according to Baynton's plan, is clearly to diminish congestion, repress exuberant granulations, promote absorption in the thick margin of the ulcer, and favour the contraction of



the skin necessary for the gradual cicatrisation. This last property of the strapping system has been lately sought to be developed in another way by Mr Gay, in making incisions on either side of an ulcer surrounded by tense, unyielding skin, the practice being analogous to the lateral incisions made in the operation for cleft palate. Mr Gay is under the impression that when the little aperture sometimes left after the partial closure of the cleft by operation heals up, the cicatrisation takes place partly by a kind of contraction of the margins, favoured by the yielding of the neighbouring tissues; and was hence induced to adopt peculiar measures in the following case of indolent ulcer of the leg:—

W. F.—, aged forty-three, was admitted, January 1853, under the care of Mr Gay, with an extensive sore on the front and sides of the leg beneath the calf. He stated that the ulcer commenced thirteen years before admission; that within that period it had almost healed on several occasions when he had been able to give it entire rest; but on resuming his occupation—that of a labouring man—it used to spread again to its present size.

On admission the ulcer extended almost around the leg, was deep and inclined to be sloughy. The patient had suffered so severely, and lost so much time through the sore, that he was exceedingly desirous of having the limb amputated. From this he was, however, dissuaded by Mr Gay, who had him put to bed, and commenced treating the ulcer in the simplest manner.

Healthy granulations sprung up, and in the course of two months the sore had healed, excepting a portion over the front of the tibia about the extent of half-a-crown piece. This obstinately refused to close, although various methods were devised for the purpose of exciting it to do so, and it continued stationary for about a fortnight.

At this stage the site of the original sore immediately surrounding that which still remained had the following appearances:—For some distance beyond the edges the cicatrix was of a pearly-whitish character, and the skin thick and firmly adherent to the tibial periosteum; beyond this the integuments had a more healthy appearance, but displayed a darkish areola, which extended itself almost around the leg. The soft textures at this part of the leg appeared tense, and this portion of the limb itself was somewhat lessened in size, evidently from the traction which the cicatrix, in the course of its formation, had made upon the surrounding parts.

Under these circumstances, and as the poor man was still very desirous to lose his leg, Mr Gay determined on putting into execution a plan which had occurred to his mind in consequence of observing the mode in which apertures in the soft palate closed. Mr Gay considers that these sores heal, partly by addition of new matter to the edge, and partly by traction on the surrounding tissue; and refuse to heal any further when the neighbouring textures are incapable of yielding to the traction of the edge.

In the present case the healing of the sore appeared to proceed so long as the traction of its edges was responded to by the surrounding tissues, but it ceased when the maximum of yielding had been attained. Mr Gay consequently made an incision two inches and a half long, close adjoining the edge of the ulcer, through the sound skin and fascia parallel to the long axis of the leg. It gaped a little at the time it was made, but the wound became much wider in a very short time, especially on the side towards the sore. The latter, from the time the incision was made, commenced to heal, rapidly advanced towards complete cicatrisation, and was quite closed up in a fortnight. The wounds made by the lateral incision cicatrised with great rapidity, and the patient has now a perfectly sound leg.

#### THE LONDON HOSPITAL.

##### EXCISION OF A LARGE AND ALMOST SOLID BURSAL TUMOUR—RECOVERY.

(Under the care of Mr CURLING).

Letitia Murray, aged 46, was admitted February 15, 1853, on account of a solid feeling tumour, the size of a large orange,

in front of her right patella. She had formerly been engaged in housemaid's work, when the bursa was constantly subject to attacks of inflammation; but, having been married for twelve years, she had during that time not done much kneeling. The tumour had, she stated, continued to increase in hardness; but, not occasioning her much annoyance, she had not cared to submit it to treatment until within the last few weeks, when the formation of an abscess in its substance had prevented her from attending to her household duties. The mass was very hard and firm, not yielding any sense of fluctuation. It was fixed to the patella, and in its middle was the orifice of a sinus, communicating with the abscess before mentioned. On February 24th, Mr Curling had her brought into the operating theatre, and placed under the influence of chloroform. The knee being bent, he then made two vertical incisions in front of the tumour, including a narrow elliptical piece of skin, together with the orifice of the sinus; and the skin having next been dissected from its sides, Mr Curling cut off its anterior three-fourths without attempting to separate its base from the patella and other parts beneath. Some further slices having been made from the sides of the portion left behind, the operation was complete, and the wound was now covered with wet lint. In making some brief clinical observations afterwards, Mr Curling remarked, that he believed he had avoided the risk of either wounding the synovial membrane of the knee-joint, or of so nearly exposing it, that the subsequent inflammation might possibly involve it, by *not attempting to dissect away the base of the tumour*; having watched the progress of a similar case, he had no doubt but that the remaining portion would be got rid of quickly by the suppurative process. The result quite confirmed this expectation; two months subsequent to the operation, the large wound was quite healed without any remaining solidification of its base. The patient had in the meantime progressed remarkably well, suffering very little local pain, and no constitutional disturbance.

The walls of the excised tumour were rather more than an inch in thickness, pale, dense, and fibrous looking; in its centre was a cavity capable of containing a walnut, in which was a glairy, gelatinous fluid of half-solid consistence. Growing inwards from its lining membrane were numerous small masses of soft, yellow lymph, adherent together in a bunch-like arrangement, and probably illustrating the first stage in the formation of intra-bursal concretions (melon-seed-like bodies). Some months ago there was at University College Hospital a woman, in front of whose knee was a solid bursal tumour very similar to the one above described. Another variety of this class requiring the same measure, lately occurred at St Thomas's Hospital, under Mr Simon's care. The tumour, quite solid, and about the size of a marble, was just below and to the inner side of the right patella. During kneeling it pressed, not upon the patella, but into the joint, and kept up great irritation. It appeared to be either a consolidated adventitious bursa, or a development in the wall of a larger one. Mr Simon made a straight incision, about an inch long, directly over it, and having passed a strong tenaculum through its substance, dragged it forwards, and readily dissected it out. The wound soon healed.

### The Anatomy of Quackery.

#### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XVIII.

#### QUACKERY'S LAST!

HAKEEM ALI AHMED'S TREASURES OF THE DESERT!

(Continued from p. 348.)

After an interruption, occasioned by our being driven into a general denunciation of the conduct and character of quacks and nostrum-mongers, let us return to the immediate



subject of this paper.\* Here is a small pamphlet, entitled 'An Essay on Oriental Medicine, and a full Description of the Celebrated Pills and Plaister for the Cure of Colds, Catarrhs, Bronchitis, Asthma, Quinsey, Rheumatic Affections of the Face and Head, Headache, Acidity in the Stomach, Giddiness, Palpitation of the Heart, Constipation, Flatulency, Diarrhoea, Noises in the Head and Ears, Eruption on the Skin, Sleeplessness, Tremor, Vertigo, Ulcers, Cancers, Contused Wounds, Gangrene, Boils, Chilblains, Whitlows, Varicose Veins,' &c.

The commencement of this little tract is a masterpiece of plausibility and humbug, and no doubt obtained a handsome gratuity for the miserable scribe that does the dirty work of the proprietors of the "Treasures of the Desert."—"What! more atrocities in the quack line? More conspiracies against the poor stomach?" Such we can easily believe to be the exclamation of the reader as he scans the heading of this paper. If he be a man in the enjoyment of robust health, we heartily hope he may long continue so; but still, we should strongly advise him to lay this by for a wintry day, and in the season of sickness he will thank his stars that he has been so wise. Perhaps he may have a sick friend—let him, at any rate, have the benefit of these remarks, and he will have much cause for thankfulness—because such exclamations as we have already quoted are entirely without foundation, &c." A little further on we are favoured with a long extract from "a letter received by" an anonymous "friend of the proprietor, from" an anonymous "gentleman, well known for his researches in the East;" the success of "whose philanthropic endeavours," if true, threaten, at no very distant period, to cause the curse of over-population to afflict Syria, Mesopotamia, and "Araby the blest." "The letter is dated from Syria" (a rather loose address), and, as we need scarcely tell the reader, was written a great way from it. This letter informs us, among other things, that the writer, some ten years ago, forwarded a large supply of pills and plaisters (what pills, &c.?) to a Mr James Hayes (John Smith would sound better), of Bangkok (rather an ominous name), in the kingdom of Siam, which effected such wonderful cures that the great Chou Faa, the "true and only genuine" King of Siam, and a distant relative of the once celebrated "Siamese twins," together with some of his friends, earnestly craved to be made the recipients of a further supply of "so inestimable a boon." The effects of the medicines, we are assured, were "most marvellous," which, as far as the statement itself is concerned, we are fully prepared to believe. The results which followed quickly rendered this James Hayes, or John Smith, the hero of a little rebellion, or revolution of his own:—"Such has been the furor for the medicine, that the *soi-disant* French and Italian doctors, most of whom are in the Turkish employ, are all up in arms against me; and one idiot actually went so far as to say that he would complain of me to the local authorities for practising without a licence." A very proper threat, indeed, which unfortunately appears not to have been carried out. The writer then caps the climax of his folly, by stating, that he "would rather, under any circumstances, avail himself of the simple native" quack than the European surgeon. In a second letter quoted (dated Bangkok), we are told that the great "Chou Faa himself," by simply taking "two doses of Ali Ahmed's pills," was entirely cured of a most obstinate cough, "which not all the skill of the resident American physician could cure, or even relieve." After this, the great King Chou Faa "feels so grateful," that he "sends his regards and compliments" to the aforesaid anonymous man, in Syria, with a request that he "will not fail to send him a large supply," as he was suddenly seized with the benevolent idea of limiting the *Materia Medica* of the Faculty at Bangkok, to Ali Ahmed's "Treasures of the Desert." Whether this order was "on sale or return," the pamphlet does not tell us. As for the writer

of the letter himself, he had long suffered "martyrdom" from a whole catalogue of fell diseases, and "was daily growing worse," when "sick" went the pills down his throat, and health and strength followed with magical celerity. "I persevered in taking the pills as directed for one short week, and at the end of that period, I seldom woke of a morning without a ravenous appetite; and I am getting quite hale and lusty." The Wizard of the North never performed a more successful slight of hand than this. Here again gratitude "leaps" out of the human heart in the Kingdom of Siam, and the writer exclaims: "really the inventor's name ought to be perpetuated, and himself, if he be alive, knighted or made a baronet of,—at least, such is my humble opinion, and Chou Faa (gentle reader, the great Chou Faa) "coincides with me perfectly." Whether Chou Faa be a second Solomon, or only King of Siam, we leave the reader to decide.

We have already, in previous numbers of this work, denounced the disgusting spirit of infidelity that can employ the name of the Deity and the garb of religion to give a cloak and plausibility to deception and quackery, and which can give the most solemn assurances that gross misrepresentations, nay *absolute falsehoods*, are facts. Our censures,\* already expressed on this subject, apply with twofold force to the proprietors of the "Treasures of the Desert." These gentlemen, or their scribe, are peculiarly apt at this discreditable work. At pages 3 and 4 of the tract in question we are treated to some very free extracts from the sacred writings. The old proverb, "The d—— can quote Scripture," &c., is certainly applicable here.

The pretended "sketch of the life of Ali Ahmed," which forms a considerable portion of the "Essay on Oriental Medicine," is a mere fable, invented to amuse and delude the reader. The statement which follows, that "the present proprietors have in their constant employ accredited agents, who travel from the banks of the Jordan, in the south of Palestine, as far as the wilds and plains of Cilicia and Asia Minor, in search of the requisite bulbs and vegetables," is not only a gratuitous, but an impudent and ridiculous falsehood. We are prepared to show that the whole of the drugs contained in the "Treasures of the Desert" are kept in every drug shop in the United Kingdom; and we might even name the parties from whom the proprietors of these nostrums make their purchases. But the audacity and recklessness of quacks have no limits.

"The medicines consist of different qualities of pills, equally possessed of intrinsic virtue for the cure of that class of maladies which is specified under their particular heads, and of one healing plaister."† First in order come the

#### SPHAIROPEPTIC, OR ANTIBILIOUS PILL OF ALI AHMED,

which we are told is "known among the Arabs, from its peculiar excellence, as *Haboobul Murarati*, or, "The Pill of the Essence of Health"—so mild in its component parts, yet so efficacious in its results, that it may at all hours, and at all stages of a complaint, be administered to both sexes of all ages, and with equally beneficial effects to the female far advanced in pregnancy, as to the tender infant." This smells excessively of Morisoniana, and is about as truthful as that humbug. We find the active ingredients of these pills to be Aloes, Colocynth, and Scammony, to which are added some essential oil and other articles to give them form, &c.‡

\* Vide page 107, &c.

† Vide Pamphlet.

‡ R. Aloes 28lbs; Colocynth pulp 12lbs; Rhubarb 7lbs; Myrrh and Scammony of each 2½lbs; Cardamom seeds (or Essence of Cardamoms) and Ipecacuanha, of each 2lbs; (all in powder); Soft Soap 9lbs; and Oil of Juniper 7 ounces; make a mass with Treacle q. s. divide into 3½ grain pills, and coat them with Tin foil or Silver leaf. They are "put up" in neat flat turned wooden boxes. There were 21 pills in the thirteen-penny-halfpenny box before us, accompanied with the following directions:—"Dose: for Indigestion, one or two Pills occasionally an hour before dinner; Palpitation, two or three Pills occasionally; Constipation, three or four Pills at bed time; Flatulency, two or three Pills as occasion may require; Eruption of the skin, one Pill four times per day; Sleeplessness and Tremor, two Pills one hour before bed time; Acidity

\* Unfortunately, owing to an unusual amount of matter, the latter portion of the article intended for No. 44 of the 'Medical Circular' was "pressed out;" which left the subject incomplete.



THE PECTORAL ANTIPHTHISIS, OR COUGH PILLS OF  
ALI AHMED.

This new "wonder of the world" is said to be "known amongst the Arabs as *Habooobul Salati*," and to have settled the question of the curability of consumption; the "remedy is Hakeem Ali Ahmed's Cough Pills." "A few short years and the deadly catalogue of consumptive patients will be greatly diminished—the hacking cough will no longer find an echo in the halls of the hospital; and this and other grand revolutions will be brought about by these boons, conferred upon a nation through" this old-fashioned compound of squills and ipecacuanha, for which the gentlemen in question have found a new name and father.\*

THE ANTISEPTIC MALAGMA OF ALI AHMED.

"A plaister, for the cure of ulcers, cancers, contused wounds, gangrene, varicose veins, whitlows, boils, chilblains, etc." All we can say of this nostrum is, that it is the very worst specimen of a spread-plaister we have ever seen; the calico employed is of the coarsest and vilest description, the compound itself is of such a consistence that the mere heat of the skin causes it to sink into the substance of the fabric on which it is spread, whilst it is "turned out" in a manner that would prove discredit to a boy in the second year of his apprenticeship. Its composition and qualities greatly resemble those of the *emplastrum picis* of the Pharmacopœia.†

Before concluding these remarks, we must allude to the continual assertions made by the proprietors of the present nostrum as to their "being already extensively used in our hospitals, and the best proof we can give of their excellence will be the certificates furnished by the various medical practitioners in London, who have been so fortunate as to make use of them in cases where barely any other remedy, and certainly no nostrum, could have succeeded." These statements are too glaring and absurd to require any formal denial. To the honour of the profession, let it be known that these statements have no foundation in truth, and that not one of its members is so degraded as to act in the way imputed. The growing confidence of the parties, and the consequent altered tone of their advertisements and circulars, lead us to suspect their future intentions. We desire, therefore, to put the members of the profession on their guard on this subject, lest some slight remark or even a courteous reply to a letter, may be perverted from its intention and misapplied. Who does not recollect the use to which letters and interviews, obtained in this way, were put by Holloway, Albinola, and others, some few years since, when the names of many of the leading members of the faculty were posted in conspicuous type about the streets of London,—“ou pumps and posts, dead walls and watering screens, (where quacks and impostors most delight

and Heartburn, two or three Pills when troublesome; Bile, three or four Pills occasionally when required; Headache, two Pills occasionally.”

\* R. Myrrh, three and a-half lbs.; squills and ipecacuanha, of each one lb. (all in powder); soft soap, ten ounces; oil of aniseed, one and a-quarter ounce; treacle q. s.; for three and a-half grain pills. A better pill is formed by mixing three parts of powdered myrrh with one part each of the pilulæ ipecacuanhæ cum scillæ, the pilulæ scillæ compositæ, and soft soap, together with a little oil of aniseed. Either of the above pills are injured by keeping. These pills, like the former, are coated with foil. There are eighteen in each threepenny-halfpenny box. The directions are for "Consumption—One pill three times per day. Asthma—Two or three pills, night and morning. Cough—Two pills three times per day. Hooping Cough—Half a pill while the cough is troublesome."

† R. Lead plaister, three parts; gum thus and olive oil, of each two parts; bees' wax, one part; mix with heat. This preparation possesses no advantage over the common *emplastrum picis*, and in many points is far inferior, especially in very irritable habits. A pimply eruption, and even a purulent exudation sometimes follows its use. The patient is cautioned "not to use more heat than is necessary to make the plaister stick." This plaister is put up in flat oblong pasteboard boxes. The actual value of that in each box is less than one penny.

to plant their puffs,) in railway stations, public houses, and newspapers, handbills and circulars," just as the names of Liebig, Graham, and Hoffman, were recently displayed during the bitter-beer panic, and the temporary monomania of Mr Allsopp. And even at the present day, the names of these gentlemen are published as patrons of certain quack nostrums, although the practice of exhibiting them on placards and posters was stopped by a Chancery injunction.

The reader will probably already have formed his own opinion as to the origin of these nostrums, and the pretensions set up by their proprietors. We challenge the parties to deny that the whole scheme was concocted not 100 miles from Temple Bar, and originated in a desire to share in the unholy harvest so successfully reaped by some of the leading quacks of the day. The *Romance of the Treasures of the Desert*, even to the adoption of the title, was either borrowed or suggested by the perusal of the admirable satire of "The Methusaleh Pill," in the 'Household Words,'\* to which, and to our own article on "Parr's Life Pills,"† we beg to refer the reader. The proprietors of "The Treasures of the Desert" exclaim—"Try our pills; give them one FAIR trial,—and if they fail, then blazon us forth to the world as worse than CHARLATANS." We have given them the fair trial demanded, and we thus publicly pronounce them to be destitute of the qualities which they claim for them. But whilst we thus deny the existence of the magical properties assumed for them by their proprietors, we are free to admit, that unlike many of the nostrums of the day, there is nothing in their composition which can render their use dangerous. Not all the falsehood and boasting in the world can, however, raise the value of these nostrums above the position of common cathartic and cough pills, and stimulant protective plaisters; and this position we are free to give them.

The principal proprietor of the Ali Ahmed nostrums is a newspaper and advertisement agent, of Fleet street, a fact which he is determined shall be publicly known, and for this purpose he places his name in large "capitals" on the Government stamp attached to each box. We are sorry to see a respectable man thus desert his usual avocations, and voluntarily degrade himself by adopting the dishonourable calling of the nostrum-monger. We should be happy to see him abandon the position he has assumed ere it be too late—before the thirst for gold and the routine of quackery shall have exerted their malignant influence on him. In society even the successful quack holds a degraded pre-eminence, which robs him of all the nobler pleasures and enjoyments of life. He is forced into a position at once isolated and contemptible! His compeers in quackery shun him for one reason, and society for another. We do not believe that there is a single successful nostrum-monger in the kingdom that does not seek to avoid the appearance of being connected with quackery. No sooner does he acquire wealth, than his first efforts are directed to destroy the remembrance of the path by which he reached it. His gold may purchase the services and adulation of a few surrounding him, even though his deserts may be the pillory or the whipping-post, but it can never restore him to the position from which he fell, or to that of men who have acquired their wealth by legitimate and honourable pursuits. But the gold mines of quackery have, we believe, been already discovered and appropriated. The new aspirant has not the same easy task before him which fell to the lot of some of his predecessors. At the present day the delightful day dreams of the nostrum-monger during his noviciate are bitterly interfered with by the enormous portion of his ill-earned gains, he is compelled to devote to subsidising, either directly or indirectly, the unprincipled hirelings who are ready to write, say, or do anything and everything, in return for his filthy gold. Thus, if his gains are enormous, his expenses are equally so, and experience shows that the quack must spend a small fortune of his own or his creditors ere he can realise a large one. Let the proprietors of the "Treasures of the Desert" do otherwise, if they can.

(To be continued.)

\* 'Household Words,' Vol. II. p. 36, &c.

† 'Medical Circular,' p. 146, &c.



## Biographical Notices.

[A PORTRAIT and BIOGRAPHICAL SKETCH of the venerable and distinguished Physician, Dr Clutterbuck, whose name is omitted this week, will appear in an early number.—ED. 'MED. CIR.']

### NATHANIEL CLIFTON, ESQ.

The resumption of the question of medical reform by the Provincial Association confers peculiar interest on the names of those gentlemen who have dedicated their energies to the prosecution of this movement. Among those on the side of the general practitioners, Mr Clifton stands conspicuous. When the cry of indignation went forth at the unjust provisions of the Charter of the College of Surgeons in 1843, Mr Clifton acutely sympathised with his injured brethren, and lent his aid to establish an organisation through which the wrongs of the "degraded" members of the College might find an authoritative expression. The services he rendered throughout the whole period of that struggle were invaluable, and his energy tended greatly to maintain in effective action the dissimilar and conflicting elements of which the National Association was composed.

The subject of our sketch is a general practitioner, residing in Cross street, Islington, where he has conducted an extensive and highly-respectable practice for many years. We have understood that his father carried on business as a chemist or apothecary in the same place, so that the son may be said to have been trained to the use of the lancet from his cradle. Mr Clifton was educated at St Bartholomew's Hospital during its great days; and, having completed his studies, became a member of the Royal College of Surgeons in the year 1807. He has always manifested great regard for his *alma mater*, and still, we believe, keeps up his connexion with it through the Abernethian Society, of which he is a member, and of which, also, he is a past president.

The usual routine of private practice offers but few opportunities for publicity, and we accordingly do not hear much of Mr Clifton until the commencement of the late medical reform movement. Nor do we observe any communications from him, either on political or scientific subjects, in the weekly journals: he seems, indeed, to have attended with strictness to the practical duties of his profession. This single fact exemplifies the decided, earnest, and business-like qualities of his mind. There are many men of practical good sense and masculine energies who are content to exert their powers in the limited sphere of private duty, until their feelings are deeply moved either by a public wrong or personal insult, when their varied endowments come into play in a more worthy and important sphere, and are revealed in all their intensity and strength. Of such material most of our good English patriots have been constituted.

Although Mr Clifton had not exhibited much interest in professional politics, he had been active before this time in the local affairs of his parish, and is understood to be still able to exercise considerable influence in election and other public matters when he chooses to put it forth. This may be one reason why Mr Wakley, during the time he was vituperating the National Association and its honorary secretaries, never uttered a word of animadversion on Mr Clifton; for Islington being one of the most populous and important districts of the borough of Finsbury, the ex-member doubtless entertained a very lively dread of retaliation.

When, however, the entire profession was rising, animated by a common purpose against the Council of the College of Surgeons, on account of the iniquitous charter they had procured, Mr Clifton joined in the general movement, and attended a large meeting of his medical neighbours, in order to protest against the injustice perpetrated by the nomination of the new Fellows. By the unanimous voice of his brethren he was called to take the chair at this meeting, and afterwards became President of the Society. In consequence of this position he was placed on the committee of the

National Association, which, as will be remembered, was constituted of the office-bearers of the various local societies then formed.

His clear and ready judgment, his decisiveness, vigour, and zeal were of the utmost benefit to the Association. Nor with all his resolution and manliness was he deficient in policy. His good sense never failed him, and his judgment always seemed to grow clearer as difficulties increased. The Gordian knot he would untie, if possible; if not, he would cut it through. Force or skill he could equally command. He was at the same time the Ajax and the Ulysses of the committee. He was able to express his ideas either orally or in writing with remarkable clearness and succinctness, always selecting the proper word and putting it in the right place. He was admirable at revision. This peculiar lucidity and correctness of judgment was associated with considerable earnestness of temperament—a quality which gave quickness to his intellectual conceptions, without obscuring them or injuring their truth. There might be some men on the committee who indulged in more comprehensive views, others with more suavity or ductility of manner, but for clearness of view, ready judgment, unwearied zeal, and fidelity to principles, Mr Clifton was unsurpassed. On difficult and doubtful occasions, he was the soul of the society, the mainspring of its movements.

The National Association differed, as is well known, from other voluntary bodies having similar objects, in being the organ of the general practitioners, in regarding their interests exclusively, and contending for a system of legislation which should give them absolute and independent control over their own affairs. As nine-tenths of the profession are general practitioners, it was considered that indirectly the whole profession would be benefited by the social and educational elevation of this important class, and, with this result in view, it was deemed the wisest policy to settle the foundations of medical policy before working on the superstructure. Other societies have sought the same end by other means: they have generally desired to reform the governing bodies by direct legislation, and their efforts have consequently been counteracted by insuperable obstacles. The National Association and Institute had before them a fair promise of success, and on more than one occasion there seemed to be an immediate probability of the fulfilment of their policy; but these expectations were disappointed.

In, however, the material point on which the policy of the Association hinged, it cannot be said that the committee were unsuccessful. Although not realising their own scheme, they coerced the College of Surgeons into a modification of the charter, by which some, though a partial and incomplete, reparation was made for the injury inflicted in 1843. Mr Clifton, like most of the senior members of the Committee, felt a lively indignation at the insult cast upon him by his exclusion from the list of fellows, and the nomination of young men to that distinction, whose chief or only claim in many instances was their fortune to be the *clève* of some member of the Council, or other person on whose influence surgical appointments and honours might depend. We have reason to believe, that Mr Clifton continues to feel this insult as keenly as ever, and that his resentment has not been in any degree mollified by the circumstance that, according to the provisions of the amended Charter, it is required, that before he can be admitted to the honour of the fellowship he must be furnished with certificates of moral character, and from six Fellows, all probably his Juniors in status and practice! How many more excellent Surgeons besides Mr Clifton have been wronged and insulted by the operation of this Charter!

Mr Clifton is a man of warm feelings and kindly disposition, he is honest and straightforward in conduct, and candid in manner. Punctuality and decision signalise him on all occasions. He is neither late nor early, but always in time whether in thought, word, or deed. He has a cultivated taste for music, and is well known as a friend to the art and its professors. We observe in this as in many other instances, that a refined taste in matters of art, is not inconsistent with vigour of will, and manliness of character. Mr



Clifton must be now close upon seventy years of age: but when we last saw him, his appearance did not betray his years. His clear dark eye was still as flashing, his cheek as ruddy, and his form as well knit and firm, as we have noticed them nearer to the prime of his life. For the sake of his sympathy for his order, and his untiring labours in the cause of Medical Reform, we trust that his robust health may be long retained, and that he will live to see the object of his hopes achieved,—a reconstruction of the profession on a liberal, just, and comprehensive basis.

NATHANIEL HENRY CLIFTON, ESQ.

SAMUEL DODD CLIPPINGDALE, ESQ.

J. THOS. CLOVER, ESQ.

WM. CLUNIE, ESQ., M.D.

GEO. COATES, ESQ.

JOHN COATES, ESQ.

(Vide 'London Medical Directory,' 1853.)

FREDK. COBB, ESQ., M.D.

This gentleman holds the important post of Surgeon to the London Hospital. Though his name is not familiar to metropolitan ears, and he does not appear to have contributed anything to medical literature, he is reputed to be a good practitioner, and a kind and amiable man. We find by reference to the 'Medical Directory' that he is a Fellow of the Royal College of Physicians: Chemical Lecturer as well as Surgeon to the London Hospital; Consulting Physician to the German Hospital, and to the London and Tower Hamlets Dispensaries. He resides at 5 St Helen's place, Bishopsgate street.

EDWARD COCK, ESQ.

The constant course of change in things sublunary is evidenced as strikingly in the *personnel* of our London hospitals as in any other department of life. Mr Bransby Cooper, almost alone, represents the old familiar names of Guy's; and, moreover, the lineal representatives of the one great surgeon of this hospital, who formerly monopolised its offices, are becoming equally few. Mr Cock enjoys the distinction of being a nephew of the great Sir Astley, under whose eye he was inducted into the duties of his vocation. At the early age of nineteen he became a Demonstrator of Anatomy at the hospital school, and continued, we believe, to officiate, either as Lecturer or Demonstrator, for a period of twenty years. It must be to him a gratifying recollection that when he resigned his duties his pupils presented him with a handsome testimonial in gratitude for his long and valuable services.

Mr Cock became a member of the College of Surgeons in the year 1828, and was made an honorary Fellow in the year 1843. He is now second surgeon of Guy's Hospital, and for some years past has been rising in reputation as an operative surgeon. His favourite measure of puncturing the bladder per rectum, for the relief of retention of urine, has brought him prominently forward into public notice. He is a good operator and practical surgeon.

Incidental to the office of Surgeon, Mr Cock performs the duty of Lecturer on Clinical Surgery at the Hospital; he is also Consulting Surgeon to the Asylum for the Deaf and Dumb, and to the Philanthropic Society. His literary labours have been confined chiefly to the pages of Guy's Hospital Reports; but he is the author of a "Practical Anatomy of the Head and Neck." He has also published on "Tracheotomy," "Strangulated Hernia," "Stricture and Catheterism," "Injuries to the Head," "Congenital Malformations of the Internal Ear," and many other subjects connected with practical Surgery.

Mr Cock has not yet removed from the atmosphere of the Hospital in which he acquired his experience, for he continues to reside in St Thomas's street, Southwark, the Brook street of the Borough. Among the surgeons of that part of London he is much in request, and is undoubtedly working his way into good practice.

## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY SAMUEL THOMSON, M.D.

PART III.

(Continued from page 292.)

I do not doubt there will be many, O Atticus! \* ready to judge this kind of history light, and unworthy of such as medical men, if they should find me deliberating where some one learned grammar; or setting forth among his merits that he boasts bravely in a handbill, and cleverly writes himself laudatory epistles. But these will mostly be persons devoid of rural literature, who will think nothing right unless it agrees with the manners of the town. If they can understand, however, that all men have not the same sense of good and base things, but form it from usage, they will not wonder that, in relating the merits of provincial persons, we have gone upon the footing of their customs. For, indeed, Cimon, a leading man at Athens, lost none of his repute by being in the tea and tobacco business—a thing not strange to the people of his place, though shocking to London views of propriety.† It is a praise, in the country, for little practitioners to make as many cures as possible with one pill. There is not one of the chief doctors at Lacedæmon who is above vending his nostrums in the street. It is a famous exploit, over most of the provinces, to give oneself the crown of all physic at Olympia; moreover, to go to the play and make a show of oneself, jewelled with the gains of imposture, is no shame to these people, though all such practices would in London be held infamous, or else mean, and far from becoming. On the other hand, several things are well esteemed in the City which, among the rustics, are considered vile. For what citizen would make light of learning in his physician? or what medical man would refuse to prescribe remedies from whatever division of nature promised the most favourable? Which is quite overturned in the country; for the quack thrives most who is ignorant of everything, or affects to rest wholly on one gift of nature, which he calls *yarbdrogs*, that is, vegetable remedies, to be gathered only at dark hours, and with darker mutterings. But to go farther, both the bulk of the treatise prohibits, and urgency that I accomplish what I have undertaken [not to speak of the want of pattern, where my model has himself stopped short]. Wherefore we will proceed to our purpose, and here take under review the profession in the English provinces.

But having exhibited a way of matters so distasteful to civic minds, we shall have much ado to assure them that the lives of people are safe in the country. It is a task to be contemplated with no little misgivings. For I learn, from a prime authority on this point,‡ that there are in the provinces 7,670 such practitioners, as the citizen is used to bring near him in the season of anguish and infirmity. But I see around me, within the limits of a somewhat homely observation, so many practitioners unconformable to the civic as far outnumber those who conform to them, and which unconformable practitioners follow all the means to popularity and employment just celebrated. So that, as I am forbid, by the force of induction, to conclude the entire host of such handlers of physic fewer than a myriad, how shall I prevent the citizen's disgust—what solace can I administer to his anxiety? It were indeed vain, on one hand, to attempt it. We can tell nothing of the medical elements of 10,000 persons, who afford no assay to our method of examination,

\* Whether this be T. Pomponius Atticus to whom Nepos inscribed the preface, whose polished marble has given form to the dull clay of this copy; or some modern personage comparable to Pomponius, is a matter to be known only by Atticus and the author.

† If some learned critics should here prefer Simon to Cimon, Nepos, it is clear, could not mean a pure person, but a mixed sort of man, a Hornbook, as it were, whom satire knows right well; but their reading is not among the 'Variæ Lectiones' of Stubælius, nor could it have got in there, though they had shown S formed like C in ever so many ancient MSS. and inscriptions.

‡ The Provincial Medical Directory.



and who must therefore be left with the recognisance already propounded, though it reaches only some qualities, such as never were of a latent disposition, nor needed any expositor more diligent than their owners; nor indeed were ever known to accompany parts worth the toil of inquiry. We must direct our labours wholly on the other hand, and endeavour to find comfort in the 7,670 men who derive their constitution from understood principles, and present a substance to the operations of our laboratory.

And whatever eyes look into our processes, now and at any time, whether they be medical or other learned eyes, must not be too hasty to determine either upon the spirit of our procedure, or the end and scope of our design. For an unjust opinion may easily be arrived at by persons looking on, while an operator goes through his successive evolutions, without heeding to give the fullest reasons of them as he proceeds; nor are any of his casual remarks, mumbled in the devotion of his work, to be caught up and carried away with too great eagerness and precipitancy. Yet, provided such fair precautions be observed, I am not averse to one's looking over my shoulder; nor do I much mind being overheard soliloquising upon what seems inimical to our profession, whether from within or from without; for, let any one try, I will be certain no one, exploring in this way concerning his medical brethren, would be able to go forward with a cold equanimity, or so to subdue the heart that it should not swell with some indignation at their injuries, or heave with some aspirations for their welfare. And with regard to part of our researches, as shown in tables, no one will think we have gone into an idle particularity who considers there is need of some nicety of performance, and minuteness of analysis, to give due force to a critico-panegyric disquisition. For here we hope for large aid from the cautious reader, since we have not laid out tables of that kind for ourselves alone, but to invite everybody to sit down to them. Indeed a statistical table spread in a book is like an inn by the wayside, which the traveller may enter or pass by as he pleases, and where all who choose to stop may have anything they have a mind to call for, and enjoy their own reflections.

This then which follows, is the scheme of classification we will apply to our provincial men, as we have already done to their counterparts in the capital:—

I. Exempt from diploma, as in practice before 1815 . . . . .	307
II. Having diplomas as apothecaries, or as surgeons, mostly both . . . . .	5,937
III. Licentiates, &c., of a British College of Physicians . . . . .	93
IV. Bachelors in Medicine . . . . .	77
V. Doctors in Medicine . . . . .	1,256
Total . . . . .	7,670

The same explanations must be taken along with this arrangement as were formerly required, and which the fresh reader will find above at the 174th page. In the second order or class there are 23 surgeons who have this qualification in the form of C.M., or Master in Chirurgery, a degree conferred only at the University of Glasgow, and the invention, we have been told, of the late eminent Dr Burns. The physicians placed by themselves in the third order, as not showing graduation, include, besides those of the London College, fifteen holding of the Colleges of Ireland or Edinburgh. All the London College men in the provinces appear to number 198. Our Bachelors are derived from the same four Universities which supplied the metropolis; but one is of Aberdeen, where Marischal College nurses this degree—a tender bud of physic, not indigenous to the north, nor likely to thrive in it. The doctors' table, displaying the multifarious origin of their degrees, will be offered, in due season, for the use of such as will read farther in this persevering history,

Radcliffe, Lancashire.

COLLEGE LECTURES.—Professor Skey commenced his course of lectures on 'Muscular Action, Dislocations, and the Treatment of Disease,' yesterday.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

SATURDAY, APRIL 9.—DR FORBES WINSLOW, PRESIDENT.

#### ON CHRONIC RHEUMATIC ARTHRITIS.

Mr CANTON stated that he had brought this subject under the notice of the Fellows of the Society, in consequence of the frequency of the occurrence of the disease, its intractable nature, and its being also one which was alike interesting to the surgeon and physician. This obstinate malady invades both the small and large articulations, and equally may it affect those of the fingers and toes, or of the knee or hip, inducing in them the most unsightly deformity, and permanently impairing their functions, so that the power of prehension is lessened or lost, and locomotion is perverted or prevented. The joints of the lower jaw may experience the attack, when discordance of speech ensues, and mastication of food becomes difficult. The spinal articulations may suffer, and the body become irremediably contorted, whilst internal organs are thereby secondarily and often seriously affected. Exostosis very commonly spring forth from the joint ends of bone; cartilaginous may lie, in large numbers, free in the articulation; whilst the neighbouring tendons, enveloping ligaments, and other adjoining fibrous textures, are more or less encroached upon by ossific deposits, all of which must, in their progress of formation, press injuriously upon the nervous filaments in their locality, and thus superadd continued irritation, whilst they are establishing insuperable disfigurement and impeding freedom of movement. Alike may all the varieties of joint be affected—from the simple arthrodia to the perfect enarthrosis; and these, even in their minutest examples in the body (articulations of the internal ear-bones) may succumb I believe to an invasion of this disease, and loss of hearing ensue. On this latter point, however, I merely surmise, but analogical considerations support the probability. The causes of this disease were next discussed, and a case quoted from Dr Todd's Croonian Lectures, in which it had affected all the joints of a poor girl twenty-five years of age. In speaking of the porcellaneous deposit so commonly seen in parts where the articular cartilage has been lost, it was remarked this was formerly thought to be due to a new deposit, but Professor Quekett finds that the extremities of the Haversian canals which became exposed were then filled up by osseous matter and that subsequent friction merely established eburation, much in the same way that the French-polisher plugs up with wax the pores and fissures of open-grained wood before he can hope by friction to establish a gloss upon it. The other morbid appearances were severally considered, and the difference of the appearances they presented from those arising from inflammation of joints pointed out; and it was also noticed that the changes very commonly exhibited examples of that symmetry of disease which had been especially commented on by Dr Budd and Mr Paget. The symptoms accompanying the affection were then detailed, and their analogy to those occurring in rheumatism, and at the same time their difference from them, pointed out. Here, as in other instances of disease which are the offspring of constitutional taint, we sometimes find that the onset of the symptoms may be ascribed to some violence which has been inflicted upon the articulation; and in such cases we have the same train too of morbid changes ensuing in the joint tissues as those already sketched out. It is in these examples that the surgeon has not unfrequently been scandalised for want of professional acumen in failing to detect and determine the exact nature and extent of the mischief; and after a time, when the patient leaves his bed and moves about, it is found that the lower limb, for example, is shortened, and the foot more or less everted, in consequence of a blow which has fallen upon the trochanter major, but which at the time produced no further violence than a contusion, though resulting in the establishment of chronic rheumatic arthritis of the hip. A fracture within or near the capsular ligament is presumed to



have happened and been overlooked; and when death occurs an examination of the upper end of the femur shows the neck of the bone more or less absorbed, the head sunken and resting on the trochanter major, with irregular and exuberant bony growth around the supposed site of the cervical fracture; and in a word the specimen is said to prove the ignorance of the surgeon in not detecting the mischief, and the skill of nature in repairing it. Such false deductions, however, will not be drawn by those who are conversant with the morbid anatomy of chronic rheumatic arthritis. The case of Mr Mathews, the comedian, was given at length, and the error described which Mr Snow Harris had fallen into when he presented to the Medical Section of the British Association, in 1836, the upper part of the thigh bone from this patient as an example of long union of an intra-capsular fracture. The real bearings of the specimen had been pointed out to the satisfaction of Mr Harris and the meeting by Mr Adams, of Dublin, and the instance proved to be one of the morbid character above mentioned. How fully conversant ought we to be with facts such as these; for, a person who had been for some time labouring under this affection of the hip-joint may fall, strike the part, and when submitted to examination, be pronounced upon as having fractured the cervix femoris within the capsule, and the opinion be grounded upon such facts as a shortened limb, everted foot, increased pain in the sedentary posture, articular crepits on rotation, advanced age, and the slight cause producing the symptoms, &c. I need not dwell upon the surgically-inflicted misery which the unhappy victim of rheumatism may have to succumb to in the absence of a knowledge of the complaint under which he really labours. In respect to the shoulder-joint, errors had very commonly been committed; and the post-mortem appearances of chronic rheumatic arthritis had commonly been attributed to the result of violence which had caused a rupture of the articular portion of the long bicipital tendon, and allowed thereby of an upward dislocation of the humerus. The names of those by whom such mistakes had been committed were mentioned, and the morbid anatomy of the rheumatic complaint, when implicating this joint, fully explained, in proof of the position advanced by the author of the paper. Lastly, the cases of dislocated toes which were exhibited by Mr Coulson to the Medical Society in 1850, were demonstrated from the fac-simile specimens then before the Fellows, to be instances of this rheumatic affection. The above observations will tend to show that the present subject is one which will yet bear a little more consideration at the hands of the surgical section of our profession than it has generally received. The principles upon which the treatment should be conducted were explained, and those internal medicines and local applications described which should be employed; and, in conclusion, it was stated that the present subject had been brought under the consideration of the Fellows by the author, as one which he believed might, with profit, engage their attention; one which presents so many features of high interest both to the surgeon and physician; and one which, from its frequent occurrence, its intractable and painful nature, its implication of the young, the adult, and the aged; its slow and stealthy, but certain and destructive encroachments, might well urge them to discuss its nature and progress, and tax their skill for its relief and cure. In the discussion which ensued,

Mr PILCHER remarked upon the frequency with which the morbid appearances described by Mr Canton were found in the dissecting-room; he believed that they were not due to inflammation, and doubted their rheumatic origin.

To this it was replied that those were the very subjects in whom such a disease would be most likely to occur; persons who had been badly clothed, ill fed, and exposed to atmospheric vicissitudes; persons who had been for some time the miserable habitants of poor-houses. With respect to the rheumatic nature of the affection, the term employed was that generally applied, and had been retained in consideration of the symptoms being perhaps more allied to chronic rheumatism than to any other known affection.

Mr CANTON had not elicited from the Fellows a better

title upon better grounds. With regard to the complaint being unaccompanied by inflammation, that had already been stated in the paper.

Dr OGIER WARD inquired whether there were deposits in these joints similar to those occurring in gout? and the author replied that the lithates characterised the latter, and the phosphates the former.

Dr FULLER, in coinciding with the description of the disease given by the author, and the principles upon which the treatment should be founded, believed the original source of the evil to be mal-assimilation, which resulted in imperfect nutrition, of which latter condition the joints presented examples.

Mr R. HARRISON believed that, in the case of Mr Matthews, intra-capsular fracture took place, and that a section of the bone ought to have been made, which would have determined the point.

In reply, it was stated that the bone was bisected when presented to the Association. This had already been so stated in the paper; and, moreover, that the internal appearances were in strict accordance with the view of Mr Adams as to the real nature of the specimen.

Mr ROBINSON believed that Mr Canton's views of the nature of the disease he had described were correct, and stated that a rheumatic diathesis might equally prevail in which the phosphates were superabundantly formed, as in the more common variety of the affections where an acid character of excretion prevailed.

Dr DANIEL, from his experience at the Bath Hospital, could corroborate the remark of a previous speaker (Dr Fuller), who had stated that the most intractable cases of chronic rheumatism were those in which the system had been extensively drugged by mercury and colchicum.

After a few remarks from Dr CAMPS the meeting adjourned.

## Medical Reform.

### THE COLLEGE OF PHYSICIANS.

The following letter has been received by Dr Hawkins, the Registrar of the Royal College of Physicians, from the secretary of the Chancellor of the Exchequer:

"Downing street, May 5, 1853.

"SIR,—The extreme pressure of public business, which has lately engrossed the attention and entire time of all those connected with this department, has occasioned the delay which has occurred in the acknowledgment of the representation which, on behalf of the Royal College of Physicians, you submitted to the notice of the Chancellor of the Exchequer.

"I am directed by him to assure you that he will not fail to investigate and give his careful attention to the subject of the stamp duties now imposed upon the licences and diplomas of the College of Physicians.

"I have the honour to be, &c. &c. &c.

"FRANCIS LAWLEY."

### INTERVIEW WITH LORD ABERDEEN.

On Thursday a deputation of the Provincial Medical and Surgical Association had an interview with Lord Aberdeen at his official residence in Downing street. The deputation was accompanied by Lord Beauchamp, Mr Cowan, M.P., and Mr Ricardo, M.P., and consisted of Sir Charles Hastings, Dr Robertson, Northampton; Mr Peploe Cartwright, Oswestry; Dr Webster, Dulwich; Mr Stedman, Guildford; Mr Bottomley, Croydon; Mr Nunneley, Leeds; Mr Wakley, &c., &c. His lordship received the deputation very politely.

Sir C. Hastings addressed the Prime Minister, and said that the deputation represented an association which numbered nearly 2000 members. The association had long observed the unsettled and unsatisfactory state of the profession, and had been trying for twenty years past to



remedy the evils under which it laboured. The Association had agreed on certain principles, such as uniformity of qualification, equal rights and privileges to medical practitioners throughout the kingdom, &c. These had been embodied in a Bill, and he trusted that, as the profession generally concurred in its provisions, it would be taken up as a Government measure and carried during the present session. The support it had received both in England and Scotland had been unparalleled. The Bill represented the views of the Association, but they would not object to any alteration in it which the Government might think desirable, provided the principles of the Bill were not altered. A deputation had lately waited on Lord Palmerston, who had since communicated with the Association, and stated that he thought a bill might be carried through Parliament during the present session. Sir C. Hastings appealed strongly to his lordship for his support of the measure, and his assistance in carrying it through Parliament, immediately; for agitation throughout the profession would certainly go on if some measure of reform was not passed.

Mr HASTINGS handed the bill to Lord Aberdeen, with some remarks on it, from the College of Physicians of England, respecting the registration of physicians, &c.

Lord ABERDEEN said, "As far as I understand the object of the bill nothing can appear more just and wise. I do not know what professional objections may be urged against it, but as far as I understand it I entirely concur in its principles. I do not know what difficulties may arise; and as, when you requested the interview, you did not specify the object you had in view, I cannot enter into particulars; but I may say that, generally speaking, I agree with the principles of the bill."

Mr WAKLEY remarked, that if his lordship agreed with the principles of the bill, it would, he believed, under the influence of the present powerful government, soon pass into law. He suggested the propriety of its being introduced first into the House of Lords, and begged that his lordship would consult with Lord Palmerston on that step. It was essential that the bill should be carried this session; and, looking at the state of business in the House of Commons, he feared that if it were first introduced there it could not be got through that house sufficiently early to become a law in the present session of parliament. He enforced the propriety of such a measure, relating to science, originating in the Lords; and urgently requested his lordship to make it a government measure. As had been said, there was a general harmony of opinion in the profession regarding the present bill; and acting upon the suggestion of those members of former governments who had taken an interest in the question, the deputation had great satisfaction in now coming before a minister of the Crown fortified by such unanimity. He ought to observe that, like the members of the present Government, the deputation had sunk their differences for the attainment of the public good; and it might be truly stated that the present appeal was from a coalition deputation to a coalition ministry.

Mr COWAN spoke of the great unanimity which prevailed in Scotland respecting the measure, and begged his Lordship to give every possible assistance in carrying it through Parliament during the present session. He had spoken to Lord John Russell and Lord Palmerston on the subject, and he had reason to think that if it had not been for the pressure of the public business the bill would have been by this time introduced into the House of Commons.

Mr NUNNELEY spoke of the importance of having some means of distinguishing the qualified members of the profession from those who falsely assumed medical titles. Impositors, by acting as medical practitioners, brought disgrace on the whole body. Registration would do much to remedy this evil.

Lord ABERDEEN did not know that the passing of the bill by the House of Lords would be any recommendation to it in the other House of Parliament. He could only say that as far as he was concerned the bill should not only have his attention but his favourable consideration. It should have every possible assistance from him.

The deputation then withdrew.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

MR SYME AND THE CENTRAL COUNCIL.

At a meeting of the Central Council, held at Worcester, on the 30th April, was read the following letter from Mr Syme, of Edinburgh:

"Edinburgh, April 22, 1853.

"SIR,—I beg to direct your attention to the 158th page of the 19th volume of the 'Transactions of the Association' just published. As it is impossible for me to remain connected with a body which could tolerate such a statement or sanction its publication, I must desire my name to be withdrawn from the list of associates. I am, &c.,

"JAMES SYME.

"To the President."

It was then resolved, "That this Council receive with regret the resignation of Mr Syme; but at the same time they beg to impress upon him that the passage complained of in the address was read at the anniversary meeting by Mr Hester; and that, therefore, this Council have had no choice but to carry out the instructions of their superior body, viz., the members assembled in general meeting."

JAMES P. SHEPPARD,

April 30, 1853.

Secretary to the Association.

## ANNUAL MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The members and friends of the Provincial Medical and Surgical Association are informed that the Twenty-first Anniversary Meeting of the Association will be held at Swansea on Wednesday, the 10th, and Thursday, the 11th of August next.

Full particulars will be forwarded to the editor for publication in an early number of the journal.

JAMES P. SHEPPARD,

May 7, 1853.

Secretary to the Association.

## METROPOLITAN COUNTIES BRANCH.

A meeting of this branch was held on Tuesday, the 10th instant, at 4, P.M., at 37 Great Queen street, Lincoln's Inn Fields. It was summoned by the Council, to consider Dr Cormack's proposal to hold quarterly meetings of the branch, and also for the consideration of general business.

### Medical Reform.

Dr SEMPLE thought it very necessary that members of the Association should take part in matters of importance connected with the profession. At the present moment two measures were under consideration by the ministry, both of which affected very materially the interests of all practitioners of medicine and surgery. The first was the proposed new charter of the Royal College of Physicians, and the second was the Medical Reform Bill proposed by the Association. But the Association is more particularly interested in the bill of medical reform brought forward by itself. Admitting, as he (Dr Semple) did, the necessity for some measure of medical reform at the present crisis, he thought that there might be some parts of the bill liable to objection; and, at any rate, that its provisions should be open to discussion. A draft bill was drawn up last year, and it was generally understood that some modifications had lately been introduced; but the nature of these modifications has not yet transpired. It was also necessary that public meetings should be held, and that the views of the members of the Association, and of the profession generally, should be clearly understood. It was quite possible that some such meetings had taken place, but he (Dr S.) had not heard of them, with the exception of one of the South Western Branch, an account of which was printed in the 'Association Journal' and 'Medical Times' of last week. That branch had expressed some strong objections to the bill. Believing that something must be done, but that at the same time we should guard against hasty and rash legisla-



tion, he thought that the appointment of a committee, to watch the progress of the reform question in general, would be the means of putting the Association in possession of every important step which might be taken by the government or by the Houses of Parliament, and also of inviting an expression of opinion, both individually and collectively, on the part of the members of the Association, as well as of other members of the medical profession. He moved the following resolution: "That a committee be appointed to watch the progress of the medical reform question in the Houses of Parliament; to communicate with the Reform Committee of the Parent Association, and with other medical reform committees; and to report its proceedings to this branch."

Dr GEORGE WEBSTER seconded the motion. He thought that the more the bill was discussed the better. He concurred in the suggestion of communicating with other committees, and he thought that the committee of the South Western branch ought to be invited to meet the committee of this branch or to correspond with it. He would remind the meeting that the subject is involved in immense difficulties. It is not as if they were legislating for the profession *de novo*: they were obliged to purchase the support of powerful interests by making concessions; and he felt assured that any one who had had any experience of the difficult negotiations which a settlement of this question involved, would pause before they blamed the committee for in one or two points sanctioning what was not intrinsically best.

Mr HASTINGS gave a history of the present position of the reform question. He would reply to two statements made by Dr Semple. In the first place, Dr S. had stated that meetings of the branches had not been held. Now, every one of the branches had met and discussed the bill, and all except one had reported in its favour. The subject had also been brought forward at the last general meeting of the Association at Oxford. So that, so far from the bill not having been discussed, it had been extensively discussed. Secondly, Dr Semple had said that very little had been done by the committee since the draft bill was published in November 1852. This was a mistake. The committee had exerted themselves in various ways—by correspondence with various bodies, and by deputations to the Scottish Colleges; in fact, they had done everything which they could with the view of rendering the bill acceptable to the corporate bodies and to the mass of the profession. He did not, therefore, think that the committee could be reproached with having been idle.

With regard to the present state of the bill, it had been found impossible for the committee so to alter it as to meet the wants of all concerned within any reasonable time; and under these circumstances, it had been thought best to give it into the hands of Lord Palmerston in its existing condition, as it was published in the 'Provincial Medical and Surgical Journal' for 10th November, reporting to him such alterations as might be from time to time suggested by the colleges and the profession. Lord Palmerston had expressed himself impressed with the importance of the subject; but he had since stated to Mr Hastings that he had not time, being much occupied with Irish and other important parliamentary business, to give proper attention to it. He (Lord Palmerston) was willing that a deputation should wait upon Lord Aberdeen, and ask him to introduce the bill into the House of Lords, which was less occupied than the House of Commons. If introduced there, the bill would be discussed and sent down to the Commons in a state which would probably give them very little trouble. He (Mr Hastings) had written to Lord Aberdeen, requesting him to fix a day for receiving a deputation; and his lordship had fixed Thursday, May 12, at two p.m., for that purpose.

He agreed with the remarks of Dr Webster, that the Association was in a different position from having to legislate *de novo*. The question was, whether the profession would accept a compromise. A bill opposed by all the corporate bodies could certainly not pass. But the present bill was supported by the College of Physicians; and this Mr Hastings stated, notwithstanding assertions made to the

contrary, on the faith of a letter which he had received from Dr F. Hawkins, the Registrar of the College. The College of Surgeons had not acted so cordially: it evidently did not wish for any reform measure; but he did not think that parliament could throw over a bill which, though it did not meet all the views of the Council of the College of Surgeons, still proposed nothing injurious to it, and was acceptable to the mass of the profession.

It had been stated that the bill did not provide for the general practitioner. It did all that can be fairly asked for. When the bill became law, every one, even though only possessing the license of the Society of Apothecaries, would be entitled to be registered as a surgeon. Again, in future, every person admitted under the new act would be a member either of the College of Surgeons or of the College of Physicians; and this would do away with any third grade—which, he believed, had been desired by the Association. The bill abolished a third grade, merely retaining the distinction between physicians and surgeons. With regard to education also: all members of the profession will have to enter through the same portal. Here again the system of equality is recognised; and the *status* of the general practitioner is raised.

In the formation of the Council, he allowed that there were points to which objections might be raised, and in which improvements might be introduced. It had been objected that the Council was to be formed of the Regius Professors of Medicine in the Universities of Oxford and Cambridge, a member designated by the Senate of the University of London, the Presidents of the Royal Colleges of Surgeons and of Physicians of England, five physicians to be chosen by the College of Physicians, five Surgeons to be chosen by the College of Surgeons, and of six other members, who may or may not be general practitioners. It would not be possible to place more members of this class on the Council; and he thought that the plan which had been proposed, of electing members of the Council by the whole profession could not be adopted. It might work well for a year or two, but would ultimately lead to cliqueism and other evil consequences. The committee thought that, as a compromise between the two systems, the Secretary of State should nominate the Council.

A great difficulty in all attempts at medical legislation had hitherto been the presence of clashing interests. Until the present occasion, he believed that England and Scotland had differed on the subject of medical reform. The Scottish bodies now propose to have, instead of a separate Council for each division of the kingdom, a single Council for all; and that their examiners should be chosen from the Colleges of Physicians and of Surgeons in Edinburgh, and the Faculty of Physicians and Surgeons in Glasgow; and that practitioners should be registered on passing the examination of the Board thus appointed.

The Colleges of Physicians and of Surgeons in Edinburgh had deputed their Presidents to attend the deputation which waited upon Lord Palmerston, and to express their concurrence in the bill. The Faculty of Physicians and Surgeons in Glasgow at first opposed the bill; but that opposition had now ceased. In Ireland there had been no objections raised: he did not therefore expect much opposition from that quarter.

In order that the bill should pass, an united effort on the part of the profession was necessary, and he hoped that the recommendation to petition, contained in the Journal of last week, would be extensively acted upon.

In reply to an observation from Mr BOWLING,

Mr HASTINGS said that the College of Surgeons had objected to the measure because the examiners to be appointed by the Bill would examine in surgery. They wished that all candidates should present themselves both before the College of Physicians and the College of Surgeons. He had, however, heard that the College of Surgeons would not object to a Board appointed jointly by the two Colleges.

Mr BOWLING said that Mr Hastings had not referred to the Society of Apothecaries; and he was anxious to know if the Committee had had any communications with them. It was of no small importance to know the sentiments of so influential a body.



Mr HASTINGS said that he had sent different communications to the Society of Apothecaries; but he had not received from them in reply any expression of opinion as to the bill.

Dr HALLEY said that the Society of Apothecaries had always expressed a willingness to give up their rights whenever they should be called upon to do so.

Mr BOWLING said—yes, but only upon certain conditions; and they would never do so voluntarily, unless some machinery were provided that would equally, or to a greater extent, maintain the high standard of education of the general practitioners. He wished to ask Mr Hastings whether the six practitioners on the Council were to be general practitioners?

Mr HASTINGS said that the term employed was, “medical practitioners.”

Dr WEBSTER said, this was a point upon which there had been a good deal of discussion; and he thought it had been understood that the six practitioners were to be general practitioners. He would like to see a Council elected by the profession at large; but if that could not be obtained, he would much prefer that the Council was nominated by the government than by the medical corporations.

Mr BOWLING said that there were various points of difficulty, and one of them was the registration as surgeons of persons who were only licentiates of the Apothecaries' Society.

Dr O'CONNOR was convinced that the examination at Apothecaries' Hall was more conducive to public safety than that at the Royal College of Surgeons. The examination of the College was no test of fitness for the discharge of any duty connected with the profession. A slight examination in surgery and anatomy was no protection to the public. The object of the College of Surgeons appeared to be to form two distinct classes; the one a superior grade, the consulting surgeons; the other an inferior grade, men to make and find work for the superior. Mr South had told a candidate, that in a case of hernia it would be his duty, not to operate himself, but to send for a hospital surgeon.

Mr RICHARDSON said that if the Branches had discussed the medical reform question, he had seen no reports of the proceedings. No such reports had appeared in the ‘Association Journal,’ or in the other medical periodicals.

Dr WEBSTER. You will find reports of many discussions in the Journal of last year.

Mr RICHARDSON said that might be quite true; but since these discussions had taken place a new bill had been brought forward; and, excepting the discussion reported in the Journal of last week of the proceedings at the meeting of the South Western branch, he had not seen a report of any Branch meeting at which the bill now in the hands of Lord Palmerston had been considered. He much feared that the promoters of this bill were too impatiently bent on pushing it through parliament; for he knew that in many parts of the country the principles of the bill were not comprehended; nor was there an adequate sense entertained of the numerous changes which would be effected on medical practice, should it become law. He thought that the best thing that could happen to the profession, would be a refusal on the part of Lord Aberdeen to proceed with the measure during the present session of parliament. So far as he understood the bill, its tendency would not be to elevate, but to degrade the general practitioners.

After some words from Dr CORMACK,

Dr SEMPLE's motion was put and carried.

Dr SEMPLE then moved, that the following gentlemen be appointed members of the Committee, with powers to increase their number to twenty-five:—

The President; the Secretary; Henry Ancell, Esq., 3 Norfolk crescent; J. Risdon Bennett, M.D., 15 Finsbury square; T. Snow Beek, M.D., Langham place; John Bowling, Esq., Hammersmith; Charles T. Carter, Esq., Hadley; T. Charles, Esq., Holborn; William Collins, Esq., Harlow, Essex; J. R. Cormack, M.D., Putney; R. P. Cotton, M.D., Clarges street, Piccadilly; John Davies, M.D., Hertford; Patrick Fraser, M.D., Guildford street; Alexander Henry, M.D., Alfred street, Bedford square; C. F. J. Lord, Esq., Hampstead; William O'Connor, M.D., George street, Port-

man square; B. W. Richardson, Esq., Mortlake; C. Shillito, Esq., Putney; F. Sibson, M.D., Brook street, Hanover square.

Dr FRASER seconded the motion; and in doing so proposed that Dr Semple's name should be added to the list; and that he should be Chairman of the Committee.

Dr O'CONNOR moved, “That the Committee now appointed be empowered to call a general meeting of the members of the Branch, when they think it expedient, to report the result of their labours.”

Mr CHARLES seconded the motion.

The PRESIDENT had some doubts as to such a motion being in order; but after some discussion, it was put, and unanimously carried.

On the motion of Dr CORMACK, a form of petition to the House of Commons, against the Vaccination Bill, was unanimously carried.

## Medical Notes and Queries.

### QUERY.

CHLOROFORM.—The following remarks from the pen of Dr Klein Grant occur at page 1,386 (Supplement) of the eighth edition of ‘Hooper's Medical Dictionary’:—“Chloroform has recently been much used, on a similar principle to the vapour of sulphuric ether, for deadening sensibility during surgical operations, so as to render them free from pain.” . . . . “With respect to this practice, the remarks hold good which have already been made with respect to sulphuric ether, with this addition, that *the chloroform seems to be a more deleterious and unmanageable agent, and has, in some cases, produced serious and even fatal effects.*” The perusal of this expression of opinion by the above authority, together with the recent death from chloroform in one of the London Hospitals, raised the question in my mind as to the relative safety of ether and chloroform when employed for the purpose above referred to. Certain cases which had come under my notice made me at first fall into Dr K. G.'s opinion, but afterwards, I regarded my experience of too limited a character, and therefore determined to suspend coming to any conclusion for a time. Several surgeons to whom I have addressed the question have expressed themselves in favour of chloroform, but were unable to furnish the data for such a conclusion. Could any of your numerous readers furnish a correct return of a large number of cases treated with both these agents, with the relative per cent. of those which exhibited unpleasant symptoms, or which were fatal. Also the number of all the fatal cases recorded. I believe there were at least nine deaths reputed within a few months after the introduction of ether as an anæsthetic agent, which caused undue prejudice to be taken against it, and in favour of chloroform, by many practitioners. Might not these fatal cases in part be attributed to the indiscriminate use of the ether before proper experience and observation had determined the best mode of its employment, the peculiar temperaments to which it would be unsuitable, and other particulars of a collateral description? The not unfrequent occurrence of death from the use of chloroform will, I hope, give some interest to this question.

AROTES.

THE JACKSONIAN AND TRIENNIAL PRIZES.—The following are the subjects of the Jacksonian prizes for the present and the ensuing year—viz., ‘Diseases of the Testis and its Coverings, and their Treatment;’ and ‘The General and Microscopic Characters of Sarcomatous Tumours, with their Treatment and its Results.’ The following is the subject of the Collegial Triennial prize—viz., ‘The Structure and Functions of the Ganglionic Systems of Nerves, Human and Comparative.’

STUDENTSHIPS OF THE COLLEGE.—The certificates of the candidates for the studentship in human and comparative anatomy will not be received after the 31st inst.



## Our Note Book.

*Crystals of Hæmatoidin in the Bloody Fluid of a Tumour.* By Dr BACON.

In the bloody fluid obtained by puncturing a large cancerous tumour with an exploring needle, the author observed cancerous elements, blood-discs, and rhombic crystals, of a fine transparent crimson and ruby-red colour. No chemical reactions were observed. In a few hours the crystals had entirely disappeared. The author considered them the hæmatoidin-crystals of Virchow.—*'American Journal of Medical Science,'* Oct. 1852.

Some little confusion seems likely to arise, unless care be taken, about these crystals. The hæmatoid-crystals of Virchow are broadly distinguished by their extreme stability and their comparative indifference to reagents. The crystals described above are evidently similar to those noted by Funke in the splenic blood of the horse, and afterwards, and almost simultaneously, by Kunde, Funke, and Parkes, in human blood. These crystals are of another order, and are distinguished by their extreme destructibility.—Editor of *'The Medico-Chirurgical Review.'*

## Obituary.

May 2.—GEORGE GOLDIE, M.D., (late of York), at Sheffield, aged sixty-nine.

3.—JOHN SCOTT, M.D. Edin., 1819; F.R.C.S. Edin.; at his residence, 4 Rutland street, Edinburgh. Dr Scott held the office of Physician to the Queen for Scotland; was a Fellow of the Royal College of Physicians, and of the Royal Society of Edinburgh. He contributed several papers to the Medical Journals on different subjects; and articles to the "Cyclopædia of Practical Medicine" on "Beriberi," "Elephantiasis," &c.

8.—WILLIAM BAKER YOUNG, Esq., Assistant-Surgeon to the 73rd Regiment, at the residence of his brother, 1 South place, Camberwell Grove. The deceased was a son of the late David Young, Esq., of Cornhill, Aberdeen, and at the time of his death was thirty-six years of age.

8.—WILLIAM RICHARD BIRCH, Esq., at the residence of his brother-in-law, Frederick Wood, Esq., of St Bartholomew's Hospital, aged twenty. Mr Birch, who was a student of the Hospital, and much esteemed by his fellow-students for his talents and kindness of disposition, expired last Sunday week at half-past eleven, a.m., of typhus fever, accompanied with the usual maculated rash, after only a few days' illness. We hear that another of the students is severely ill of the same disease, which has prevailed of late to a greater degree than usual, and has caused a considerable influx of patients into the wards. Both gentlemen were holding the appointment of clinical clerk.

11.—WILLIAM FLETCHER, Esq., at his residence, Wellington parade, Gloucester, of paroxysmal apoplexy. Mr Fletcher was a Fellow of the College, and for many years was surgeon to the Gloucester County Hospital, taking the lead as an operator in that institution until his state of health compelled him to retire from his public duties. He was a man of excellent heart and generous disposition, and is universally regretted by a large circle of friends.

CHANCES OF LIFE IN RAILWAY TRAVELLING.—In a paper by Mr Neison, read at the last meeting of the Statistical Society, it is shown, that during the years 1844 to 1851, 7,044,469,484 miles had been travelled by passengers, and 176 deaths had happened through accidents from all causes—hence one passenger had been killed for every 40,025,395 miles travelled; and, supposing a person to travel twelve hours per diem at the rate of twenty miles an hour, including stoppages, for each of the 365 days in the year, he would be killed by an accident in 456 years.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 6th inst.:—Jesse Conway Davies, Holywell, Flintshire; Arthur Anthony Harris, Wardington, Oxon; Charles Hemming, Kimbolton; Herbert Lloyd, St Mary Bourne; David Mathias, Cardigan; James Ray, Lowestoff; Peter Williams Rolston, Devonport; Philip Warren Southerland, Hon. East India Company's Service; Henry Toussaint, Ceylon; Edward Snell Wallis, Dublin; George Alder Watson, Scarborough.

NEW FELLOWS.—The following gentlemen having undergone the necessary examinations, were admitted Fellows of the College at the meeting of the Council on the 12th inst.:—James Penn Harris, Clarence street, Liverpool, diploma of membership dated May 3, 1841; Samuel Belton Gwynn, Wem, Salop, Aug. 2, 1844; Richard Barwell, Maddox street, Oct. 6, 1848; Thomas Bryant, Montague place, Clapham road, Aug. 6, 1849; Timothy Holmes, Hamilton terrace, St John's wood, not a member.

LICENTIATES IN MIDWIFERY.—The following Members of the College having undergone the necessary examinations were admitted Licentiates in Midwifery of the Royal College of Surgeons, at the meeting of the Board of Examiners on the 11th inst.:—William Field Bellin, Great Yarmouth, diploma of membership dated July 12, 1852; George Fowler Bodington, Sutton Coldfield, Nov. 9, 1849; John Matthew Butler, Woolwich, Dec. 10, 1852; Thomas Henry Cheate, Burford, Oxon, Oct. 15, 1852; George Connor Cornelius, St George's Villas, Canonbury, July 28, 1835; Thomas Frederick Hale, Petworth, April 1, 1853; Lloyd Herbert, St Mary Bourne, Hants, May 6, 1853; David Matthias, Cardigan, May 6, 1853; John Benson Pritchett, York, March 23, 1853; Henry Joseph Stormont, Wallingford, July 23, 1850; William Walker, Hermitage place, St John street road, July 15, 1836.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practise of medicine and received certificates to practise on Thursday, May 5th, 1853. Thomas Brookes, Whitechurch, Salop; Edward Clapton, Stamford, Lincolnshire; Thomas Frederick Hale, Petworth, Sussex; Joseph Porter, Rotherhithe street.

UNIVERSITY OF GLASGOW.—At the April Graduation at this University the degree of M.D. was conferred on the following gentlemen, who were examined in the various branches of medicine and found duly qualified:—Henry Hancox, England; George H.B.M'Leod, Scotland; Richard Stanistreet, Ireland; John H. West, Ireland; Robert Harmer, England; Connell F. Loughnan, Ireland; James W. Frame, Scotland; Robert Paterson, Scotland; John E. Corbett, Scotland; John M'Culloch, Scotland; James Dick, Scotland; Gilbert Adams, United States of America; Bruce Goff, England; Robert A. Allen, Ireland; John R. Brown, Scotland; Charles D. Campbell, Ireland; Daniel Dewar, Scotland; David Pollock, Ireland; William Stevenson, Scotland; Walter S. D. Yates, India.

UNIVERSITY OF ST ANDREW'S.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them 6th May, 1853:—William Field Bellin, M.R.C.S. and L.A.C., Great Yarmouth; Frederic James Chaldecott, M.R.C.S., Dorking, Surrey; Henry James Collet, M.R.C.S. and L.A.C., Worthing, Sussex; Clarence Cooper, M.R.C.S. and L.A.C., Brentford, Middlesex; Frederic Charles Cory, M.R.C.S. and L.A.C., London; James Davidson, M.R.C.S. Ed., R.N.; José Maria De Mier, M.R.C.S., London; Thomas George Dixon, M.R.C.S. and L.A.C., Northwich, Cheshire; Joseph Ewart, M.R.C.S., Guy's Hospital, London; John Gallagher, M.R.C.S., R.N.; Henry Joseph H. Griesbach, M.R.C.S. and L.A.C., King's College, London; Richard Savill Hanbury, M.R.C.S. and L.A.C., Mirfield, Yorkshire; William Harrison, M.R.C.S. and L.A.C., Yorkshire; Richard Clee Highway, Lic. Fac. Phys. and Surg. Glasg., Shrewsbury; John Hilliard, F.R.C.S. and L.A.C.,



H.E.I.Co.'s Service, Bengal; Thomas James Holmes, M.R.C.P., M.R.C.S., and L.A.C., Lyme Regis, Dorsetshire; Edward Jones, M.R.C.S. and L.A.C., B.A. Paris, Dover, Kent; John Livy, M.R.C.S. and L.A.C., Bolton le Moors; Draper Mackinder, M.R.C.S. and L.A.C., Gainsborough; Henry Montford, M.R.C.S. and L.A.C. I., Douglas, Isle of Man; James Nicholls, M.R.C.S. and L.A.C., St Columb, Cornwall; Andrew Graves Power, M.R.C.S. and L.A.C. I., London; William Henry Rean, M.R.C.S., H.E.I.Co.'s Service, Madras; Alexander C. Ross, M.R.C.S., M.B., Inverness; Hugh James Sanderson, M.R.C.S. and L.A.C., London; Benjamin Simpson, M.R.C.S., B.A. Trin. Coll. Dublin, H.E.I.Co.'s Service, Dublin; John Tibbits, M.R.C.S., Warwick; George Lawson Thomson, M.R.C.S. Ed., Coldstream; Henry Turner, M.R.C.S. I., Clonakilty, Co. Cork; Joseph Haydon Ward, L.A.C., Epsom, Surrey; Heaton Lloyd Williams, M.R.C.S., Denbigh, N. Wales; A. Wynter, London.

UNIVERSITY COLLEGE, LONDON.—The distribution of prizes to the students of the faculty of medicine took place on Saturday, Mr R. Monckton Milnes, M.P., in the chair, supported by Mr Grote, Mr Robinson, Mr Hutton, Mr Goldsmid, Mr Bishop, and several other gentlemen. After the report had been read by the Dean of the Faculty, the following medals and prizes were awarded:—Prize 40*l.* for general proficiency (1852), Mr W. Roberts.—Anatomy and Physiology: Gold medal, G. Buchanan; silver medal, F. G. Clarkson and W. Harris (equal).—Anatomy: Gold medal, F. W. Sayer; first silver, J. D. Scurrah; second silver, W. B. Ramsbotham, jun.; silver, J. G. Blakc.—Chemistry: Gold medal, W. S. Jevons; first silver, F. W. Sayer; second silver, G. Martineau.—Birkbeck Laboratory Students: Gold medal, J. Spencer; silver, W. Melhuish.—Comparative Anatomy: Gold medal, T. Hollingsworth.—Surgery: Gold medal, F. W. Sayer; silver, J. Z. Lawrence and J. Turle (equal).—Medicine: Gold Medal, G. Buchanan; silver, Wilson Fox.—Summer Term.—Botany: Gold medal, J. G. Godfrey; silver, F. W. Sayer.—Pathological Anatomy: Gold medal, W. Roberts; silver, St J. Edwards.—Midwifery: Gold medal, W. Roberts; first silver, R. B. Smart; second silver, T. Hillier.—Ophthalmic Medicine and Surgery: Silver medal, F. W. Sayer.—Medical Jurisprudence: Prize equal, W. Roberts and T. Hillier.—Materia Medica: Gold medal, G. Buchanan; first silver, F. Nesfield; second silver, H. Maudsley.—Fellows' Clinical Medals, 1852: Gold, J. S. Gamgee; silver, T. Hillier—1853: Gold, Wilson Fox; silver, R. B. Smart.

MIDDLESEX HOSPITAL.—DISTRIBUTION OF PRIZES.—On Wednesday last the annual distribution of prizes to the students in the various departments of this hospital took place in the New Museum. The Bishop of Oxford presided, and awarded the prizes according to the following order:—Medicine: (Dr Crawford and Dr Thompson.) Prize, Mr Joseph Burn, London; Certificate, Mr Edward Vernon, London; Mr William Lucy, London.—Surgery: (Mr Shaw.) Prize, Mr Henry Cooper Rose, Canterbury; Certificate, Mr Robert Hall Bakewell, Waltham Abbey.—Physiology: (Mr De Morgan.) 1st Prize, Mr Robert Hall Bakewell, Waltham Abbey; 2nd Prize, Mr Horatio Edsall, Truro. Certificate, Mr Joseph Burn, London.—Anatomy: (Mr Moore.) Prize, Mr Henry Cooper Rose, Canterbury. Certificate, Mr Edwin Stephens Collins, Sherborne; Mr Charles Hemming, Kimbolton; Mr Lewis Stanhope Bruce, Twickenham; Mr Robert Hall Bakewell, Waltham Abbey; Mr Lloyd Herbert, St Mary Bourne.—Practical Anatomy: (Mr Nunn and Dr Van der Byl.) Prize: Mr Lewis Stanhope Bruce, Twickenham. Certificate, Mr Henry Cooper Rose, Canterbury; Mr Robert Hall Bakewell, Waltham Abbey. *Æq.*: Mr Lloyd Herbert, St Mary Bourne; Mr Charles Hemming, Kimbolton; Mr Henry Frederick Marley, London; Mr Joshua Plaskett, Louth.—Chemistry: (Mr Taylor and Mr Heisch.) Prize, Mr Francis Winter Clerk, London. Certificate, Mr Horatio Edsall, Truro.—Practical Chemistry: Prize, Mr Charles Hemming, Kimbolton.—Midwifery: (Dr Frere.) Prize, Mr Lloyd Herbert, St Mary Bourne. Certificate, Mr Henry Frederick Marley, London; Mr William Deamer, London. Materia Medica: (Dr

Stewart.) 1st Prize, Mr William Deamer, London; 2nd Prize, Mr Henry Stear, Cambridge.—Forensic Medicine: (Dr Goodfellow.) 1st Prize, Mr William Lucy, London; 2nd Prize, Mr Edward Vernon, London. Certificate, Mr Charles Hemming, Kimbolton. Prize for Weekly Examinations, Mr Henry Cooper Rose, Canterbury.—Botany: (Mr Bentley.) Prize, Mr Chambre R. C. Vigurs, Truro. Certificate, Mr Lewis Stanhope Bruce, Twickenham; Mr Joseph Burn, London. Prize in Clinical Medicine: Mr Thomas Dixon, Bedford.—Prize in Clinical Surgery: 1st Prize, Mr Henry Cooper Rose, Canterbury; 2nd Prize, Mr Edward Vernon, London.—Treasurer's Prize: Mr Henry Cooper Rose, Canterbury.—General Certificates: Messrs Robert Hall Bakewell, Lewis Stanhope Bruce, Joseph Burn, Francis Winter Clarke, William Deamer, Horatio Edsall, Charles Gray, Lloyd Herbert, John Husband, David King, David Mathias, Joshua Plaskett, Arthur Prince, William Birket Procter, Henry Cooper Rose, Henry Stear, Edward Vernon, Chambre R. C. Vigurs.

MEDICAL BENEVOLENT FUND.—At the last monthly meeting of the Committee two new annuitants were elected at 15*l.* a-year. Cases:—1. A general Practitioner in the north of England in great distress, voted 5*l.* 2. The father of the family is insane, and his children, eleven in number, are reduced to very straitened circumstances,—voted 10*l.* to be placed in the hands of a judicious friend, so that it may be applied as circumstances indicate. 3. A literary medical man, in the country, well known and highly esteemed, reduced to the greatest distress and privation, and having a large family, voted 15*l.* 4. A young man, an assistant, with a very high character, who is obliged to leave his situation, and make a voyage to a milder climate, voted 10*l.* 5. An aged medical man, of high character, in reduced circumstances, requiring aid to enable him to carry on the battle of life, voted 5*l.* 6. The widow of a highly respectable medical man in the country, with a very large family, five of whom are entirely dependent upon her, and her own health not being good, voted 10*l.* Several other cases were discussed and dismissed.

MEDICAL BENEVOLENT COLLEGE.—The first festival of this Institution was held on Wednesday evening, at the Freemasons' Tavern. The chair was filled by Earl Manvers, supported by the Bishop of St David's, Mr Freshfield, M.P., Mr Pownall, Sir Charles Mansfield Clarke, Dr Conolly, Dr Locock, Dr Forbes, and a large number of practitioners, from the metropolis and the provinces. The usual loyal toasts having been drunk, the noble Chairman proposed the "Medical Benevolent College and its Founder, Mr Propert," which was received with enthusiastic applause. Mr Propert, after returning thanks, read to the company the list of subscriptions, which, including several large donations, amounted to nearly 7,000*l.* The Earl Manvers retired about eleven o'clock, when Sir C. M. Clarke was called to the chair, and the festivities were prolonged to a late hour. Nearly 250 gentlemen sat down to dinner.

PALE ALE.—The merits of this beverage must be now pretty tolerably known to the profession and the public, and after the controversy of last year, and the many testimonials furnished by learned doctors and chemists as to the purity and tonic qualities of pale ale, those who are disposed to drink it may venture to do so without fear that the peculiar flavour appertaining to it is produced by that deadly poison *strychnine*. Pale ale, however, like the numerous other ales, may, and often does, vary in quality; and as all who have been in the habit of ordering it by the dozen can testify, *very materially in quantity*. This latter point, indeed, has recently elicited some pretty strong complaints from different writers in the daily journals. We make these remarks *apropos* of certain bottles of Bass' and Allsopp's pale ale submitted to us by the Messrs Earle, of Duncannon street, with particular reference to the two points above stated; and in justice to those gentlemen, we feel it our duty to state, that the two important *desiderata* of high quality and proper quantity, *i.e.* imperial measure, are combined in the samples before us.



## Notices to Correspondents.

\*.—We should lay ourselves open to the charge of ingratitude, were we not to acknowledge with thanks, the complimentary remarks which so frequently reach us in the communications addressed to us in our editorial capacity. From Boulogne, we hear the 'Circular' progresses in interest and importance every new number.

From Stowmarket: "I cannot express to you the pleasure I take in reading your admirable little publication; its honesty and fearless independence ought to win for it universal support."

A City Surgeon tells us: "Mons. D—, an eminent French surgeon who reads all the English periodicals, gives the 'Circular' the preference, and declares it to be far more useful to him than any other journal.

From Birmingham, we hear: "The biographical sketches are equal to anything ever written by Dickens. I do not wonder at the success of the 'Circular.'"

A Subscriber to the 'Lancet' writes: "I take in the 'Lancet' and the 'Circular,' but I find I only read the latter; the leaves of the 'Lancet' are positively uncut."

Another writes: "I have given up the 'Lancet' and now take the 'Circular,' by which I gain 17s. 4d. per annum, much pleasant and useful reading, and a great deal of valuable time. For all this, accept my best thanks."

From Norwich: "In a few brief months you have accomplished more than other periodicals in as many years, and, moreover, you have achieved it in an honourable manner, treating the profession as gentlemen, thus meriting the success you have attained. Go on, and prosper."

Yes, "Onwards" is our motto. We shall exert ourselves to win the patronage and good-will of every practitioner, so that we may continue to receive the flattering testimonials of which we have here given but a tithe of those that have reached us.

A WAKEFUL STUDENT.—The correspondence on the subject of your last note must terminate. Nothing is likely to be elicited more conclusive than that already published; and it would be therefore merely waste of space to occupy our columns with a discussion on irrelevant matters. A reply is not needed, as there is really nothing to answer.

DR THOMSON.—Your last communication has been received.

MR J. JONES.—Enough has been said about old Parr and his will either to instruct or amuse.

MR ROBERT B. CARTER.—Anything that appears in the book in question is undeserving of public notice. The weekly print destroyed the authority of the work by its observations on the case of Currie and Cunningham in its last number.

A YOUNG SURGEON.—Fergusson's is the best.

M.R.C.S.—There is no discredit attaching to the dispensing of medicines. We are aware that Irish surgeons were once too pure to endure the taint; but many among them are now learning to accommodate themselves to the wants of a middle-class population. In this country the practice is universal, and can never, we believe, be broken down. Many arguments might be offered in favour of the practice: but we do not approve of charging for drugs; which is altogether a different thing. This is trading in drugs. You will not lose caste by dispensing the medicines you have prescribed for your own patients. Some people are too fastidious for this world, and would almost decline to drink a cup of water lest they should commit murder by swallowing the animalcule.

NOLENS AND VOLENS.—There are several scholarships founded at the Charing-cross School of Medicine, and with proper recommendations you might possibly procure one. There is at the present time a considerable number of students receiving their education gratuitously at that excellent institution. The sons of medical men have the preference, and in our opinion the boon should be confined to them, as otherwise the easy introduction which a gratuitous education would afford, of a large number of needy persons to the profession, would tend to lower its status and respectability. We hope you will succeed in your object.

AMICUS.—We cannot insert poetry, unless very good, brief, and witty,—and the less of that, the better. Yours is waiting for you at the office. Take it home, excise the rhymes and decapitate the points,—and it might possibly make decent blank verse.

MR MITCHELL.—The Liverpool Infirmary and the Birmingham General Hospital are about the same size, each containing rather more than two hundred beds. To the former there is a Lunatic Asylum attached with seventy-two beds. The Queen's Hospital at Birmingham has only one hundred and twenty beds: but its medical officers are men of good reputation. A diligent student will have ample opportunities for study at either institution.

J.B.W.—Yes. The licence is received at St Andrew's.

ENQUIRER.—The coroner can dispense with medical evidence at his discretion. If he have not done his duty in your case, represent the circumstances to him again, or write to the Home Secretary.

O.P.Q.—We do not know. The communication is unsuitable.

MEDICUS.—Send us the whole of the manuscript and we will decide.

A COUNTRY SURGEON.—Liston's long splint is the best. You could make it for yourself with the aid of the carpenter of your village. It is exceedingly simple.

ACCOCHEUR.—The age at which women lose the power of conception has not been strictly determined. There is nothing improbable in your statement.

INVESTIGATOR.—Your remarks upon our observations on the cowpock in pigs are not applicable, as indeed you admit. M. Bonchardat once read a statistical paper before the French Academy to show that men and pigs always increased in a certain determinate ratio. He said that in Provence, in France, in 1700, there was but one pig, the population being 167, whilst at the time he read his paper there were 486 inhabitants, and there were many pigs. He forgot to consider that all men, except Jews and Mussulmans, are fond of pork, and that therefore nothing is more natural than that pigs and men should increase together in a due ratio. We are not aware whether or not M. Bouchardat's paper was garnished with Mussulman statistics: had it been, perhaps the result would have been different. Statistics, highly valuable as they are when judiciously applied are only a solemn absurdity when treated after the manner of M. Bouchardat.

MR MOFFATT.—We cannot prescribe. Consult any reputable practitioner.

L.S.A.—The degree can be obtained without residence, but not without examination.

\*.—A correspondent has forwarded the following

*To the Editor of the 'Medical Circular.'*

SIR,—I should feel obliged if any of your readers could recommend a remedy for epilepsy, occurring in a little girl ten years of age, otherwise in apparently good health. She has been taking the various preparations of iron with only temporary advantage. Neither sedatives nor bleeding have been had recourse to. Arsenic has been advised but not yet tried. A SUBSCRIBER, M.R.C.S.

PARACELSUS.—We are not aware of any modern edition of the work. The Sydenham Society might be inclined to publish a translation.

VIATOR draws our attention to the scandalous pictures and placards exhibited in the windows of the hygeist in the Strand; but we do not deem it necessary to publish our correspondent's denunciations. The rubbish is best answered by being left unnoticed. The quack would be only too glad to puff himself by quoting our censures. The impudence of such fellows knows no limits.

MR BAKER.—Your claim is good. A county court would settle the affair in a few minutes. A surgeon can claim for medicines administered in a surgical case.

*To the Editor of the 'Medical Circular.'*

SIR,—I should feel extremely obliged by having your opinion on the following case. A boy fell through the opening of a trap-door into a cellar, cutting his forehead by the fall, and producing concussion of the brain. A piece of adhesive plaster was placed on the wound which quickly united; but the effects of the concussion remained for some time, for the relief of which the appropriate medicines were administered. As I have a good deal of trouble in getting my bill, I should be glad to know if this case be a surgical or a medical one, as I am only a Member of the College of Surgeons of England, &c.

Your constant reader and admirer, M.R.C.S.

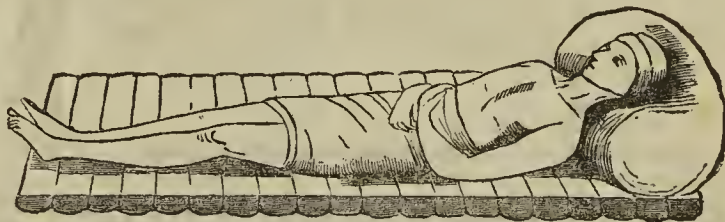
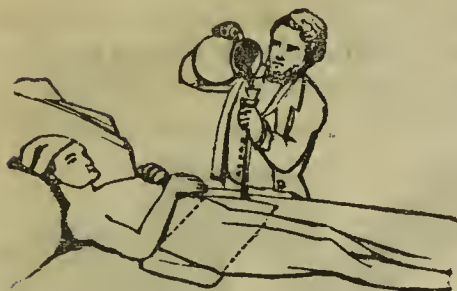
[The case being the result of accident it should be considered surgical, although no further surgical aid was required than the application of a piece of plaster.]



## MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

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(See 'THE LANCET,' Jan. 25, 1851.)



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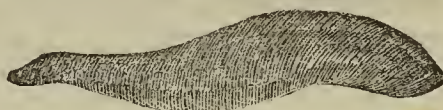
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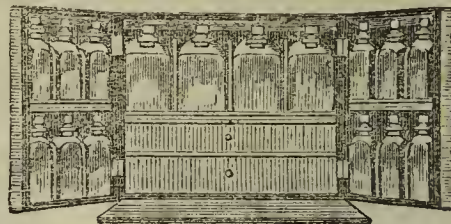
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Sum Assured.	Time Assured.	Sum added to Policy in 1841.	Sum added to Policy in 1848.	Sum payable at Death.
£	Yrs. Mts.	£ s. d.	£ s. d.	£ s. d.
5,000	13 10	683 6 8	787 10 0	6,470 16 8
*1,000	7 0	. . . . .	157 10 0	1,170 0 0
500	1 0	. . . . .	11 5 0	511 5 0

\* EXAMPLE.—At the commencement of the year 1841 a person aged 30 took out a policy for 1,000*l.* the annual payment for which is 24*l.* 1*s.* 8*d.*; in 1847 he had paid in premiums 168*l.* 11*s.* 8*d.*; but the profits being 2½ per cent. per annum on the sum insured (which is 22*l.* 10*s.* per annum for each 1,000*l.*) he had 157*l.* 10*s.* added to the policy, almost as much as the premiums paid.

The premiums, nevertheless, are on the most moderate scale, and only one half need be paid for the first five years, when the Insurance is for Life. Every information will be afforded on application to the Resident Director.



The Medical Circular.

WEDNESDAY, MAY 25, 1853.

THE GRIEVANCES OF THE UNION SURGEONS.

IN exposing the grievancees suffered by Poor-Law Surgeons, we cannot too emphatically refer to the inadequate amount of payment generally given in requital for their laborious and indispensable services ; because the scale of payment is in reality the touchstone of the system to which they are subjected. While the Union Surgeons are submitted to the jurisdiction of Boards of Guardians, who are, too generally, ignorant, sordid, and incapable of appreciating either the feelings or the claims of gentlemen, it must be expected that the treatment they will receive will, as a rule, be unjust ; and, if occasionally generous, only such by one of those accidents to which ignorance is always liable. The want, too, of a uniform scale of payment throughout the country will of course render the amount of remuneration as various as the characters or the caprices of the different Boards of Guardians or as the diversities of the social and economical circumstances by which the unions may be surrounded.

In a former article we gave a specimen both of low and of unequal remuneration ; and we intend now to follow up the subject by referring to other cases. Here is an illustration :

District.	Salary.	Extras.	Popula- tion.	Acreage.	Sick.	No. of Sick Cases to Population.	Rate per Case.
No.	£						s. d.
4	35	20	1,806	6,580	200	1 in 9	3 2
11	35	5	1,890	7,100	200	1 in 10	3 6
5	28	5	2,406	6,230	241	1 in 10	2 3
9 & 10	70	...	5,618	17,420	1,440	1 in 4	0 11

In this instance the gentleman holding the districts 9 and 10 does ten times the work in acreage and cases combined, as the gentleman holding the district No. 11 ; yet, although his salary is nominally twice as much, he in reality receives only about one-fourth as much per case.

The direct and unavoidable inference from these tables, and many others of the same kind which we have compiled from data in our possession, and which we could adduce if necessary, is, that the payment for Poor-Law medical service decreases in the ratio that the number of cases increases ; labour being thus remunerated in an inverse ratio to its value. Can anything be more unjust, more absurd, or more shameful ?

We find, by an elaborate calculation which we have made from 805 returns transmitted about four years ago to the Committee of Poor-Law Surgeons, that the average rate of remuneration per case throughout the country, exclusive of the metropolis, is, within a fraction, 2s. 7d. ; in the metropolis itself, about 1s. 6½d. ; while we perceive that it is stated in the petition of the Union Surgeons, addressed to

the House of Commons, that “ the civil surgeon attending a detachment of the Army receives 6s. 6d. per head, sick or well,—a sum that would afford a remuneration of several pounds for each sick ease ; also that 13s. 7d. is paid for a sick felon, who is attended in a jail, whereby the time of the surgeon is not wasted nor his strength impaired by making extensive and laborious journeys ; and that 7s. per head is paid for the police.”

A more striking illustration of the wrong and hardship borne by the Union Surgeons could not be presented : the contrast between the amount of remuneration paid to them for their heavy and unremitting duties, and that paid to other surgeons acting in a public capacity, and treating the same or a more degraded description of patients, is enough to rouse the liveliest disgust and indignation. How long will the profession and the public tolerate these shameful anomalies ? How long shall this system continue to disgrace the statute-book, and to falsify the boast of Englishmen about their love of equity and fair dealing ? When will the Poor-Law Board do its duty, honestly acquaint the Legislature with such facts as we have now put forth, and exert itself to procure redress for the most indispensable, valuable, and hard-worked portion of its officers ? The Union Surgeons may be assured that we will not let the subject drop until some efforts have been made to do them justice.

THE ACTUAL STATE OF THE MEDICAL REFORM MOVEMENT.

There are a few mysteries connected with the present movement for Medical Reform which we should like to see cleared up, in order that our brethren may have a correct appreciation of the strength exerted both for and against the new Bill. The Provincial Association has asserted that the Profession is unanimous in its favour, and the words were becoming the stereotyped phraseology of its weekly organ, when a large and influential meeting of one of its own branches pronounced in a tone of indignation against the measure. We are told that all the Scotch Universities support the scheme, and an official letter immediately arrives from Glasgow to correct the mis-statement. The College of Surgeons of England has risen in opposition, but then, as this is a very insignificant institution, its protest is considered of no account. The College of Physicians is said to favour the new arrangements, but we can scarcely depend upon this assurance, because we happen to know that this College apprised Lord Palmerston that it was satisfied that no opposition would be offered to the provisions of its proposed Charter, and straightway the large body of Extra-Licentiates rise in arms, and rend the Charter to pieces, as altogether insufficient and unworthy. The Apothecaries' Society, so far as we know, has as yet made no sign, but a considerable section of the Profession look to that body to see that the interests of the general practitioners are protected. Notwithstanding therefore the ro-



seate hues in which the leaders of the Provincial Association have portrayed their prospects, we find that there is a considerable amount of active opposition arrayed against the measure,—and, more than all, that the great body of the profession who are independent of local societies, and rest upon their own judgment, and sense of justice, have not yet pronounced an opinion.

The metropolis has hitherto been silent; and will in all probability remain so, for some further time. A New Society is indeed advertised,—but its duty will be merely to act as the cock-boat to take soundings for the Provincial Association. Its object, as already declared, is *not* to DISCUSS but to *support*, the New Bill. The machinery of this enterprise is too well known to us to permit us to regard it as an independent movement in which the opinions of the large body of the profession can find an expression.

We discover therefore in favour of the Bill, the majority of the members of the Provincial Association, the majority of the Scotch Universities, and Wakley's Puffing Gazette: we find opposed to the Bill numerous members of the Provincial Association; some of the Scotch Universities; the College of Surgeons of England, and our worthy contemporary the 'Medical Times and Gazette.' Those bodies that appear to us to hold a neutral position are the British Universities, the College of Physicians, the Apothecaries' Society,—and the great body of independent practitioners who regard the movement as inopportune, and the Bill as,—what its promoters confess it to be,—a mere COMPROMISE, neither necessary nor advantageous.

## Mirror

OF

## PERIODICAL LITERATURE.

(From the 'Monthly Journal of Medical Science,'  
May, 1853.

### AN ACCOUNT OF THE EPIDEMIC YELLOW FEVER ON BOARD H.M.S. HIGHFLYER, IN 1852.

Dr J. Watson records the following particulars of this epidemic:—

"H.M. steam-ship, Highflyer, reputed to be a very fine vessel of her class, and remarkably well ventilated, arrived at Port Royal, Jamaica, from Europe, on the 20th October, 1852, where she remained until the 28th, the shipping and town of Port Royal being at the time, and long previously, quite free from fever.

"On the day last named, the steamer proceeded to sea, and anchored at the Havannah on the 3rd November, where yellow fever existed, but not extensively, among the shipping and in the town. She remained there until the 19th November, when she sailed for St Thomas, which she reached on the 30th. At this time epidemic yellow fever raged with the utmost malignancy at St Thomas, and it had been communicated in a fatal form to several of the R.M.S.P. Company's vessels.

"The merchant vessels were lashed alongside the Highflyer to coal her, positive orders being given that no communication should be held between the Highflyer's people and those of the merchant ships. It appears this order was not strictly observed, as medical aid was requested by the master of one of them—the Art Union—for his crew, who were all "down" with fever, and it was rendered by the me-

dical officers of the Highflyer. This, however, appears to have been the extent of the direct communication between the parties.

"The Highflyer, having completed her coaling, sailed at one p.m. of the 2nd December, from St Thomas, where she had remained exactly two days and seven hours.

"While at the Havannah the officers frequented the town daily, as they also did at St Thomas; but the crew was not permitted to land at either place, unless when employed on duty in boats between the ship and the shore.

"Proceeding from St Thomas, the Highflyer anchored at Trinidad on the 6th of December, where no fever existed at the time, and remained there until one p.m. of the 17th December. While at Trinidad she was joined by the flag-ship Cumberland, from which she received two assistant-surgeons and a captain. Both of the former were speedily attacked with fever after they joined, and one of them died with black vomit. At one p.m. of the 17th December, the Highflyer proceeded to sea; the day following touched at Grenada, where she remained only nine hours, and then prosecuted her voyage to this port, where she arrived on the 23rd December.

"From the time of the Highflyer's arrival within the limits of the West India station, to that of her departure from St Thomas, no fever of any kind had been entered on the sick list; but on the 4th December, two days after her departure from St Thomas, and fifteen after leaving the Havannah, a stoker was attacked with fever; on the 5th, six of the crew took fever, one of whom died with black vomit. From this time up to the Highflyer's arrival at Port Royal, on the 23rd December, the disease continued its ravages until the number attacked of men and officers amounted to forty-three. When she arrived at Port Royal the sick then on board were sent to hospital. Eight fresh cases occurred in the harbour up to the 27th December, and were also sent to hospital, when the disease entirely ceased on board.

"Altogether, fifty-one men and officers were attacked—viz., thirty-eight men and boys, of whom three died—eight per cent. Thirteen officers, of whom four died—thirty per cent. The captain, an assistant-surgeon, a clerk, and the gunner, died.

"It will thus be seen that the mortality was much greater among the officers relatively to their numbers, than it was among the crew of the ship. It is also to be observed, that the total mortality and the number of attacks are much more limited than they have usually been in ships of the Highflyer's complement, which have become subject to yellow fever on this station, after the disease assumed the epidemic form.

"The above statement comprehends all the material facts which I have been able to collect respecting the disease on board the Highflyer.

"It cannot be reasonably doubted that the Highflyer's people received the germs of the malignant yellow fever either at the Havannah or St Thomas, and in all probability at the latter. It is also equally clear that the disease became localised in the ship, which afterwards became pestiferous to persons joining her. The death of the assistant-surgeon, with the characteristic symptoms of yellow fever, sufficiently proves this.

"The great and most important practical question arises: Is it safe to permit the sick persons from such a vessel as the Highflyer to be landed among a healthy community? This question was put to me, and, fortified in the opinion at which I had arrived by the results of many similar experiments in this place, I recommended that there should be no interruption to the Highflyer's people communicating with the shore, but intimated that it would be dangerous for strangers to be exposed to the atmosphere of the ship, so long as the disease continued in her. There has been no interruption to the communication of the Highflyer's officers and men with the shore. Her sick have been in proximity with a considerable number of surgical cases from other ships, in the hospital, and with a large proportion of the crew of the Persian, affected with a malarious fever. The surgeon, and the two assistant-surgeons of the hospital are in hourly attendance.



The former has been frequently exposed to the influence of epidemic yellow fever, but never had the disease, whereas the two latter never saw a case of the disease previously. The result of this experiment of exposing so many persons, who may be fairly presumed to be susceptible to the contagion of yellow fever to direct communication with the disease, has been, so far as it goes, highly adverse to the imposition of quarantine in such cases; for no single instance of any kind of fever followed the landing of the Highflyer's sick, or the free intercourse of the officers, stewards, and people with the town, either in the hospital or in the town."

Dr Watson adds the following remarks in a note:—

"27th January, 1853.—It has been ascertained here, since the above was written, that while the Highflyer remained at Trinidad, she was visited for a few hours by the marine officer of the Calypso, and by the surgeon of that ship, and that both these officers were in a few days attacked with malignant fever, the former having died in his cabin on board with black vomit; and the latter, after remaining in the Calypso, ill with the disease about two days, was landed, and died on shore.

"These facts confirm the position asserted above, that the Highflyer became pestiferous, and proves the extreme danger to be apprehended if strangers are exposed to the morbid influence which prevails on board such vessels. But even under the most favourable conditions for the extension of the disease by contagion, it is remarkable, that though the two officers mentioned caught the disease on board the Highflyer, and both were confined in the Calypso, in communication with their messmates and shipmates for several days, and until one of them died with black vomit, no other individual on board the Calypso took the disease. I am also informed by Dr Chamberlain, the old experienced health officer, that patients affected with yellow fever were landed in lodging-houses in Kingston from the company's ships, and that the disease did not extend to a single individual there.

"These facts, in addition to those embodied in the present report, clearly prove to my mind, that, however dangerous it may be to visit places or ships affected with epidemic yellow fever, there is no danger whatever in abolishing quarantine, if the sick be removed to well-ventilated quarters on shore. To enable the disease to prevail extensively in any community, it appears that the unknown and mysterious SOMETHING, which we call epidemic influence, must be present. I am indebted to Mr M. Swinney, surgeon, R.N., for the facts respecting the progress of the disease in the Highflyer, who was in medical charge of the ship then as assistant-surgeon, and who was deservedly promoted for his zealous conduct at that time."

(From the 'Lancet,' May 14, 1853.)

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.

Dr T. Smith continues his interesting Lectures on this subject. He says that leucorrhœa is divisible into two varieties, the MUCOUS, consisting chiefly of mucous corpuscles, and secreted by the follicular canal of the cervix; and the EPITHELIAL, in which the discharge is vaginal. He thus describes them:—

"In CERVICAL or MUCOUS leucorrhœa, the glandular portion of the canal of the cervix uteri is the chief source of the discharge. This form of leucorrhœa is, when simple and uncomplicated, the result of a morbid activity of the glandular cervix. A follicular organ, which should only take on an active condition at certain intervals, becomes, from a variety of causes, constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge is set up. This discharge, it cannot be too often repeated, is a special glandular secretion, elaborated by the glands of the cervix as distinctly as the secretion of any other glands of the body. In the first instance the leucorrhœal discharge consists of nothing more than an unusual quantity of the elements found in the healthy mucus of the cervix. Quantities of mucous cor-

puscles and oily particles, with particles of epithelium entangled in the viscid alkaline plasma which gives the mucus its clearness and consistence, are found. The clear mucus is seen at the os uteri, sometimes adhering to the os uteri, at others extending through the vagina, and presenting at the os externum in the form of a string, and also adhering to the walls of the vagina, in the curdy or creamy state produced by the action of the vaginal acid. The presence of oily matter in the discharge from the cervix is constant, and so is the presence of occasional particles of scaly epithelium, which, as I have before remarked, appears to ascend from the vaginal portion of the os and cervix. I should state that in obtaining matter from the cervix for microscopical examination, I always use a bivalve speculum free from grease or oil, dilating the os uteri as much as possible by the expansion of the valves, in order to get the secretion of the cervical canal without the admixture of any vaginal mucus. In making an examination in a case of cervical leucorrhœa of recent origin, when the disorder consists merely of a hyper-secretion of the mucous follicles, without any manifest lesion of structure, the cervical discharge hanging at the os uteri, or adhering to the vaginal portion of the os uteri, is almost always viscid and transparent. It may be drawn out with the forceps as a long tenacious string of the utmost clearness. The chief exception is in cases of pregnancy, where, from the highly acid condition of the vaginal mucus, the clear plug, as secreted, is whitened and curdled before its exit from the os uteri. In ordinary cases, when the secretion is abundant, the plug issues from the os uteri, is gradually extended through the vagina without losing its cohesion, and hangs at the ostium vaginae. Sometimes this plug or rope is of considerable thickness; it is always whitened from the curdling of its outer particles by the vaginal acid, and some portions of it are constantly wearing off and in course of deposit as curdy matter upon the walls of the vagina. This whitenedropy string is not so tenacious as the clear mucus of the cervix before its admixture with the vaginal acid. When drawn out it divides more readily than the transparent mucus. When the secretion is more moderate, or when the vaginal acid is more abundant than usual, the cervical discharge does not extend into the vaginal in the form of a string, but is worn away and curdled at the os uteri or the upper part of the vagina, so that it lies upon the vaginal wall as curdy or creamy matter, not distinguishable by the eye from vaginal mucus itself. In very severe cases the mucus of the cervix becomes mixed with pus-corpuscles, and the discharge is muco-purulent in character; or the surface of the canal and the os uteri become so irritable as to bleed on the slightest occasion, blood-corpuscles being added as another element of the discharge. Occasionally, instances are seen in which the exudation of blood from the cervix is so constant as to mask the leucorrhœal symptoms to a considerable extent, and without a very careful examination such cases might be mistaken for menorrhagia. The quantity of mucus secreted by the cervix in severe and long-continued cases of simple leucorrhœa is sufficient to prove a serious drain to the constitution, and sets up functional or more serious disorders in different parts of the body. The glandular cervix becomes in some of these cases so excitable that any unusual stimulus provokes a sudden and copious flow of mucus. The relation of mental emotion becomes almost as intimate as the connection between the mind and the lachrymal glands. Any violent mental disturbance is in such cases followed by a copious and sudden discharge of mucus through the os uteri into the vagina. Occasionally in cervical leucorrhœa a number of caudate corpuscles are found which appear to be altered epithelium, mixed with mucous corpuscles.

"In some cases of cervical leucorrhœa the secretion is so profuse and watery that all traces of viscidness are lost. Instead of the consistent plasma, which is one of the common elements of the cervical discharge, a watery serum is poured out in considerable quantity. This excessive secretion, when long continued, is a source not only of inconvenience, but of great debility. In other cases the quantity of mucous



secretion is so considerable, and the action of the vaginal acid so marked, that the secretion escapes from the ostium vaginae, in stringy or rounded masses. Patients suffering from cervical leucorrhœa to a severe extent may be weakened by the quantity of serous or mucous discharge; they may become hectic from the purulent secretion; or they may be rendered anæmic from the sanguineous complication. In the worst cases, the discharges, in their physical appearances, may resemble the discharges in carcinoma, but I shall have at a future time to refer to the diagnosis between these maladies.

"In VAGINAL or EPITHELIAL leucorrhœa the seat of the discharge is in the muco-cutaneous lining of the vagina, and the portion of this membrane reflected over the external surface of the cervix to the margin of the os uteri. In strictly vaginal leucorrhœa there may be no discharge whatever issuing from the canal of the cervix, and in some cases the secretion of the cervix seems almost suspended, the os uteri being drier than natural, and no mucus being visible between the labia uteri. In others, the cervical glands are excited by the condition of the vagina, and secrete copiously, a mixed epithelial and mucous leucorrhœa being the result. The discharge in vaginal leucorrhœa may arise chiefly, either from the lower portion of the vaginal membrane, or from that part which is reflected over the cervix; but in severe cases the whole surface is involved. The secretion in these cases generally consists entirely of epithelium in every possible phase of development, mixed with mucous plasma. A portion of the secretion diluted with a little water, and placed under a microscope, is seen to consist of myriads of epithelial particles, in the form of mere nuclei, young scales which have not reached their full development, and perfect scales. If the case be severe, there are no old and broken scales, such as are found in the healthy secretion, the epithelium being separated too rapidly in the formation and flow of the discharge to admit of their coming to maturity and wearing away in the vagina. In mild cases, when the separation is more slow, ripe and well-worn scales are sometimes present. When the vaginal form of leucorrhœa becomes very severe, not only is epithelium separated with extraordinary rapidity, but pus is formed upon the irritable sub-epithelial surface, which when mixed with the epithelial matter can hardly be distinguished from the mucous corpuscles of the cervix mixed with scaly epithelium. The state of the vagina as seen by the eye will, however, remove all doubt as to the nature of the discharge in these cases. A further complication of vaginal leucorrhœa may occur, as when portions of the vaginal surface are so abraded that blood globules escape and mix with the other constituents of vaginal discharge. The vaginal secretions now described are those most commonly found in vaginal or epithelial leucorrhœa: but there is another form of vaginal discharge which deserves consideration. In that already described, the secretion consists of epithelial matter thrown off from the surface in such a state of separation that the scales are in a confused mass, the fluid portion being exuded from the vessels of the villi or papillæ below the epithelium. But in the form of epithelial disorder to which I now refer, the epithelium is thrown off in large shreds or pieces, in which the pavement-like arrangement of the scales is preserved perfectly. These laminæ frequently have upon them marks of the rugæ of the vagina, and somewhat resemble the cuticle, in cases of acute desquamation of the surface of the body. Sometimes, on making a specular examination in these cases, the whole surface of the vagina is seen covered with a white coating, which may be removed by a forceps in membranous pieces of considerable extent and thickness. This affection may be attended with slight discharge from the sub-epithelial surface; but in many cases the vagina does not contain more secretion than usual, or it may be unnaturally dry. In all epithelial affections of the vagina the discharge is acid, but the acidity is particularly marked in this—the membranous form of leucorrhœa, as it might be termed. Some of the instances in which I have seen this affection in its most marked form have been in cases of pregnancy. I have sometimes had patients bring me a

mass as large as a walnut consisting of pieces of the epithelial coat of the vagina rolled up like paper; or I have seen a tumblerful of water rendered perfectly thick with the quantity of shreds removed from the vagina by a single injection.

"At the commencement of the present inquiry a great number of microscopical examinations of the vaginal and uterine discharges in leucorrhœa were made. Indeed, the leucorrhœal secretions occupied my attention for some time before I turned to the minute anatomy of the os and cervix uteri as a means of explaining some of the difficulties in the way of understanding the discharges themselves. In these examinations I was chiefly indebted to my friend and colleague, Dr Handfield Jones, whose skill and accuracy as a microscopical observer are well known. I at first thought the microscope would certainly show some difference between the clear viscid secretion found issuing from the canal of the cervix and the curdy discharge sometimes found upon the os uteri, but more frequently upon the walls of the vagina. It soon appeared, however, as the rule, that the clear viscid mucus escaping from the os uteri consisted of plasma and mucous corpuscles; and the opaque mucus found upon the walls of the vagina of scaly epithelium and plasma: but there were many exceptions to this, of cases in which the clear mucus contained nothing but epithelium, and the curdy mucus nothing but mucus corpuscles. It required numerous examinations to reconcile these difficulties, and it was only after a good many trials that it became evident the clearness or opacity, viscosity or want of cohesion, depended entirely upon the acidity or alkalinity of the secretion, the presence or absence of epithelium or mucus corpuscles making no difference whatever in the physical characters of the fluid. Whenever the cervical mucus is acted upon by the vaginal acid, it becomes white and curdy; while, if from any cause the acidity of the vagina is diminished in quantity, the epithelial discharge remains transparent. In obtaining specimens, every care was taken to obtain the secretion free from any foreign admixture. When injections were being used, the patients were always directed not to inject on the days on which the specimens of secretions were obtained. I ought to mention that patients were never examined merely to obtain specimens of secretion, but only when it was proper to examine for purposes of treatment, or to ascertain the effect of the remedies employed."

Cases are given in illustration.

(From the 'Lancet,' May 21, 1853.)

#### PURULENT OPHTHALMIA.

Mr France continues his lectures on this subject in the 'Lancet.' After describing the symptoms of the disease, he thus states the diagnostic points between this and other diseases resembling it:

"The principal points of similarity and of distinction between this disease and catarrhal ophthalmia are these:—In the first stage purulent ophthalmia resembles catarrhal in the sensation, as if extraneous particles were lodged between the conjunctival surfaces; in the incipient inflammation displayed upon the palpebral portions of conjunctiva; in the glutinous, opaque, mucous secretion, which clogs the cilia and canthi; and in the feeling of stiffness in the motions of the lids. It stands distinguished by the pain which accompanies it (and this is a very important feature), by the violence of the inflammatory action, the rapid advances it makes, the early commencement of chemosis and tumefaction, and the quick transition of morbid secretion from opaque mucus to fully formed pus.

There is another disease which I have known mistaken for purulent ophthalmia—viz., acute inflammation of the cellular tissue of the orbit. The latter complaint is much less common than purulent ophthalmia. I have seen perhaps four or five instances, and in fact, at the moment of writing these lines, have one under my care which will serve to illustrate the distinction. The man presented himself with opaque muco-purulent secretion loading the cilia, and chemosis of considerable amount accompanying conjunctival



inflammation. The cornea and other textures of the globe were unaffected; there was severe pain. So far the case resembled closely an early one of purulent ophthalmia. The points of difference indicating the true nature of the case were these:—The history afforded no ground for supposing that the mischief had arisen from contagion or unusual exposure; but the man attributed all to the effects of a blow received a few days before. The tumefaction of the lids and the morbid secretion were not proportionate to the degree of chemosis; but, on the other hand, the effusion in the deeper cellular tissue around the globe was far more than proportionate to the tumefaction, the chemosis, or the conjunctivitis. The immobility of the eye, and perhaps slight protrusion of the organ proved this. By carefully investigating such a case, prescribing in accordance with the view suggested by the circumstances so elicited, and watching for any further development of the symptoms assimilating it to purulent ophthalmia, its real character is soon put beyond doubt. This inflammation of the orbital cellular tissue is apt to terminate in deeply-seated abscess. I have known it connected with plebitis, extending to the cerebral sinuses, and terminating fatally."

Mr France gives the following *résumé* of the treatment to be adapted:—

"They are, in the early stage, before chemosis has become complete around the circumference of the cornea: venesection to a moderate amount in the rare cases wherein constitutional excitement demands it, or constitutional power may well sustain it; evacuation of the intestinal canal by purgatives in the first instance; action upon the skin by diaphoretics, upon the hepatic and other secretions by mercury, given briskly to affect the mouth; low, or at least restricted diet, according to the patient's vigour of habit; antimony or ipecacuanha in repeated nauseant doses, with the view of insuring obedience to the regimen enjoined, of lessening excited action, and of determining to the skin: locally;—cupping to a moderate amount; leeching, or puncture of the lids; assiduous fomentation with anodyne and astringent fluid; the use of the strong caustic solution every three or four hours, or as often as pain recurs, until the morbid secretion is controlled; anointment of the edges of the cilia with some mild salve, to assist in preventing agglutination; and the maintenance of an elevated position for the head.

"For a case in the more advanced stage (wherein chemosis is complete), to the course of remedies enumerated above must be added—free scarification of the chemosed membrane in radii from the cornea, at the intervals of the recti muscles; and division of the external canthus, to facilitate this operation, and to obviate the pressure of the swollen palpebra upon the transparent cornea.

"Lastly, when the duller aspect and diminished tumidity of the palpebræ, and the faded vascularity and relaxation of the chemosed conjunctiva, and the less copious purulent discharge, all give evidence that the disease is subsiding, tonic medicines and diet may be given, and stimulant applications be gradually had recourse to. Should the cornea have suffered, the various states of ulceration, cicatrization, or nebula, must be treated according to the rules to be more fully explained in a future lecture.

"As the contagiousness of this disease is certain, the utmost care must be taken to prevent contact of the morbid secretion, either with the patient's sound eye, or with the eyes of any other person. Strict injunctions should therefore be given respecting the towels, sponges, basins, linen, &c., used by the subject of the malady; and if the case occur in a barrack, or situation wherein numerous individuals are lodged in common, the affected one should by all means be isolated, as completely as circumstances will permit. The frightful ravages which purulent ophthalmia has heretofore made in ill-ventilated and over-crowded habitations make this point one of immense importance; and as the malady may break out in a workhouse, a public school, or on shipboard, as well as in the quarters of soldiery, the subject is one of extreme interest, not only to the military surgeon, but also to the civilian."

(From the 'Medical Times and Gazette,' May 21, 1853.)

#### ON THE ORGANIC DISEASES AND FUNCTIONAL DISORDERS OF THE STOMACH.

Dr Budd, in the course, relates the following curious instances in illustration of the small amount of constitutional disorder occasionally attending long-continued mechanical irritation of the stomach:—

"In the month of June, 1799, John Cummings, an American sailor, about 23 years of age, being with his ship at Havre-de-Grace, witnessed, with some of his shipmates, the exploits of a mountebank, who was entertaining his audience by pretending to swallow clasped knives. Having returned on board, and one of the party having related to the ship's company the story of the knives, Cummings, after drinking freely, boasted that he could swallow knives as well as the Frenchman. He was taken on his word, and challenged to do it. Thus pressed, he took his own pocket-knife, which, on his trying to swallow it, 'slipped down his throat with great ease, and, by the assistance of some drink, and the weight of the knife,' was conveyed into his stomach. The spectators, however, were not satisfied with one experiment, and three knives more were immediately produced, which he swallowed in a few minutes.

"The next morning, according to his own account, 'nature worked him to a stool,' which presented nothing extraordinary; at four o'clock the same afternoon he had another, and in it was one knife, which, however, was not the knife he had swallowed the first. The following day he expelled, in the same manner, two knives at once, one of which was the knife he first swallowed. The fourth never came away, to his knowledge, and he never felt any inconvenience from it. After this performance he thought no more of swallowing knives for nearly six years.

"On the 13th of March, 1805, while in company at Boston, in America, he gave an account of his former exploit. His word being doubted, he told the company he was the same man still, and, if it was agreeable, that he would satisfy their curiosity. One small knife was presented to him, which he instantly swallowed. In the course of that evening he swallowed five more. The next morning crowds of visitors came to see him; and, in the course of that day, he was induced to swallow eight knives more, making in all fourteen; 'so that he had swallowed a knife for every day that the month was old.' The next morning, the 15th, he was taken very ill, with constant vomiting and pain in his stomach, and was, in consequence, carried to Charleston Hospital, where, as he expresses it, 'betwixt that period of time and the 28th following, he was safely delivered of his cargo.'

"The next day, the 29th, he sailed for France, where he quitted his vessel and embarked in another to return to America. But, on his passage to America, the vessel was taken by H. M. S. Isis, and sent to St John's, Newfoundland, where she was condemned, while he himself was pressed and sent to England on board the Isis. One day, while at Spithead, where the ship lay some time, having got drunk and renewed the topic of his former follies, he was once more challenged to repeat the experiment, and again complied, 'disdaining,' as he said, 'to be worse than his word.' This took place on the 4th of December, 1805, and in the course of that night he swallowed five knives. The next morning, the ship's company having expressed a great desire to see him repeat the performance, he complied with his usual readiness, and, 'by the encouragement of the people and the assistance of good grog,' he swallowed that day, as he distinctly recollects, nine clasped knives, some of which were very large; and he was afterwards assured, by the spectators, that he had swallowed four more, which, however, he declares he knew nothing about, being, no doubt, at this period of the business, too much intoxicated to have any recollection of what was passing. The greater part of the knives were nearly four inches long, and full one inch in their extreme breadth. On the following day, the 6th of December, he applied to Dr Lara, the surgeon of the ship, complaining of excessive pain in the stomach and bowels,



incapacity of retaining anything on the stomach, and severe pain in walking or standing erect. Castor oil was ordered to be given at intervals, with or without opium, according to the degree of pain and the urgency of the vomiting, which immediately occurred on his sitting up, or swallowing anything solid. Glysters of thick-water gruel were also frequently injected.

"In about a week from this time the vomiting was less frequent, and the matter thrown up from the stomach was of a lateritious colour. The stools were black and thin. A trial of sulphuric acid was then made, and for a fortnight he took thirty or forty drops of the diluted acid four or five times a day, with tincture of opium at intervals, and a gentle laxative when costive. His diet during this time was sago, rice, tea, bread, cheese, and beef soup, most of which were retained. The matter ejected from the stomach had gradually acquired a darker colour, as if impregnated with iron or mixed with ink. The stools were as before described. *The pulse continued unaffected*, but he was evidently emaciated.

"After the sulphuric acid had been thus tried, the muriated tincture of iron was prescribed, and Cummings took ten drops every four hours, daily increasing each dose by a drop for a fortnight. No effect was produced except griping pains, which opium did not relieve so readily as before. His appetite continued good, except for animal food. Under these circumstances he was directed (having hitherto kept in bed) to sit up the whole of the day. For a few days he always vomited on rising; but within a week this peculiarity ceased, and, afterwards, the vomiting seldom occurred oftener than three times in the twenty-four hours, and then mostly after taking tea or other liquid. Though these liquids were rejected a very few minutes after they were swallowed, the matter vomited had always the appearance of ink and water. The exhibition of medicine was now suspended, except to obviate costiveness."

From this time the man lived nearly three years, and eventually died in Guy's Hospital. The following is the account of the lesions, found on a post mortem examination:—

"When the body was opened after death, there existed, throughout the cavity of the abdomen, a blackish, ferruginous tinge, which was also observable in the hepatic system. On examining the intestines, one of the blades, and one of the back springs were found, both so situated, that their expulsion from the body was impossible. The latter of these objects, which was about  $4\frac{1}{2}$  inches long, had transfixed the colon opposite the left kidney, and projected into the cavity of the abdomen; while the other was found stretching across the rectum, with one of its extremities fixed in the muscular parietes of the pelvis. It was observed that although the knives had thus perforated the intestines, no feces had escaped into the peritoneal sac, and no active inflammation had taken place.

"The stomach, viewed externally, bore evident marks of altered structure. It was opened in the presence of Sir A. Cooper and others, when a great many portions of blades, knife springs, and handles were found in it, and were carefully collected for the museum of Guy's Hospital, in which they are now preserved. These fragments were between thirty and forty in number, and thirteen or fourteen of them were evidently the remains of blades, some of which were remarkably corroded, and greatly reduced in size, while others were in a state of tolerable preservation.

"The following is the account given of the condition of the stomach by Sir A. Cooper:—

"The œsophagus at its lower part, and the upper orifice of the stomach were thicker than natural. The left extremity of the stomach where the spleen adheres to it, had its usual texture; but the right was exceedingly thickened. The rugæ in the mucous membrane were unusually prominent; and there were granulated projections from the edges of the rugæ. This membrane was still slightly coloured by the steel. The pylorus was natural, but the duodenum had a greater thickness than natural."

"In this instance the mechanical irritation of the stomach, and the inflammation of the mucous membrane which it set

up, caused severe pain in the stomach, frequent vomiting, and loss of flesh, but, from the first, seems not to have excited much fever, or any marked disturbance of the nervous system. The knives, as we have seen, were swallowed on the 5th and 6th of December, 1805, yet, notwithstanding that the chief part of them remained in the stomach, the man lived till March, 1809,—an interval of between three and four years. It is stated that, towards the close of January, 1806—that is, in less than two months after he swallowed the knives—Cummings moved about; and at intervals performed the duty of a sweeper, and that, in the course of the following autumn, though still having pain in the stomach when standing erect, and occasional vomiting, he gathered strength and flesh, ate and drank voraciously, and performed various easy duties in his ship."

Some other instances of a similar character are recorded.

#### CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY CHLOROFORM.

In this case, reported by Dr Lowes of Gosport, there was a compound fracture of the humerus from a gunshot wound. Amputation was performed, and on the twenty-second day he was attacked with tetanus. He was placed under the influence of chloroform, which was also rubbed along the spine, and over the epigastrium and the regions of the temporal and masseter muscles. The spasms appeared to abate, and the patient to experience relief.

#### ON THE CURE OF GLEET AND OBSTINATE DIARRHŒA.

Mr Milton again brings his views on this subject before the profession. He says:

"Gleet has been divided and subdivided into many varieties—rheumatic, gouty, serofulous, dependent on an atonic or varicose state of the vessels, arising from induration or ulceration of the urethra (Mr Gay proposes also a constitutional form); and in a systematic work on this subject, these divisions may no doubt be adopted with great advantage; but in a paper professing solely to treat of means of cure, it will, I think, suffice to consider gleet under the head of

"1. Gleet dependent on structural change in the urethra or incipient stricture;

"2. Gleet not dependent on this state, or in which this state is not recognizable;

"Gleet arising from a disordered or diseased state of other structures, as the testicle, prostate gland, &c.

"When a case of gleet comes under treatment, and nothing is found to raise any suspicion of stricture, I should in all cases be disposed to try injections of nitrate of silver, rising gradually in strength every day, so as always to produce a slight sensation of heat in the urethra. I have never found it necessary to use them weaker than gr. i., or stronger than gr. x. to  $\mathfrak{z}\text{j}$ .

"But to do this properly, the pipe of the syringe must be at least two inches long. When a syringe of this length is used, it will often be found that the tip encounters very sensitive spots, especially on the lower surface of the urethra. According to my experience, so long as these persist the gleet will not give way.

"Along with an injection of this strength, such a dose of rhubarb and potass. acetat. may be given every morning before breakfast as will act twice a-day on the bowels. The less medicine, however, the better; patients with obstinate gleet are generally tired of it, and will rather allow the disease to run on than again go through the routine of pills, mixtures, draughts, &c.

"In many cases this treatment produces immediate and permanent relief; in some, the relief is only temporary, and the complaint soon begins to return; in others, very little change seems to be effected.

"In the two latter classes of cases, if there be, at the end of eight or ten days, really no fair prospect of a cure, the urethra may at once be sounded. If a stricture should be found, it is needless to say that we must have recourse to the bougie, and that the case ceases to be one of pure gleet.

"There is a state, apparently stricture in the incipient stage; it might be called the granular urethra: the canal



feels rough, and in some places slightly narrowed. There is pain on passing the instrument, and an obstinate purulent discharge, never entirely absent. Blistering seems to be of little avail; caustic seems to have little control over these cases; and the only remedy I know of is the persevering use of the bougie. But if only pure gleet, sometimes mucous, sometimes purulent, be met with, it will in almost every case yield to a blister; very rarely does it ever require a second. Blistering is, I may now safely say, the safest, quickest, and most efficacious remedy of all that have ever been proposed. Those who have had numbers of these cases under their hands, and felt the constant disappointment which the use of every other remedy brings with it, will soon appreciate its value.

"I have heard it condemned as a violent, painful, unpleasant remedy. I deny it. Apart from the fact that it is neither so violent nor so painful as many other remedies which have been employed (though this would not be saying much for it), it is not so unpleasant as many remedies which very good surgeons constantly employ, such as cauterising the urethra, a remedy laid down on high authority; and, what is more, I deny that with ordinary care, and in ordinary cases it is either very violent or very unpleasant.

"I appeal to the results of experience, to the fact that, while it has never failed in a case of gleet uncomplicated with change in the urethra, it has never, in any case, produced any disagreeable results, except a few boils. I appeal to the fact that patients cured by it of gonorrhœa and gleet, in all stages, have, on being a second time infected, of their own accord blistered themselves or come to me a second time to be blistered."

Cases are given in illustration of the writer's practice.

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of the Skin on the Dorsum of the Foot; Excision; Recovery.—Melanosis of the Skin of the Foot; Twice Excised; Return of Disease in Inguinal Glands; Death.—Medullary and Melanotic Cancer of the Testis; Excision; Recovery. The London Hospital: Large Growth of Medullary and Melanotic Cancer in the Leg; Excision—Melanotic Growth within the Orbit. The Royal Free Hospital: Melanosis of the Skin of the Forearm; Excision; Recovery. Royal London Ophthalmic Hospital: Melanotic Growth within the Eye; Extirpation of the Globe; Recovery. Hospital for Women: Cases of Ovarian Dropsy. Scientific Lectures. List of Scientific Meetings.—EDITORIAL ARTICLES.—The Queen's Late Accouchement. An Oriental Grievance. Suicide of a Prisoner at the Birmingham Gaol. Unsought Newspaper Testimonials. The Registrar-General's Report. The Public Health of England. No. II. Royal College of Physicians.—PROGRESS OF MEDICAL SCIENCE.—Selections from Foreign Journals.—PROVINCIAL CORRESPONDENCE.—Scotland: Doings in the North.—REPORTS OF SOCIETIES.—Medical Society of London. University of London. The New Medical Reform Bill. Presentation for Degrees and Honours, and Distribution of Prizes—1853.

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### The Anatomy of Quackery.

#### QUACK MEDICINES, THEIR HISTORY, COMPOSITION, AND QUALITIES. No. XIX.

##### A BATCH OF PILLS.

Having three or four of the leading quack medicines of the day under examination, which we could not complete in time for this paper, we beg to present the reader with a hasty notice of a few more "aperient," "antibilious," and "stomachic" pills.

##### ABERNETHY'S PILLS.

These pills originally consisted of about three grains each of the pilula hydrargyri of the pharmacopœia, increased a little in bulk, by the addition of some simple powder. As, however, when frequently taken they produced salivation, which proved prejudicial to their sale, the proprietor introduced a little of the compound extract of colocynth (P. L. 1836) into their composition. The form is:—

R Mercurial pill, two parts; compound extract of colocynth, three parts; mix, and divide into four and a-half or five-grain pills. The dose is: One, or, at most, two pills taken overnight, followed by about an ounce of aromatised black draught the following morning; or by a dose of castor oil or any other mild purgative medicine. The above pills and draught are termed "the Abernethy medicines."\*

##### BATH DIGESTIVE PILLS.

R Rhubarb, two ounces; ipecacuhana, half an ounce; capsicum, ginger, and gamboge, of each, a quarter of an

ounce (all in powder); soap, half an ounce; syrup of buckthorn, q. s.; mix, and divide into four-grain pills. Purgative; dose: One to three pills.

##### NORTON'S CHAMOMILE PILLS.

These are said to consist of: Aqueous extract of aloes, one drachm; extract of gentian, three drachms; mix, and drive off excess of moisture by the heat of a water bath; then add essential oil of chamomile, twenty drops, and divide into sixty pills. To preserve their aromatic properties they should be kept in a glass bottle or well covered earthen pot. Stomachic, tonic. Dose: Two pills night and morning, or an hour before dinner.

##### REV. D. BARCLAY'S ANTIBILIOUS PILLS

R Extract of colocynth, two drachms (or powdered colocynth, three drachms); extract of jalap, one drachm; gum guaiacum, three drachms; almond or castile soap, one and a-half drachms; tartarised antimony, ten grains; oil of juniper, eight drops; oils of caraway and rosemary, of each, four drops; make a mass with syrup of buckthorn (using as small a quantity as possible), and divide into four-grain pills. The dose is: One to three,—as an aperient, &c.

##### DR KITCHENER'S PERISTALTIC PERSUADERS.

R Powdered Turkey Rhubarb 2 drachms; Simple Syrup 1 drachm (by weight); Oil of Caraway 10 or 12 drops; mix, and divide into 40 pills. Dose: from 2 to 6. "From 2 to 4 will generally produce one additional motion within 12 hours. The best time to take them is early in the morning." This is an admirable stomachic, dinner, and laxative pill, and we should not have included it here had it not been made a "nostrum" of by certain parties.

##### MOSELEY'S PILLS.

R Turkey Rhubarb 60 grains; Jamaica Ginger 30 grains; powdered Sugar 20 grains; Tincture of Rhubarb, q. s. to make a pill mass; divide into four-grain pills. Dose: 2 to 6. These pills in their applications and properties resemble "Kitchener's peristaltic persuaders."

##### WARD'S RED PILL.

R Glass of Antimony 4 drachms; Dragon's blood 1 drachm; reduce to an impalpable powder, form into a mass with mountain or white wine, or any simple tincture, and divided into one-and-a-half grain pills. Dose: One pill fasting. Emetic. They are recommended in obstinate rheumatic affections, in foulness of the stomach and bowels, &c. Their action is often of a very unpleasant character.

##### PILULE ANGELIQUES.—GRAINS DE SANTE.

R Aloes, and juice of Roses, of each 4 ounces: Juices of Borage and Chicory of each 2 ounces; dissolve and evaporate to the consistence of a soft pill mass by a gentle heat, then add powdered Rhubarb 2 drachms; agaric 1 drachm; mix well, and divide into 1½ (or 2) grain pills. A good purgative. Dose: 4 to 12.

##### FULLER'S PILLS.

R Aloes and Sulphate of iron, of each ½ drachm; Senna and Myrrh of each 20 grains; Assafœtida and Galbanum, of each 10 grains; Saffron and Mace of each 6 grains; Syrup to mix; divide into four-grain pills. Antispasmodic, and tonic, and slightly aperient. Also recommended in female complaints. Dose: 1 to 4 according to object intended.

NATIONAL VACCINE ESTABLISHMENT.—According to a Parliamentary paper just printed, upon the report of Dr John Ayrton Paris, Dr Hawkins, Dr R. B. Todd, and Dr C. Hue, the Registrar, it appears that during the year 215,630 charges of lymph were supplied; that 115,790 were vaccinated at the institution, besides 11,219 children operated upon by local vaccinators. It also appeared that there were demands for supplies of lymph for Australian bound vessels, and for Ireland.

\* Vide 'Cyclopædia of Receipts,' 2nd edit., p. 1, &c.



## An Epitome of Toxicology, DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY  
FOR THIS WORK.)

(Continued from p. 368.)

THE CHANNELS THROUGH WHICH POISONS ENTER THE SYSTEM, and the parts on, or through which they primarily act, in the cases which ordinarily form the subject of medico-legal investigations, have been already mentioned and explained. A more precise and comprehensive notice of this portion of our subject has been given by some authorities, and every part to which poisons can *possibly* be applied have been enumerated and fully commented on. For the purpose of facilitating the student in the prosecution of experiments on living animals, we shall briefly refer to the several portions of the body mentioned by these writers. Thus:—

Poisons may act on the body or enter the system through

### 1. The skin:—

- a. Enepidermically, or by simple contact.\*
- b. Epidermically, or by contact assisted by friction.†
- c. Endermically, or by application to the abraded skin, or denuded dermis, or by the method of inoculation.‡

### 2. The mucous membranes:—

- a. The gastro-pulmonary membrane, embracing the mucous membrane of the eye (conjunctiva)§—pituitary membrane of the nose—mucous lining of the mouth and throat||—eustachian membrane of the ear, and the—mucous membrane of the trachea, bronchial tubes, &c.\*\*
- a.a. The gastro-intestinal†† and recto-colic membrane,‡‡ embracing the stomach, rectum, &c.
- b. The urino-genital membrane, embracing the mucous lining of the urethra, bladder, vagina, uterus, &c.§§

\* The perfectly sound cuticle acts as a shield to the sensitive and vascular dermis on which it rests. Were it otherwise, the health of persons whose skin is constantly in contact with deleterious substances, would be *immediately*, instead of *slowly* destroyed, as is now the case in many of the more unhealthy trades.

† Here the protective action of the cuticle is partially overcome, and the substance forced, as it were, through its pores, just as a liquid is forced through the pores of filtering media under pressure. The application of mercurial ointment by friction is a familiar example. The parts of the body where the cuticle is thinnest, are those which least resist the action of poisons. Hence the remedy just mentioned is usually applied to the inner side of the thighs.

‡ The extreme susceptibility of the denuded dermis, to the action of foreign substances, and the easy channel it opens for them to the system, must be familiar to every one since the introduction of the "Methode Endermique," by MM. Lambert and Lesieures.

§ Acrids and corrosives have been thus applied. So also has hydrocyanic acid, and some of the vegetable alkalis.

|| This usually suffers when corrosive poisons are swallowed.

\*\* When noxious fumes or gases are inhaled.

†† It is through the stomach that the majority of cases of poisoning occur. The great susceptibility, and active absorbing power of this organ, and its relations with almost every other portion of the body, render it the most convenient and frequently the most ready channel for introducing either medicines or poisons into the system. The facilities offered the criminal for administering poison, by mixing it with food, do not exist in any other way, whilst the chances of arousing suspicion and of detection are considerably less.

‡‡ The susceptibility of the rectum is said to be only one-fifth that of the stomach. Orfila asserts that opium, tobacco, and other like substances, act with greater force by the rectum than by the stomach; but this is denied by Dr Christison and others.

§§ A case of poisoning occurred a few years since by the forcible introduction of a concentrated solution of cyanide of

### 3. The serous membranes:—

(Injections have been thrown into the peritoneal sac, and are frequently applied to the serous membrane of the testicle (tunica vaginalis) in cases of hydrocele. The former is an operation attended with great danger, but neither have been used for criminal purposes.)

### 4. Abscesses, ulcers, wounds, &c.\*

### 5. The veins or arteries, by the method of infusion or injection.†

THE ACTIVE FORCES ON WHICH THE EFFECTS OF POISONS ON THE LIVING BODY DEPEND, exist both in the deleterious substance and the vital organism. These peculiar forces or powers have been divided into three classes, which have been named after their distinctive features—physical, chymical, and dynamical.

The *physical* or *mechanical* forces are those which occasion alterations of the form, weight, motion, cohesion, relative position, &c, of the parts on which they act; and this action is either accompanied or followed by organic or vital changes of a more or less complicated character. To these mechanical affections of bodies some writers have referred the entire operations of medicines and poisons, whilst others have held the contrary opinion. Several examples of the physical action of substances will be pointed out as we proceed with these papers.

The *chymical* forces are those which operate when substances having a strong affinity for organic bodies are brought in contact with the living tissues. The strong mineral acids, the pure alkalis, quick lime, and the other caustics and escharotics act in this manner. These substances not only destroy the vitality of the part to which they are applied, but also interfere with the functions of the parts connected with it, and thus produce changes of a mixed organic or vital character. The chemical action of substances of a less energetic kind on the living tissues is not easily demonstrated. Combination and dilution entirely change the character of this action. It is the opinion of Muller that the influence of most external agents, as medicaments and poisons, is chemical.‡ The facts on which this hypothesis is based are, however, too few to decide the question. The difference of action of substances on different individuals, and in different periods of life, together with the election of one particular organ rather than another, on which to exert this action, can scarcely be referred to the mere chemical affinities of bodies for the different tissues. This can only be explained by assuming the existence of chemico-vital action.

The *dynamical* forces on which the effects of poisons depend are of a purely vital or organic character, and to these the action of the most powerful substances must be referred. According to Bischoff the action of medicines on the organism is either electrical or electro-chemical. It is only by reference to the action of vital electricity or nervism that the startling effects resulting from the administration of hydrocyanic acid, strychnine, and some other poisons, can be accounted for. The precise character of the active forces on which the effects of poisons on the living body depend, remains, however, for future investigations to decide.

potassium into the vagina. Death followed. The criminal was hanged, and the evidence suppressed.

\* The bites of venomous reptiles, wounds produced by poisoned weapons, &c., may be named as examples. The fatal effects which have arisen from exposed abraded or denuded surfaces, and slight wounds during dissections, are well known. Serious consequences have also followed the use of ointments made with wax or stearine which has been bleached or prepared with arsenious acid, as is sometimes the case with that employed for making candles, the ends of which are purchased by the druggists.

† Further on we shall notice the important part the veins play in cases of poisoning. The other parts of the body referred to in the above table, and not further noticed, do not require consideration here, from being rather experimentally than practically connected with our subject.

‡ Vide 'Elements of Physiology, translated by Baly, Vol. I.



HISTORY OF THE MEDICAL PROFESSION  
AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.  
BY WILLIAM FARR, ESQ., M.D., F.S.S.

(Continued from p. 332.)

The Municipal Corporations, which have been recently re-constructed, furnished the models of the charters to particular trades' companies. They were granted in the same age. "The greater number of the governing charters of corporations was granted between the reigns of Henry VIII and the Revolution; the general characteristic of these documents is, that they were calculated to take away power from the community, and to render the governing class independent of the burgesses. Almost all the councils named in the charters are established on the principles of self-election." \* The exchequer was at a low ebb, and the sale of chartered monopolies was a frequent financial resource.

The companies pretended to regulate the supply of commodities, and predetermined the mode of the supply. The Shoemakers' Company allowed only a given number of shoemakers to a town; and so solicitous was the company for the public weal, that it admitted no apprentice to the mastership until he had undergone an examination, and made his master-piece. The sole of no stranger's foot was permitted to fall within the liberties; and an innovation in bristles, wax, last, or leather—anything in the questionable shape of an improvement—was out of the question. Woodal has left an interesting account of the Surgeons' Company in Hamburgh, one of the Hans Towns, where the trading spirit carried the principle of monopoly to perfection. It is a good specimen of the barbarous system which pervaded Europe: "Only a certain number of surgeons is allowed to each city, town corporate, &c. \* \* \* as if the city of Hamburgh had twelve chirurgeons belonging thereto, although 1,000 persons should be tending in any way to produce a freedom for a *thirteenth*, it could not prevail, \* \* \* as likewise it is so all over Germany; and each chirurgeon is bred and must be a barber, and so are all barber-chirurgeons.

"The candidate having made his master-piece, and performed some manual exercise, usual with them in his art, had to give a testimony of his skill; as namely, either by grinding and setting a delicate lancet, and therewith opening several veins smoothly, for the *more manifest effecting whereof to the brethren of his calling one will lend him his veine, namely one on the thumb, one on the foot, and one on the arme, one other on the forehead*; so also by the neat and exact making an artificial unguent, or the like: which done, being by the rest of the masters of the citie approved of, and some other rites and ceremonies answering to his calling by him performed, he is then, being esteemed a regular person,

and also having made the brotherhood of the place and himself well drunk once, twice, or thrice, he is I say, ipso facto, admitted to be a brother, and freely to use his function, and is styled by the name and honour of a master of his profession." \*

When the grocers and all the trades in the kingdom had charters, it may seem surprising that physicians were never incorporated until the 10 Henry VIII. But the surprise will cease when it is recollected that physicians belonged to the catholic church down to this period, both as members of the universities, (of which the Pope was the head), and as holders of benefices. Besides which their numbers were inconsiderable.

The following draft of an act of Parliament, 9 Hen. V, (1422) has been preserved:—"No one shall use the mystic of fysyk, unless he had studied it in some university, and is at least a bachelor in that science. The sheriff shall inquire whether any one practises in his county contrary to this regulation; and if any one so practise he shall forfeit 40*l.*, and be imprisoned. And any woman who shall practice fysyk, shall incur the same penalty."† It is not known whether this laconic statute had the force of a law. It was certainly inoperative. In 1511 the Legislature declared that physic was exercised by a multitude of ignorant persons—smiths, weavers, and women—who undertook great cures by the use of sorcery, and noxious medicines, to the displeasure of God, infamy of the faculty, and destruction of the people, particularly of such as could not discern the cunning from the uncunning. It was therefore enacted that no person, within the city of London, or seven miles of the same, shall practise as a physician or a surgeon, unless he has been first examined, approved, and admitted by the Bishop of London, or by the Dean of St Paul's—*calling to him four doctors of physic, and for surgery, other expert persons in that faculty*. No person to practise in any diocese out of the City, unless he had been examined by the Bishop—*calling to him such expert persons in the said, as he deemed convenient*. Penalty for practising without a licence 5*l.* a month. The examination was conducted by physicians and surgeons. The Bishop, who, as we have seen, had a tincture of physical science, presided. The Act did not interfere with the Universities. Any person who proved qualified was licensed. Some writers have expressed a different opinion; but the Act, when well considered, will be found much less reprehensible than the 14 and 15 Henry VIII, c. 5, anno 1522. This act recites a charter granted, 10 Henry VIII, to John Chambre, Thomas Linacre, Ferdinandus de Victoria, the king's physicians; and Nicholas Halsewell, John Frances, and Robert Yaxley; and all other men of the same faculty within the city of London and seven miles about:—*omnesque homines ejusdem facultatis de et in civitate praedicta sint in re et nomine unum corpus et communitas perpetua*.

(To be continued.)

\* Report from Commissioners on Corporations, in England and Wales. Parl. Papers, 1835, vol. 23, p. 17.

\* Woodal's Works, 3rd edition, 1639, p. 233.

† Wileock, Appendix, p. 3.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the 'Medical Circular,' in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the 'London and Provincial Medical Directory.'

Further particulars of this important and most interesting Work will appear in a future Number.





PORTRAIT OF CHARLES HAWKINS, ESQ.

(From a Daguerreotype by Beard.)

### Biographical Notices.

#### CHARLES HAWKINS, ESQ.

We have, for some numbers past, selected for biographical notice either a leading hospital surgeon or one of the chiefs of literature. We shall now take a surgeon in private practice; for we do not intend to grant a monopoly of the publicity afforded by our pages to those gentlemen who already stand high in the world's esteem. The system adopted in the 'Medical Circular' enables us to vary our subjects, and to pay a compliment to merit in whatever sphere it may be found. Mr Hawkins is well known in the scientific circles of the metropolis, and is an active and useful member of several professional societies. It may be in the recollection of our readers that, about three months ago, he protested against the system of balloting for Fellows in use at the Medical and Chirurgical Society, and suggested that, instead of taking the candidates collectively, they should be balloted for individually, so that each candidate might stand upon his personal merits. The question was referred to the consideration of the Council; and should they report favourably of

the plan, it will tend to do away with the charge of favouritism and undue influence so often brought against the managing members of that Society, and to reconcile the jealous feelings that have sprung out of a custom so improper.

Mr C. Hawkins is also one of the committee of the Society for the Relief of the Widows and Orphans of Medical Men, and has recently taken a considerable share in the labours incident to the revision of the laws—a step rendered necessary in consequence of the increased value of the society's stock, and of the desuetude into which, by lapse of time, some of the rules had fallen. The blessings which this society has afforded to the large number of widows and children who have fallen upon its funds cannot be too highly estimated or extolled; and we trust that the efforts of Mr C. Hawkins and his colleagues will result in a wider extension of the society's advantages.

Mr Charles Hawkins is one of the younger sons of a greatly esteemed Physician, who practised for many years, with much success, in Monmouthshire, in which county



some members of the family have adopted medicine as a profession since the commencement of the last century. Dr Hawkins subsequently resided in London, and died at his house in Upper Brook street about twenty years ago. Mr Chas. Hawkins began to study at an early age at St George's Hospital, as well as at the Hunterian School in Great Windmill street. In 1836 he was appointed House Surgeon to St George's Hospital, and at the termination of his year of office, the pupils presented him with a handsome testimonial of their regard, accompanied by a very complimentary address expressive of their approbation of the manner in which he had performed the duties of the House Surgeoncy, and, as a token of gratitude for the assistance which he had uniformly rendered them in the prosecution of their studies. Mr Hawkins then visited the Schools of Dublin and Edinburgh. In 1837 he became a member of the Royal College of Surgeons, and in 1838 commenced practice in London, taking up his residence in the Albany Court yard, the starting-place of many successful Metropolitan Surgeons. For two years he had the charge of the Surgical Patients of the St George's and St James's Dispensary. In 1843 he was nominated a Fellow of the College of Surgeons. In the same year the Assistant-Surgeoncy of St George's Hospital became vacant, when Mr Hawkins offered himself as a candidate for that appointment. He was opposed by Mr Johnson, the then Teacher of Anatomy, when this, one of the severest and most exciting contests known in medical elections, terminated in the success of Mr Johnson, by a small majority. Mr Hawkins has not appeared since as a candidate for any of the subsequent vacancies, but he continues a most regular attendance at the weekly Board, and is one of the most active Governors of that excellent Hospital. In 1850 he was elected Secretary to the Royal Medical and Chirurgical Society, and filled that important office during one year. He has now for the last twelve years held a position most conducive to success, and one which renders the possessor of it familiar with the practical part of his profession at an earlier period than any other, namely, that of assisting Sir Benjamin Brodie in his private practice. The opportunities resulting from assisting at the operations, and having the care of the patients during the annual retirement into the country of one holding so high a position as Sir Benjamin, must be obvious to all, and we may venture to say that Mr Charles Hawkins is a person likely to turn these advantages to good account. For his position in relation to Sir B. Brodie, Mr Hawkins is not at all indebted to any family connexion whatever, Sir B. Brodie's knowledge of Mr Hawkins' character having been gained solely by his intercourse with him first as a Pupil, and afterwards as House Surgeon to St George's Hospital. Mr Hawkins is an amiable man, and is held in great respect by a large circle of friends. He is warm in his friendships and strictly honourable in the intercourse of life. As a surgeon he has undergone the best training, and is accomplished in all its duties. His mind is clear, firm, and decided; and he only wants a suitable sphere to distinguish himself in his profession.

He removed two or three years ago to Savile Row, where he now resides.

ARCHIBALD WM. COCKBURN, ESQ. M.D.

ARCHIBALD COCKE, ESQ.

JAMES COCKLE, ESQ.

J. COCKLE, ESQ.

CHARLES COGSWELL, ESQ. M.D.

J. JOACHIM COHAM, ESQ.

DANIEL WHITAKER COHEN, ESQ.

EDMUND COLCHESTER, ESQ.

MATTHEW COLEMAN, ESQ.

(Vide London Medical Directory, 1853.)

#### HENRY COLES, ESQ.

This gentleman was born in the year 1806, and was apprenticed to the late G. E. Carruthers, Esq., Surgeon of the Queen's Own Light Infantry Militia, in the year 1823. In 1825 he commenced his studies at the London Hospital, and, having passed the Hall and College in 1828, he spent the greater part of the ensuing year as a student in the Medical Schools of Paris. He then went three voyages to India as Surgeon to the ship "Duke of Bedford." After some trials to get into practice in Norfolk and at Bristol, he joined Mr Murley, of Cheltenham, as partner, in 1835. About this time Mr Yearsley made some efforts to set on foot a Medical Book Society, invited the resident practitioners to join him, and hired a room in Albion street for the meeting. Mr Coles was the only one who met Mr Yearsley at the appointed time and place, and, having waited with him about an hour, and being joined by none others, the design was abandoned. On Mr Yearsley's quitting Cheltenham, Mr Coles took his vacated place as Surgeon to the Dispensary of Women and Children, and was subsequently appointed Surgeon to the Coburg Lying-in Institution. He made a more successful effort in establishing a Medical Book Society, by adopting the plan of associating himself with three other junior practitioners, and each engaging to bring with himself to the first meeting two other personal friends among the seniors. In 1848 he grew tired of the Medical Profession, and believed that its increasing toils and anxieties would speedily undermine his health. Acting on this notion, he introduced Dr Arnott as his successor, and quitted Cheltenham early in 1849. Since then (not being married) he has had no settled place of abode, but, besides a winter's residence at Paris and Geneva, and other excursions through France, Belgium, Germany, and Switzerland, and a short stay in Venice, Milan, Rome, Naples, and Egypt, he has principally resided at Leckhampton, Leamington, and Hammersmith. He occupies a portion of his leisure in scientific studies and amusements, and a short paper (which he lately read before the Geological Society, and which was published in their Quarterly Journal for May 1853), on the structure of the Skin of the Ichthyosaurus, attracted an attention disproportionate to its brevity, from its announcing an interesting fact which had hitherto escaped the notice of Palæontologists. His contributions to Medical Science are very meagre, being only several short papers on the Vaccination question and some on Midwifery Statistics and other matters, which were published several years ago in the Medical journals of that day. His most arduous labours in this way were connected with the Report of the Vaccination Section of the Provincial Association, which was afterwards re-published at the expense of the Government, and of which a translation appeared in Germany. On him devolved the task of examining all the documents, making abstracts of the reports of the several contributors, tabulating the results, and assisting the late Dr Baron to compress the pith of an immense heap of manuscript within the limits of the Report. Dr Baron contributed almost an equal amount of labour, and to him solely belongs the credit due to its arrangement and literary execution.

PHYSICIANS IN ICELAND.—Mad. Pfeiffer, in her "Journey to Iceland," gives the following not very flattering account of the condition and rewards of the Profession in that country. She says:—"Among the salaried offices, the most laborious are those of the physicians and the clergy. Their circuits often embrace a distance of over a hundred miles. When the doctor is sent for in winter, the country people turn out with shovels and pickaxes to clear the road. They bring several horses with them, so that he may change from one exhausted animal to another during his long rides through the fog and darkness, the snowdrifts and storms. Often as he returns to his own fireside, worn out with cold and fatigue, he finds another summons. He must leave his family and face new dangers, before he has had time to relate the perils he has just experienced. The physicians receive but a small salary; the priests still less."



## Reviews.

*Practical Observations on the Pathology and Treatment of Certain Diseases of the Skin generally pronounced intractable. Illustrated by upwards of Forty Cases.* By THOMAS HUNT, M.R.C.S. Eng., L.S.A.

The forms of cutaneous disease whose nature and treatment Mr Hunt discusses in this work are lichen, prurigo, lepra, psoriasis, pityriasis, chronic urticaria, purpura, impetigo, ecthyma, eczema, acne, syeosis, lupus, and non-congenital nævus. He considers that all these affections, although differing widely in the characters of the eruptions, have yet certain points in common, not perhaps readily defined, but still sufficiently well marked to permit of their being "*regarded as one disease.*" They are all chronic, idiopathic, and constitutional; not of *limited duration*, nor necessarily complicated with or *symptomatic* of other disorders, not arising from nor protracted by *local causes*, nor specially characteristic of *debility or exhaustion*.

In the acuter forms of these diseases, with a quick, full, hard pulse, heated skin, and extreme burning pricking or stinging, Mr Hunt advises the removal of blood from the arm, alteratives, and purgatives; but in all other cases, he says that the remedy is *arsenic*. He ridicules the use of external applications.

The following is Mr Hunt's method of administering the drug. Care having been taken beforehand to employ antiphlogistic means if the temperature of the skin be too elevated, the disease, Mr Hunt says, "will either get well spontaneously or not. If not, it is either syphilitic or otherwise; if syphilitic, it must be treated accordingly; if otherwise, arsenic is the best alternative remedy."

"5. Fowler's solution of arsenic may be given in doses of five minims three times a day, mixed with the beverage drunk with or after the meals. This dose should be taken with exact regularity, and the patient should be examined at least twice a week. When the conjunctiva becomes inflamed, the dose should be reduced; but the medicine must not be entirely abandoned until weeks or months after all disposition to morbid action appears to have subsided."

"6. If the cutaneous disease should assume an inflammatory type during the arsenical course, it will seldom be necessary to discontinue the arsenic; but it will be requisite to reduce the inflammation by a smart purgative, or by the application of a few leeches to the inflamed portions of skin."

"7. The arsenical course should be protracted (in reduced doses) for about as many *months* after the final disappearance of the disease, as it had existed *years* before. This will prove the best security against a relapse, and will generally succeed in preventing it."

"8. In plethoric or inflammatory subjects the disease will yet be liable to relapse, unless the diet be so regulated as to keep the system always free from increased vascular action. In some cases stimulants must be entirely abandoned; in others a sparing allowance of animal food appears to be essential to the preservation of the health."

"9. In subjects disposed to anæmia, a nourishing diet, with tonics or stimulants, and above all, moderate daily exercise in the open air, are the best preventives, as well as important auxiliaries in the treatment."

"10. Cutaneous diseases are sometimes complicated with diarrhoea, dyspepsia, or general irritability of the intestinal canal. If this condition cannot be remedied by common measures, arsenic in small doses will be found to soothe the bowels (the pulse being quiet), in proportion as it allays the irritability of the skin."

"11. Some individuals are, from idiosyncrasy, unusually susceptible of the effects of arsenic. In these cases doses of one or two minims, or even less, of Fowler's solution, will prove as effectual as a larger dose in common cases, and will generally be borne with impunity. The curative powers of arsenic will, in all cases, be found to reside in doses too small to be mischievous."

There are few works on diseases of the skin equally remarkable for sagacious pathological views and sound maxims of practice.

*On Syphilitic Eruptions, with especial Reference to the Use of Mercury. Illustrated by Cases.* By THOMAS HUNT, M.R.C.S. Eng., L.S.A.

One of the leading doctrines of this essay is the *tolerance* of syphilis, through which this disease may remain latent in the system, exhibiting itself by none of the usual signs, but capable of communicating itself to a stranger or to the offspring of the person affected. He cites Mr Hey, of Leeds, in support of this view; and also quotes John Hunter's opinion on gonorrhoea, to the effect that the capability of communicating the disease is sometimes the only criterion of a woman having it herself. Mr Hunt guards against the recent practice of attempting to cure secondary syphilis without the use of mercury, which he considers our sheet anchor. He thus discriminates between arsenic and mercury in their operation and effects:

"Every mineral used in medicine has some peculiarity of action, which can only be understood by long and attentive observation; and without a familiarity with these habitudes, we use the medicine at great disadvantage. Too much attention cannot be given to this subject. In order to show its important bearing, the action of mercury may be contrasted with that of arsenic. Thus: .

### "ARSENIC

"Produces its maximum of good by slow degrees, and by continued and prolonged exhibition."

"Has a cumulative action, the system becoming more and more sensitive to its presence and intolerant of its influence in proportion to the quantity swallowed."

"May be given until the patient will not bear the five-hundredth part of a grain."

"Affects the nervous system more readily at first, and afterwards the vascular system, the nervous tissues recovering their tone."

"Should therefore be added to the blood drop by drop, *cautè et gradatim*, in diminishing doses."

### "MERCURY

"Effects its salutary purposes often suddenly; always within a limited period; or, beyond that period, fails altogether."

"Has no cumulative effects after the first few days; and the system becomes less and less sensible of its presence and more tolerant of its influence by its habitual use."

"May be given until enormous quantities prove absolutely inert."

"Affects the vascular system more readily at first, the nervous system suffering severely after a lengthened course."

"Should be poured in suddenly, until it produces some effect, then as suddenly withheld for a time, and resumed, if necessary, with greater energy."

Mr Hunt does not approve of continuing the use of the mineral after the gums have been made sore. His mode of administering it is thus described:

"It is my usual practice to begin the course with two or three grains of blue pill every night for three nights, by way of experiment. If this produces no effect an aperient is administered, and after it five or seven grains of blue pill night and morning, until its salutary effect becomes visible. In the second course, the dose is increased; in the third, inunction is preferred; in the fourth, inunction, together with frequent doses of calomel, with or without opium. In strumous cases, the bichloride, combined with the compound tincture of cinchona for adults, and the grey powder for children, with some preparation of iron, have been found most useful."

This work, like the former, abounds in acute and sensible remarks, evidently based on an extensive observation of the diseases of which it treats.



## THE MEDICAL MEN OF THE THREE KINGDOMS.

BY SAMUEL THOMSON, M.D.

## PART IV.

*(Continued from page 391.)*

Of English provincial men, the following numbers placed in order from highest to lowest, and divided into a home and a foreign set, as in our former corresponding Table, were created doctors of physic at the several Universities or schools, viz.:

## GRADUATED M.D. AT BRITISH UNIVERSITIES, ETC.

At Edinburgh . . . 596	At London . . . 32
„ St Andrew's . . 190	„ Oxford . . . 15
„ Glasgow . . . 111	„ Dublin . . . 14
„ Aberdeen . . . 103	„ Lambeth (Abp. of Canterbury) . . 5
„ Cambridge . . . 38	

## GRADUATED M.D. AT FOREIGN UNIVERSITIES, ETC.

At Erlangen . . . 46	At Pisa . . . 4
„ Giessen . . . 25	„ Padua . . . 3
„ Heidelberg . . . 17	„ Gottingen . . . 3
„ Leyden . . . 8	„ Leipsic . . . 2
„ Paris . . . 7	„ Munich . . . 2
„ Jena . . . 7	„ New York . . . 2
„ Berlin . . . 5	

At Washington . . . 2	At Sleswick Holstein . . 1
„ United States of America . . . 2	„ Combra . . . 1
„ Montreal . . . 2	„ Gromergen . . . 1
„ Canada . . . 1	„ Carlsruhe . . . 1
„ Pennsylvania . . . 1	„ Placentia . . . 1
„ Philadelphia . . . 1	„ Genoa . . . 1
„ Havana . . . 1	„ Montpelier . . . 1
„ Malta . . . 1	„ Wurtzburg . . . 1
„ Copenhagen . . . 1	„ Not Stated . . . 1

That is the way in which the degrees of our 1256 provincial doctors have been derived: namely, 152 from foreign authorities, and 1104 from our own. But several here, as among the metropolitans, have not been satisfied with one imposition of the Cap. That which was placed on the head at Edinburgh has been followed by another at London, at Paris, or at Durham; and has been anticipated by one at Pisa. Aberdeen has twice been repaired to, after Erlangen; and once, before St Petersburg. St Andrew's has been sought after Halle; but Placentia has had precedence of Donay, and Carlsruhe of Jena: while some shrines of academic worship, as Dublin and Cambridge, St Andrews and Oxford, Aberdeen and Giessen, are piously placed side by side, without the profanity of a date, to tell which first received the adoration of the pilgrims. But we, looking to statistical business, whilst we respect the feelings of every votary, have presumed to choose how all such scholastic combinations shall be decomposed, and distributed in our table. We have noted the British source in preference to the foreign, upon the sole consideration of the country in which the art is practised. When British Universities contend, we have set down to the account of that, where the greatest range of acquirement is demanded; parity, in this regard, yielding to the claim of the English soil: so that Oxford and London, by the former reason, suppress Edinburgh and St Andrew's; and Dublin, by the latter, gives way to Cambridge. Between foreign Universities, we have decided for priority of graduation. From these necessary alternatives, it ensues, that some medical seats are omitted in the table: however, for greater clearness and exactitude, we may here collect their names, which are only Durham, St Petersburg, and Donay. If to these, with Lambeth, we join some tabled places, Wurtzburg excepted, which follow a mark of separation interposed to this end, we shall have at least nineteen new derivations of doctoral honour to add to the forty discovered in the search of the capital. What there are more, among the imperial profession, is a mystery hidden in those recesses of the Directory, which

our pen has not yet attempted to invade, but which will come to be the scene of our adventures, when we shall have surmounted some resting hardships of the English enterprise.

Radelcliffe, Lancashire.

## STRAY LEAVES FROM A DOCTOR'S SCRAP-BOOK OF MEDICO-LITERARY QUOTATIONS.

## POPULAR HYGIENE. NO. III.

“We have many medicines, and many cures without medicines.”

It is by paying due attention to our diet, and the various other means of cultivating health, that we may, each of us more or less, become his own physician. “It is worth observing,” remarks Bishop Hall, “that Nature hath taught all living creatures to be their own physicians.”\* We do not mean, of course, that persons are to attempt to doctor themselves, when overtaken by serious illness, or he who thinks to do so will soon find that he has only a fool for his patient. Still, on the other hand, as Lord Bacon observes: “There is a wisdom in this beyond the rules of physic—a man's own observation: what he finds good of and what he finds hurt of is the best physic to preserve health.” “A man loves the meat in his youth that he cannot endure in his age.”† And oftentimes, “What is one man's meat is another man's poison.” “But,” continues Bacon, “it is a safer conclusion to say, this agreeth not well with me, therefore I will not continue it,—thou this: I find no offence in this other, therefore I may use it. For strength of nature in youth passeth over many excesses which are owing a man till his age. Discern of the coming on of years, and think not to do the same things still, for age will not be defied.” It is important, however, not to make too sudden changes in one's mode of life; for in this, as in other respects, “man is the creature of habit.” Though it is no doubt true that:

“The strong by bad habits grow weaker we know,  
And by good ones the weak will grow stronger also.”

Still:

“Plain Nature more or less demands,  
As custom forms her; and all sudden change  
She hates of habit, e'en from bad to good.”‡

“At forty” (we are told) “a man is either a fool or a physician.”§ But “those who would be young when they are old must be old while they are young.”

“Be old betimes, that thou may'st long be so.”

“If you are careful of it, glass will last as long as iron.”

At forty we pass, as it were, the rubicon of life, and the going down-hill stage commences; and at this period of our journey there is, as Cowley expresses it, “no dallying any longer with life.” Faithful old Adam, in ‘As You Like it,’ thus describes himself:

“Though I look old, yet I am strong and lusty;  
For in my youth I never did apply  
Hot and rebellious liquors to my blood;  
Nor did not with unbashful forehead woo  
The means of weakness and debility;  
Therefore my age is as a lusty winter,  
Frosty, but kindly.”

Quaint Richard Crashaw, in the following lines, prettily sings of temperance as the best physician:

\* “Were the public better informed respecting the causes and progress of diseases, they would know that one half of the diseases with which mankind are afflicted, may be prevented by common prudence.”—(Sir James Clark—Letter to Sir James Graham, on Medical Reform.)

† Shakespeare.

‡ Armstrong's ‘Art of Preserving Health.’

§ This saying has been attributed to that imperial Machiavel, Tiberius.



"That which makes us have no need  
Of physic, that's physic indeed.  
Hark hither, reader, would thou see  
Nature her own physician be?  
Wilt see a man all his own wealth,  
His own music, his own health?  
Wouldst see blithe looks, fresh cheeks beguile  
Age? Wouldst see December smile?  
In sooth—wouldst see a man that can  
Live to be old and still a man?  
And when life's sweet fable ends,  
Soul and body part like friends:  
This rare one, reader, wouldst thou see?  
Hark hither! and thyself be he."

In former times the good English housewife was expected to be acquainted with the proper uses and administration of the simples or medicinal herbs. Gervaise Markham, an old English herbalist, in his 'Approved Book called the English Housewife, containing the Inward and Outward Virtues which ought to be in a Complete Woman,' treats of her skill in physic as one of the principal, and discourses quaintly on the same: "You shall understand," says he, "that sith the preservation and care of the family touching their health and sound uses of body consisteth most in her diligence, it is meet that she have a physical kind of knowledge how to administer any wholesome receipts or medicines for their good, as well as to prevent the first occasion of sickness, and to take away the effects and evil of the same, when it hath made seizure upon the body."\* "And why needed the villager envy the skill of the physician," observes a recent writer,† "when for his sight he had *eye-bright*, for his hurts he had *wound-wort*, for ointment he had *ploughman's spikenard*, for sprains *chafeweed*, against infection *pestilent wort*, in the burning fever *feverfew*, in the unhealthy autumn *spleen-wort*, if hurt by poison *adder-wort*, for condiments *poor man's pepper*, and finally, against all possible accidents *all heal*." Even up to our own day, the old women, in town as well as country, are among the doctors' most formidable rivals. "In all ages," remarks Lord Bacon, "in the opinion of the multitude, witches and old women and impostors have had a competition with physicians."

## Hospital Reports.

### ST MARY'S HOSPITAL.

#### CONGENITAL ABSENCE OF THE UTERUS AND VAGINA, WITH ABORTIVE MENSTRUATION FROM THE VULVA.

(Under the care of Dr TYLER SMITH.)

Martha G—, aged nineteen, a brunette, rather below the middle height, but well formed, and in tolerable health, was admitted under the care of Dr Tyler Smith. More than two years ago the patient had suffered from measles, and after this applied to a public institution, in consequence of pains in her head and loins, which unfitted her for her work as servant. After this she remained well for eighteen months; but in April, 1852, she again began to suffer from pains in the head loins, and epigastrium. The pains occurred at intervals varying from three months to two or three weeks, and were accompanied by a slight sanguineous discharge, which appeared at the external parts, and lasted a few hours. Up to the time of the application to Dr Tyler Smith no suspicion of any malformation had been entertained.

On examination, the mammæ appeared well formed; the nipples were surrounded by dark areolæ; a straight dark line extended from the umbilicus to the pubis, and the ab-

domen was full and tumid; the mons was covered with hair, and the external parts of generation were well developed.

On separating the vulva, a firm, vascular-looking membrane closed in the site of what should have been the vagina; this membrane projected in the centre, and was formed by the union of the rudimentary nymphæ. The central ridge or protruding raphé was from an inch to an inch and a half long, the urethra being placed in the upper part of it, but so hidden that it was found with some difficulty. The urethra was very small, and the girl said that a large quantity of urine frequently accumulated in the bladder before she could pass it. There was no opening below this to indicate the presence of a vagina. On passing a catheter into the bladder, and then making an examination per rectum, the end of the finger and the catheter could be brought into very close relation, so that if a vagina existed at all it was evident it must be very small. When the finger was passed towards the epigastrium and the right and left iliac regions, its point could be felt by the other hand while making firm pressure externally in these situations, without the sensation of anything like the uterus interposing between them. Nothing like the posterior part of the uterus could be felt lying in its usual situation upon the rectum. What appeared to be the ovaria could, however, be detected on either side.

Upon carefully examining the rudimentary nymphæ, there appeared at one part a slight depression, which could be increased by pressing the point of a female catheter firmly against it; and this was directed to be done daily, in the hope of so increasing it, as to ascertain positively the absence or presence of the uterus. This pressure was used for a few days, and the small cul de-sac became nearly an inch deeper than it originally was. The pressure was carefully made in the direction between the rectum and the bladder, and the instrument in a short time passed through the membrane for about an inch, when it became again arrested. Little blood followed, and a piece of bougie was introduced and kept in the opening. In a short time a No. 12 bougie was introduced through the artificial orifice, and passed for about six inches. This caused a good deal of pain in the back, of a bearing-down character. Occasionally discharges, sometimes coloured, and at others without any stain of blood, took place, and bougies were now introduced, and retained for six or eight hours daily.

The canal made by the bougie did not appear like the natural vagina; it was constricted at two or three points, but otherwise conveyed the impression of being dilatable to a considerable extent. On one occasion the use of a large bougie gave so much pain that all attempts at dilatation were suspended for several days. In this interval the patient had slight shivering, with excessive pain and bearing down, the tongue being coated, bowels costive, and pulse quick.

On introducing a female catheter after this the instrument passed readily to the end of the canal, and there was an immediate discharge of a quantity of thick, fetid, purousanguineous fluid through and by the sides of the catheter. There had previously been no discharge, so that this accumulation must have been retained by an active contraction at the vulvar orifice. In a few days she had quite recovered, and a sponge tent was introduced with a view to dilate the strictured portions of the passage. By the use of sponge tents dilatation was gradually effected so as to admit the finger through the whole of the passage, considerable pain being always felt as the finger went beyond the constricted points.

The girl was now placed under the influence of chloroform, and a careful examination made through the artificial passage, but the canal had no resemblance to the normal vagina. At several points firm bands could be felt as if from the presence of contractile fibre; the whole surface was rough, indurated, and almost cartilaginous. The finger could be passed without much difficulty, but the extremity of the passage was hard and irregular like its walls; no sign of the presence of the uterus could be detected, and

\* Ariosto represents his principal heroine, Angelica, as eminently skilled in surgical knowledge, and as administering to her wounded friend:

"Then to her mind she called whate'er before  
In India taught, she knew of healing lore," &c.

† J. M. Neale's 'Hierologus.'



the point of the finger could be felt with the greatest ease through the hypogastrium and in the iliac regions. While the index finger just mentioned was in the vagina, a catheter was passed into the bladder, and a bougie afterwards introduced into the rectum, but without revealing any sign of the uterine tumour. It was therefore concluded that the case must be one of congenital deficiency of both uterus and vagina. The presence of the ovaria was, however, indicated by the development of the mammae, of the external parts of generation, and the presence of the menstrual nixus. The sanguineous appearance at the vulva was evidently an imperfect vicarious attempt at the periodical secretion by the vulva itself.

The patient was discharged, and she has been examined once or twice since. We understand the passage subsequently closed up; but, with this exception, she remains in the same state as when she left the hospital. The tumidity of the abdomen and the dark-coloured line, at first pointed to the accumulation of menstrual fluid; but it was probably a fatty enlargement of the abdominal cavity, similar to that which takes place when the uterine function is suspended at the catamenial decline. It is worthy of note that whenever the abortive effort at menstruation took place, the patient passed a large quantity of highly-loaded urine.

Besides this interesting case, we have seen another of occlusion of the vagina, occurring after delivery, in the same hospital, under Dr Tyler Smith. In this second instance perfect adhesion of the vagina followed sloughing, caused by a severe labour and instrumental delivery. We learnt from her previous history that an operation was successfully performed, and a large quantity of catamenial secretion evacuated, by Mr Trouncer; but, adhesion again taking place, the woman sought relief at a public institution.

When the patient applied to St Mary's Hospital, a digital examination detected two openings at the vulvar orifice, one above and the other below, the inferior opening being very small and contracted. The first idea which suggested itself was, that a band of adhesion had been formed, dividing the vagina into two parts. On a more minute examination it was found, however, that the upper opening was the meatus urinarius, so much dilated that the finger could be passed very readily into the bladder. The woman described that in the hospital in which she had been a patient, the meatus had been mistaken for the vagina, and dilatation performed accordingly. At this time she lost all power over the bladder, which she had since regained only very imperfectly.

While this patient was in St Mary's, the vaginal aperture remained patulous, though very small. She suffered from menorrhagia, and as she was in feeble health, she was treated constitutionally, no dilatation being attempted. In this case the rigidity and contraction of the vaginal adhesions were very remarkable, and it is explained by the circumstance that in cicatrices of the vagina the muscular structure of that canal enters into the cicatrisation, just as the platysma does in cicatrices of the neck. In both the preceding cases we have followed the careful notes of Mr Trotter, one of the resident medical officers.

**VITAL STATISTICS OF JEWS IN PRUSSIA.**—The Jewish population of Prussia, and probably also of other countries, exhibits remarkable abnormalities. It being a fact, as is known, that of new-born boys a larger proportion die in the first year of life than of new-born girls (in Prussia 116·110), it ought to be presumed that, considering the predominance of boys among the Jews, the mortality of their children should be greater in the first year than among the rest of the population. Nevertheless, just the contrary takes place. In the whole kingdom of Prussia, 17·3 per cent. of the born-alive die in their first year of life; of the children of the Jews, on the contrary, only 13 per cent. Nay, what is more, the smaller proportion of mortality among the children of the Jews is to be observed on their very births, for, out of all their children, only 2·5 per cent. are stillborn; whereas this proportion amounts, for the whole population, to 3·51.

## Medical Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

On Tuesday, the 12th of April—Dr COPLAND, President—a paper was read, entitled

**A CASE OF SCIRRHUS OF THE PROSTATE GLAND, WITH A CORRESPONDING AFFECTION OF THE LYMPHATIC GLANDS IN THE LUMBER REGION AND IN THE PELVIS.** BY JOHN ADAMS, SURGEON TO THE LONDON HOSPITAL.

A gentleman, aged fifty-nine, was suddenly seized with paralytic symptoms, which seemed to arise from derangement of the circulation. During his recovery he experienced frequent desire to pass urine, and required the constant use of the catheter. The instrument passed over a hard and rough surface, and induration and enlargement of the prostate were felt upon examination per rectum. Pains about the pelvis ensued; the saphena vein became thickened; the thighs were drawn up upon the trunk; and he died three years after the occurrence of the first symptoms.

*Examination of the Body.*—The lumbar glands were enlarged by the infiltration of scirrhus; so also the lymphatic glands of the pelvis. There were cysts containing pus near the symphysis pubis. The prostate gland was enlarged to nearly twice its natural size; an ovoid mass, *distinctly scirrhus*, the size of a small nut, projected into the bladder from its upper surface. The left lobe was occupied by a long scirrhus mass; the right lobe appeared healthy. The left vesicula seminalis was diminished in size, and the prostatic plexus of veins contained phlebolithes. The left kidney was enlarged, and contained much sabulous matter.

Dr COPLAND remarked that scirrhus of the prostate was a very rare disease, and invited the fellows present to state their experience respecting it.

Mr BOWMAN recollected one case which made a great impression upon his mind at the time, and in which there was scirrhus of the prostate gland, with ulceration of the mucous membrane of the bladder near to the ureters. This patient endured great pain and suffering for several months previous to death. The first symptom of the disease which presented itself was the occurrence of great hæmorrhage immediately after dinner. This did not, however, recur for months, a long interval of apparent health supervening. Hæmorrhage again occurred at intervals, followed by great irritability of the bladder, frequent desire to micturate, and great torture. He became rapidly worn out, from the constant desire to pass urine, and sank. In this case, in consequence of the presence of a severe stricture, the catheter could not be passed as in Mr Adams's case. In that case it was remarkable that there was no hæmorrhage, but this probably arose from the disease being confined to the substance of the prostate, the mucous membrane of the bladder and urethra not being ulcerated. In his (Mr Bowman's) case he found extensive ulceration of the mucous membrane of the prostate, &c. It was a case of epithelial cancer, whilst Mr Adams's case was of a different character. In another case which he had seen, and in which there was no *post-mortem* examination, the patient was a gentleman fifty-five or sixty years of age, who suffered from a constant desire of micturition, the suffering from which eventually wore him out. Mr Bowman had little doubt but that this was a case of scirrhus of the prostate.

Mr H. CHARLES HAWKINS was requested by the late Dr Prout to see a country gentleman about fifty years of age, of much bodily and mental activity, who fifteen months before had been seized with hæmorrhage from the urethra, and had since been in a constant state of torment from a desire to micturate. He now suffered from retention of urine, consequent, as was supposed, upon the presence of a large tumour in the bladder. Mr Hawkins drew off a large quantity of bloody urine; this afforded him much relief, but he died five days afterwards, quite exhausted from pain.



This gentleman had taken large doses of opium with little benefit. The body was not examined, but he (Mr Hawkins) had no doubt the disease was situated in the prostate gland.

Mr HOLMES COOTE remarked that great interest attached to Mr Adams's case from the fact of its being genuine scirrhus of the prostate gland—a disease of very rare occurrence, whilst fungous disease of that body was not uncommon. Scirrhus was common in the mammary gland, but uncommon in other situations. He believed that in Mr Adams's case the absence of hæmorrhage was owing to the fact of there being no abrasion of the mucous membrane present. Hæmorrhage was common in cases of fungus hæmatodes, which was quite a different disease. He (Mr Coote) had never seen a case of genuine scirrhus of the prostate gland.

Dr HEALE did not regard the case as a very uncommon one.

Mr ADAMS, in reply, said that he had very little to add to the paper. The tumour had been examined by an experienced microscopist, who had pronounced it to be true scirrhus in every particular. The preparation was before the society, and he thought all difference of opinion respecting its nature would cease when it was recollected that the iliac and lumbar glands were also affected with the disease. There were not many well-authenticated cases of scirrhus of the prostate on record, and this fact had induced him to bring his case before the society. Sir B. Brodie's case, in which the symptoms during life were referrible to a scirrhous condition of the prostate, was not complete, in consequence of no *post-mortem* examination having taken place. He agreed with Mr Bowman respecting the cause of the absence of hæmorrhage. There was no ulceration of the mucous membrane, and this might account for the ability of the patient to relieve his bladder without a catheter in the latter part of his life.

#### UNIVERSITY OF LONDON.

##### NEW CHARTER.—MEETING OF GRADUATES.

The sixth annual general meeting of the Graduates of the University of London was held May 3, at the Freemasons' Tavern, for the purpose of re-electing the committee, hearing the report of the proceedings during the year, and determining upon the course to be pursued at this critical moment in the history of their agitation.

After the usual balloting, the following resolutions were passed:

"That this meeting of the graduates of the University desire to express their thanks to the senate for its communication to the Secretary of State, appearing in its minutes of the 20th of April ult., and on their own part declare their anxious wish to adopt, as far as possible, that communication as the basis of the future constitution of the University; but they are unable to form a decided opinion upon the entire scheme of its recommendations until the practical arrangements by which it is proposed to be carried into effect are more fully stated.

"That although the graduates cannot but think that a voice in the nomination of the senate should on principle, and might with advantage, be entrusted to them—especially remembering that the affairs of Oxford and Cambridge are entrusted to their own graduates exclusively—yet, if upon further advice, the senate should adhere to the views expressed in their letter to the Secretary of State, this meeting authorise their committee not to press that portion of their claim as part of the present arrangements.

"That the graduates cannot, without more mature advice, consent to the abandonment of so important an element of their claim, as appears to them to be involved in their permanent exclusion from the corporate body of the University; and they refer to the most serious consideration of their committee, whether there are any difficulties which, in themselves, are of a nature to require such an exclusion; and, should such difficulties appear to them to present themselves, whether means may not be devised for obviating them.

"That this meeting having regard to the greatly extended character and increased importance of the operations

of their committee, call upon all graduates to aid them by personal exertions and subscriptions to the general fund, leaving it to the committee to contribute specially on their behalf in aid of the franchise movement.

"That this meeting desire to thank the senate for their representations to her Majesty's Government respecting the inadequate accommodation of the University, and earnestly trust that a state of things, officially declared in 1847 most seriously to impair the efficiency of the examinations and the reputation of the University, will no longer be allowed to continue."

#### LONDON MEDICAL REFORM COMMITTEE.

At a meeting of legally-qualified medical practitioners held on Wednesday, May 18, 1853, it was resolved to form a committee to promote the passing through Parliament of the Medical Reform Bill, prepared by the Provincial Medical and Surgical Association.

The committee invite the earnest and immediate co-operation of all qualified medical men throughout the United Kingdom.

This bill, promising to obtain for the medical profession uniformity of education, the right of practising throughout the United Kingdom, and registration of all medical men, will, it is hoped, satisfactorily to all parties, settle the great question of medical reform.

The committee would urge the necessity of petitions being immediately sent to Parliament, pressing upon the legislature the importance of passing the Medical Reform Bill this session.

Petitions for signature may be had upon application to the secretaries, to whom all communications and subscriptions may be forwarded, addressed to 22 Old Burlington street, London.

EDWIN LANKESTER, M.D., Chairman.

J. D. JONES, M.D., } Secretaries.  
W. M. POWELL, }

#### PLAN FOR THE REORGANISATION OF THE MEDICAL ASSOCIATION OF IRELAND;

INTENDED TO BE SUBMITTED TO THE GENERAL MEETING OF THE MEMBERS OF THE MEDICAL PROFESSION, TO BE HELD AT THE COLLEGE OF SURGEONS, ON TUESDAY, THE 7TH OF JUNE, 1853.

It is proposed to re-establish the Medical Association of Ireland, under the name of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION OF IRELAND, for protecting the interests, preserving the respectability, and increasing the usefulness of the medical profession, especially in its relations with the medical relief of the poor, in all its modes and ramifications. In working out this great object, the business of the new organisation would be to digest and give expression to the collective opinion of the profession upon all subjects connected with the administration of institutions for public medical relief, and with the duties, position, and rights of their officers; to watch the course of legislation in reference to these institutions; and to communicate with the government and with medical corporations upon all needful occasions. How wide a field of usefulness this programme opens, it is unnecessary to remind men practically engaged in the work to which it refers. It would be equally superfluous to enter into details to prove the absolute necessity that exists that that field should be opened and carefully worked, if it be desired that the poor shall really be provided with medical relief, and that the medical agents in its provision shall be allowed the means of living and of retaining, in any degree, the social position to which their profession and education have been hitherto supposed to entitle them. These objects cannot be effected by individual efforts; and in order to direct the energies of members to their accomplishment, an organised association is indispensable.

Mr Kingsley, of Roscrea, has drawn up a code of rules to submit to the General Meeting to be held in the College of Surgeons on the 7th of June; and we sincerely trust that his admirable design may be realised.



## Our Note Book.

### EXAMINATION OF THE HUMAN MILK IN LEGAL MEDICINE.

Mr Mercer Adam called the attention of the society (the Edinburgh Physiological) to a new and important use of the microscope in legal medicine. He remarked that there were few cases in medical jurisprudence more difficult to decide than whether, after a few weeks had elapsed, parturition had occurred recently or at a remote period. In such cases of doubt, where delivery is circumstantially believed to have recently occurred, but where all the physical signs may, with equal propriety, be reckoned evidences of this having been at a remote period, he believed that the detection of colostrum corpuscles in the milk would at once decide the question, and almost with certainty prove the delivery to have been recent. In illustration of this, he cited the following case, which had recently come under his notice:—The body of a newly-born child, much decomposed, was found in a moss in the south of Scotland. It was impossible to decide *secundum artem* whether it had been born alive; but it appeared to have been dead for four or five weeks. Proceedings were taken to discover the mother, and suspicion fell on a young woman who was supposed to have been secretly delivered about four or five weeks previously, that is, about the same date as the infant which had been exposed. On being arrested on the charge of concealed pregnancy, she said she had had a child a year and a half before, which she had nursed till within three months of her apprehension, and firmly denied having been recently delivered. The two medical men who were judicially appointed to examine her came to different decisions, so equivocal were all the signs as to the period which had elapsed since her delivery. A microscopic examination of her milk was suggested, and it was found to abound in colostric globules. This decided the *questio vexata*, and showed parturition to have lately occurred. The girl, on being told that imposture no longer availed, confessed having recently given birth to a still-born child, thereby confirming the accuracy of the revelations of the microscope. Mr Adam considered that in such cases the microscope was likely to be as serviceable to the medical jurist as it was in the detection of blood globules, spermatozoa, &c.—‘The Monthly Journal of Medical Science,’ May 1853.

### FISTULA IN ANO.

M. Alquié (‘Gaz. des Hôpitaux,’ No. 48) states that he has found it a very beneficial practice to cauterize the lips of the wound by means of nitrate of silver, after the incision of fistula, premature adhesion being prevented, without the necessity of interposing tents, lint, or other material. The nitrate should be applied, but only to the lips, twenty-four hours after the operation, and repeated first every, and then every other morning. He was led to the practice by observing the condition of wounds when touched by the nitrate. The pellicle or superficial eschar is eliminated in a day or two; the surface so covered being unsuited to contract adhesions. This covering also enables the wound to tolerate the presence of the intestinal discharges which pass over it. Most persons complain little of the pain caused by the application; but in some cases it is severe.—‘The British and Foreign Medico Chirurgical Review,’ April 1853.

**LUNATICS UNDER INQUISITION.**—From a return just printed by order of the House of Lords, of the number of lunatics under inquisition who are resident in asylums, and the amount of their respective incomes and allowances for maintenance, it appears that there are 238 persons confined in asylums, including licensed houses. In many of the cases the whole income is applied for maintenance. The largest income in one case is 5,000*l.* a-year, of which 700*l.* is for the support of the lunatic and 2,500*l.* for keeping up Hazlewood Castle.

## Obituary.

May 5.—WILLIAM GRAHAM DOW, Esq., of 21 Leicester square, was lost from a rowing boat, run down by a river steamer, near the Nine Elms pier, Chelsea Reach. This deceased gentleman, only twenty years of age, was a medical student at King's College, and universally esteemed. The melancholy event has cast a deep gloom over his sorrowing relatives, by whom he is deeply regretted, and lamented by an extensive circle of friends, being a gentleman of high promise and literary attainments. The body has not been found.

18.—EDWIN DAWSON, Esq., at Wainfleet, All Saints, Lincolnshire, after extreme suffering from carcinoma of the stomach, which he bore with most exemplary patience, aged sixty-seven. Mr Dawson practised in Wainfleet for forty-three years, where his high professional talents, his benevolence, and affability, made him universally beloved. In addition to his professional acquirements, he was a great proficient in most other sciences; but more particularly music and acoustics.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 6th inst.:—Jesse Conway Davies, Holywell, Flintshire; Arthur Anthony Harris, Warrington, Oxfordshire; Charles Hemming Kimboltou, Hunts; Lloyd Herbert, St Mary Bourne, Hants; David Mathias, Cardigan; James Ray, Lowestoft, Suffolk; Peter Williams Rolston, Devonport; Philip Warren Sutherland, H. E. I. Company's Service; Henry Toussaint, Ceylon; Edward Snell Wallis, Dublin; George Alder Watson, Scarborough.

**COLLEGIATE PRIZES.**—The subject of the Jacksonian Prize, of twenty guineas, for the present year, is “Diseases of the Testis and its Coverings, and their Treatment.” The subject of the Collegiate Triennial Anatomical Prize, of fifty guineas, is “The Structure and Functions of the Ganglionic Systems of Nerves in Man, illustrated by references to Comparative Anatomy.” Fellows and Members of the College only can compete for these prizes.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 12, 1853:—John Charles Barrow, Loughborough; William Thomas Bell, Great Grimsby; George Fowler Bodington, Sutton Colefield; Broome Pinniger, Westbury, Wilts; William Lucy, Bristol; Robert Bath Smart, Balsham, Cambridgeshire.

**INQUEST.—IMPORTANT MEDICAL INQUIRY.**—An inquest was held yesterday se'nnight at the Guildhall, Ludlow, before John Williams, Esq., coroner, touching the death of Mrs Mary Osborn, which occasioned considerable interest, in consequence of rumours industriously circulated to the effect that she died from improper treatment. It appeared from the evidence, that the woman had “considerable disease of long standing in the upper cartilage of the wind-pipe, and an abscess situated in the body of that cartilage itself.” Disease of the heart is also said to have existed. In the first instance she consulted Mr Meymott, and afterwards Dr Bryce, who, to remove the sense of suffocation, advised the operation of laryngotomy, which was accordingly performed. Hæmorrhage ensued, and the woman lived only four hours after the operation. Dr Bryce, who performed the operation, finding that the hæmorrhage proceeded from an artery, called in Mr Thompson, who enlarged the wound and took up the vessel. The jury, after briefly consulting, unanimously returned a verdict: “Died from loss of blood, after a necessary surgical operation, the medical attendants not being able to administer stimulants from the nature of the disease.”



**UNIVERSITY OF GLASGOW.**—The Senate of this University has presented an address to the House of Commons, through Mr Lockhart, complaining of the tax of 10% imposed on every degree of Doctor of Medicine granted by the Scotch Universities. In answer to a question on the subject, the Chancellor of the Exchequer held out hope of a mitigation of the alleged grievance.

**THE UNIVERSITY OF LONDON.**—Petitions in favour of extending the Parliamentary franchise to the University of London have been presented to the House of Commons from the following places and persons since the 10th inst.:—Great Yarmouth, Hastings, Dublin, Westminster, Stepney, Bradford, Stockton, Norwich, Brecon, Wandsworth, Canterbury, Royal Free Hospital, Brenchley, Huddersfield College, Leeds School of Medicine, and from the inhabitants of Bucks. The total number of petitions presented now amounted to ninety.

**BEQUEST TO A MEDICAL COLLEGE.**—Leissing, a leading German actor, died recently. By his will, he leaves all his fortune, which was considerable, to the charitable institutions of Frankfort. In that document he states, that he has been tormented all his life with the idea of being buried alive; and, in order to avoid any risk of such a contingency, he ordered, that, as soon as his death should be declared by the competent medical authority, his skin should be flayed from his body from head to foot, and that the skin so taken off should be given to the Museum of Natural History of Frankfort. In his will, M. Leissing named the surgeon who should perform the operation, and left a large sum as his compensation. The Museum was applied to, to know whether it would accept so strange a bequest; it replied affirmatively, on condition that the skin should first undergo the treatment necessary for its preservation. The tribunal of *Première Instance* then sanctioned the will.

**ST MARY'S HOSPITAL.**—The annual meeting of subscribers to this valuable charity was held on Tuesday week, in the Board room, the President, Earl Manvers, in the chair. From the report it appeared that the accommodation had been increased from fifty to 150 beds, and these were insufficient for the demand. Although the progress of the institution was satisfactory, yet a sum of 7,000% was required to complete various important designs, such as a medical school on the collegiate plan, a chapel, and a dead-house. It is also the intention of the Governors to procure a charter of incorporation. The total number of cases treated during 1852 had been 6,541. The receipts for the year were 7,814% 14s. 7d., and the disbursements 7,979% 14s. The report was adopted.

**MEDICAL BENEVOLENT FUND.**—At the last monthly meeting of the committee two new annuitants were elected at 15% a year. Cases: 1. A general practitioner in the north of England, in great distress. Voted 5%.—2. The father of the family is insane, and his children, eleven in number, are reduced to very straitened circumstances. Voted 10% to be placed in the hands of a judicious friend, so that it may be applied as circumstances indicate.—3. A literary medical man in the country, well known and highly esteemed; reduced to the greatest distress and privation, and having a large family. Voted 15%.—4. A young man, an assistant, with a very high character, who is obliged to leave his situation, and make a voyage to a milder climate. Voted 10%.—5. An aged medical man, of high character, in reduced circumstances, requiring aid to enable him to carry on the battle of life. Voted 5%.

**SIGNS OF THE TIMES.**—Among the numerous instances which may be named as evidence of the growing want of confidence in the pecuniary promptness of the inhabitants of a certain metropolitan borough on the southern bank of the Thames, in reference to their obligations to medical men, may be quoted the following appendage to the card of a certain general practitioner who, besides keeping a shop where he vends "antibilious pills," "capiivi capsules," and "warm plasters," with "suspensory bandages 10½d. each," has a large practice as an accoucheur:—"—, M.D., &c., Accoucheur. At home from 11 (morning) until 10 (night). N.B. Terms moderate: no credit given: children to be paid for on delivery."

## Notices to Correspondents.

**MR PARKER.**—Sir Humphrey Davy may be considered to have anticipated the use of anaesthetics for the relief of pain. He suggested that nitrous acid gas would destroy the sense of pain in surgical operations. His hint was not adopted; but had he been a practising surgeon, it is probable that the employment of anaesthetics as a rule of practice would have been due to his philosophic mind. In reply to the other observation in your letter, we answer that it is quite true that her Majesty was placed under the influence of chloroform during her last accouchement, but not to the extent of producing absolute insensibility. A little of the liquid was placed on a handkerchief, and inhaled as the pains supervened. Much more has been said and written about this matter than there was any need. A good deal of virtuous indignation on both sides has evaporated in the course of the discussion relating to the actual amount of chloroform inhaled by her Majesty. The quest on is, not, how much chloroform was used or wasted, but what was the effect produced on the royal patient.

**MEDICUS (Bath).**—1st: The notice appears in our 16th No. 2nd: Yes.

**L.W.**—The period is four complete years—the examination taking place in the fifth current year. The cost is considerable, and, after all, attendance there will not make you a skilful physician, though it may lead to a good connexion, that may be beneficial to you in subsequent life. We would not advise you to go, if the expense be a consideration, or if you have a real love of your profession.

**MR VERRALL.**—Communication received.

**AN ARTICLED PUPIL.**—Should the gentleman to whom you are articulated concede two years of your time for attendance on lectures and hospital practice it will not vitiate your indenture. How could you be better employed than in studying your profession in the wards of an hospital?

**MR S.—TH.**—Similar cases to that you relate have come before our notice. The Poor-law Board rarely interfere, unless when compelled, even to insist upon their own instructions being obeyed. There are many instances of gentlemen having only one qualification, holding Union appointments; notwithstanding that resident gentlemen with the double qualification are willing to take office. Without taking into consideration the merits of the qualification, we view your case to be a gross hardship; but what can you expect from an ignorant Board of Guardians moved by every caprice, and biassed by every personal and sordid interest. The Poor-law Board might possibly refuse to confirm the appointment, but we have no faith in them; for they are very nearly as indifferent to justice as the Board of Guardians are incompetent to understand what it means.

**M.R.C.S. Eng. (Westminster).**—The taste of the sulphate of quinine is said to be concealed in some degree by the addition of tartaric acid, and its action upon the animal economy improved.

**LECTOR.**—An excellent mode of employing cold affusion is that had recourse to by the Indian surgeons in the treatment of cholera. Seat yourself and let some one dash cold water on your head and back; then a second time on the chest and abdomen; afterwards rub yourself thoroughly dry. Hydropathy, as a system, is mere humbug.

**J.R.B.**—Your note is of no value.

**A STUDENT.**—Yes.

**J.R.**—If you have it use it, but we would not advise you to buy it. There are better works.

**DR C. (Paddington).**—The number shall be sent.

**MR M.**—The newspaper has been received. We will endeavour to give an abstract.

**SIGMA (Liverpool).**—We are obliged to you for your commendations. The course we are pursuing is wholly independent of cliqueism, or personal influences of any kind. We have but one object, the good of the profession, and that we will promote by all means on all occasions. There is much that is good in the bill of the Provincial Association: and we therefore cannot approve of your sweeping censures; but we are of opinion that a little longer delay would give us an improved measure. There is no chance of passing a medical bill through Parliament at this late period of the session.

**DR COLLIER.**—Your humorous note is not exactly the thing for publication; but it shall have a reply.



DUBLINIENSIS.—We do not think so. When the bill comes before Parliament, the Apothecaries' Hall of Dublin will in all probability endeavour to procure a hearing.

DR COGSWELL.—Communication received.

*To the Editor of the 'Medical Circular.'*

SIR,—I beg to forward you the enclosed for your perusal,—that through the medium of your widely circulated journal, you may call the attention of the profession to this infamous imposition. I am in country practice, and am daily coming in contact with bills of this kind, but the enclosed is one of the most impudent I have ever seen. If our noble profession would unite to form a fund to prosecute these infamous scoundrels, its members would be amply repaid—five or ten shillings each per annum would be sufficient to completely put an end to quackery, such as this.

Hoping something may soon be done to protect the qualified man from these insults, I remain, Mr Editor, One who has subscribed to the 'Medical Circular,' since the commencement.—M.R.C.S.

May 10, 1853.

The handbill referred to by M.R.C.S., is an impudent concoction by a certain Dr Hay, who commences his lucubration with the formula of an Order in Council—"By the Queen's Most Excellent Majesty, and with the consent of the Lords Spiritual and Temporal" (all alas! too true!) surmounting the Royal Escoccheon; and ending with the following caution, directed at the fair fame of a rival impostor.

"CAUTION.—A MOST IMPUDENT IMPOSTOR.—Dr Hay considers it his duty to caution the public against a man prowling about the Colliery Districts purporting to be a Dr Alvado, and assuming under false pretences a copy of Dr A. Hay's bill, preposterously substituting and printing the same with a fictitious address to Bridge Street, Sunderland. Description.—He wears long hair on the Upper lip, a shabby exterior, swarthy complexion, and appears rather

ther of a consumptive habit; frequently endeavouring to mimic the French accent from the mountain slang of Ireland. Whereas wishing it to be understood that all such persons falsely assuming any of the exclusive privileges of the Crown of England, which the act of Geo. 3, chap. 32, sec. 49, shall subject themselves to perpetual imprisonment at the discretion of the government," &c. &c.

As Dr Hay, besides curing all the maladies named in the nosology, and a good many others besides, professes to bleed and extract teeth with accuracy and skill, we advise M.R.C.S. to invite him to his Surgery and give him a specimen of *bonâ fide* surgical practice by extracting one or more of his teeth, and M.R.C.S. may depend upon it, that the saucy impostor will soon decamp.

*To the Editor of the 'Medical Circular.'*

SIR,—In reply to "a Subscriber's" request in your last Number, allow me to suggest a trial of the Tincture of Sumbul, in doses of five to ten drops, ter die, in Aq. Menth.-pip., continued for weeks, which I have found in several instances ward off the attacks of epilepsy to which the patients had previously been very frequently subject.

I am, Sir, your's, &c., MEDICUS.

C. E. DES COMBES.—Communication received.

*To the Editor of the 'Medical Circular.'*

EPILEPSY.—SIR,—In cases of idiopathic Epilepsy, I generally use with success, *Belladonna*, *Opium*, *Secale Cornutum*; but much depends upon selecting a proper remedy, and for that purpose on a diligent ascertaining of the general state of health of the patient.—G. V., M.D.

Chadwell street, London, May 21, 1853.

MR JAMES W.—We believe that there are not more than a dozen members of the Corporation of London among the Governors of Bethlehem Hospital: but of course, being men of business and representing the Corporation, they would exercise considerable influence.

## Advertisements.

### New Truss for Hernia.—F. Walters.

TERS begs to call attention to his NEW TRUSS, with improved water pad. The advantage of water is extreme softness and the certainty of the pressure being always in the proper place. This truss has received the approbation of the most eminent surgeons, many of whom pronounce it the most perfect ever yet produced. F. W. can, therefore, confidently recommend it to all those requiring such assistance. Manufactured only by F. Walters, of whom can be had the new double-action cycloidal enema Syringe; also Walters' celebrated Railway Convenience for Ladies and Gentlemen.—F. Walters, 16 Moorgate street, City.

### Royal College of Surgeons of

ENGLAND,—The Subject of the Jacksonian Prize of Twenty Guineas, for the present year, 1853 is DISEASES of the TESTIS and ITS COVERINGS, and their TREATMENT. The Subject of the Collegial Triennial Anatomical Prize, of Fifty Guineas, is the STRUCTURE and FUNCTIONS of the GANGLIONIC SYSTEMS of NERVES in MAN, ILLUSTRATED by REFERENCES to COMPARATIVE ANATOMY. These Prizes are to be written for under the following conditions:

Candidates to be Fellows or Members of the College, not on the Council.

The Dissertations to be in English, and the number and importance of original facts will be considered principal points of excellence:—recited cases to be placed in an appendix.

Each Dissertation to be distinguished by a motto or device, and accompanied by a sealed paper containing the name and residence of the author, and having on the outside a motto or device corresponding with that on the Dissertation.

The Dissertations to be addressed to the Secretary at the College.

The Manuscript Prize Dissertations and every accompanying drawing and preparation will become the property of the College.

Those Dissertations which shall not be approved, with their accompanying drawings and preparations, will, upon authenticated application within the period of three years, be returned; together with the paper, unopened, containing the names and residences of the respective Authors.

The unapproved Dissertations which shall remain three years unclaimed, with their accompanying drawings and preparations, will become the property of the College; at which period the papers containing the names of the Authors will be burned, unopened, in the presence of the Committee.

The Dissertations for the Jacksonian Prize must be delivered at the College before Christmas-day next.

The Dissertations for the Collegial Anatomical Prize must be delivered at the College before Christmas-day 1855.

12th May, 1853.

EDMUND BELFOUR, Secretary.

### Sp. Vin. Rectif.—56° overproof.

—We continue to supply the Faculty with this fine Spirit at 17s. 6d. per Gallon, and 1s. per Gallon for Flasks.

PURE PALE BRANDY, peculiarly free from acidity, only 14s. per Gallon; or in French Bottles, labelled "Eau-de-Vie," 30s. per Dozen, Bottles included.

HENRY BRETT and CO.

Old Farnival's Distillery, Holborn.

5th April, 1853.

### New Microscopes. — Pritchard's

new Miniature Travelling Achromatic Microscope, price Five Guineas. (See description in 'The History of Infusorial Animalcules, Living and Fossil,' third edition, just published.) Also, Pritchard's Naturalist's and Medical Achromatic Microscope, price 7l. 10s.—Pritchard's lever-stage Achromatic Microscope, price 10l. 10s.—Pritchard's Standard Achromatic Microscope, price Fifteen Guineas. All these Instruments embrace the latest improvements.—The Clergy, Medical Profession, and Amateurs supplied with Achromatic Object Glasses to any Microscope, Micrometers, Polarizing Apparatus, and Microscopic Preparations of all kinds.—S. STRAKER will forward, post free, a new Price List of Microscopes, &c.—162 Fleet street, London.

TO SURGEONS, DISPENSING CHEMISTS, &c.

### Hospital Sulphate of Quinine, Pure

CRYSTALISED, prepared by  
EDWARD HERRING,

For the use of Hospitals, Dispensaries, &c.

This Sulphate of Quinine is chemically pure, its form of Crystal is the same, and in every respect identical with the Sulphate of Quinine of Commerce, the only difference being that the one is bleached and the other unbleached.

It was originally introduced for the use of Hospitals Dispensaries, and Public Charities; but ITS PURITY and GREAT REDUCTION in PRICE is also attracting the attention of Medical Practitioners and the Dispensing Chemists.

The peculiar mode of preparing the Hospital or Unbleached Sulphate, and also the usual White Sulphate, is being made the subject of a Patent, the process of manufacture will then be made public.

It is put up in bottles (free) of 3 ounces and 6 ounces each; capsuled with the name of the Proprietor, and labelled with the name of the Inventor.

Both these Sulphates to be had of the leading Druggists in London and the United Kingdom, and in quantities of not less than 100 ounces, of

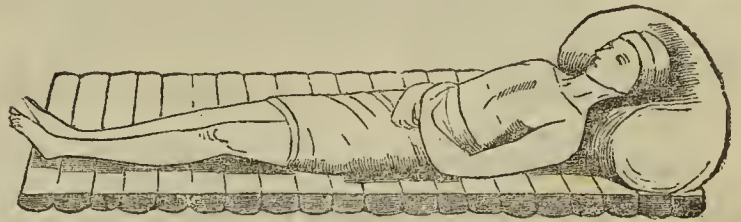
JACOB HULLE, jun., Proprietor,

October 23, 1852.



# MR HOOPER'S IMPROVED INVALID WATER OR AIR CUSHIONS AND MATTRESSES, OR BEDS.

Being made of prepared India-rubber, without the admixture of cloth materials, Leakage is avoided.  
(See 'THE LANCET,' Jan. 25, 1851.)



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For further reports of their utility, see Mr Caesar Hawkins's Letter in the 'Lancet,' Oct. 27, 1849; Dr Hake's Letter in the 'Provincial Medical and Surgical Journal,' Nov. 1, 1850; Dr Thorn's Letter, 'Medical Times,' March 20, 1851; also the 'Institute,' February 8th, and the 'Lancet,' Jan. 25th, and Feb. 15th, 1851.

## For Varicose Veins and Weak-

ness.—**SURGICAL ELASTIC STOCKINGS** and **KNEE-CAPS** on a New Principle, pervious, light in texture, and *inexpensive*, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of Lacing or Bandaging; likewise, a Strong, Low-priced Article for Hospitals and the Working Classes: **ELASTIC NET CORSETS** of the same beautiful fabric, **ABDOMINAL SUPPORTING BELTS**, for both sexes, those for ladies' use before and after accouchement are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instructions for measurement, and prices, on application, and the articles sent by post, from the Manufacturers,

POPE and PLANTE, 4 WATERLOO PLACE, PALLMALL.  
The Profession, Trade, and Hospitals supplied.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.  
**BROWN'S CANTHARIDINE BLISTERING TISSUE.**

PREPARED FROM PURE CANTHARIDINE.

## An Elegant Preparation, Vesicating in much less time than the Emp. Lyttae. P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of the most eminent practitioners in the kingdom.—In Tin Cases, containing twelve square feet, 6s. 6d.; and small Cases, of six feet, 3s. 6d. each.

**BROWN'S TISSUE DRESSING.**  
An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing 12 square feet, 1s. 6d. each.

Extracts and Editorial Note from the 'New York Journal of Medicine.'  
"March 1st, 1850.

"**BROWN'S CANTHARIDINE TISSUE.**—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the medical profession.

"Accompanying this article is a very simple and neat dressing."

From the 'Medical Examiner and Record of Medical Science,' for May 1850, published in Philadelphia.

"We have received from Mr Geo. D. Phelps, of New York, specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial, and find they fully answer our expectations."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Port Pitt, Chatham, reports that Mr Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr T. B. Brown, Druggist."

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NO ACT OF PARLIAMENT REQUIRED TO SETTLE THE  
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Bass's or Allsopp's Best Pale Ales,		
at per Dozen Imperial Quarts	8	0
Ditto ditto Pints	4	6
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EARLE BROTHERS and CO. guarantee their Ales and Stout to be of the finest quality, and earnestly invite the Public to avail themselves of the great saving they will make by honouring this firm with their patronage.

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**Allsopp's Pale Ale.**—I refer the learned to Baron Liebig, the temperate to Dr Carpenter, invalids to the medical profession, and the robust to the best clubs of London for the merits of my stock of ALLSOPP'S ALE. The "Thirsty Soul" and "Constant Reader" of the 'Times' I can also satisfy with my Imperial Measure.

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Prepared from the fresh plant (Hyoscyamus Niger, Conium Maculatum, Atropa Belladonna, Cotyledon Umbilicus, &c.), all of which contain the properties of the fresh juices unimpaired in their manufacture.

W. T. has just received a supply of Indian Bael (Egle Marmelos), now being so much recommended for Dysentery and Diarrhoea.  
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The small share of Profit divisible in future among the Shareholders being now provided for, the Assured will hereafter derive all the benefits obtainable from a Mutual Office, with, at the same time, complete freedom from liability—thus combining in the same office all the advantages of both systems.

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Tables of Rates and Forms of Proposal can be obtained of any of the Society's Agents, or of

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N.B.—A Fee of One Guinea is paid to the Medical Attendants of all persons proposing to assure.

**John Robert Pike begs to**

announce to his Friends and the Public generally, that he has OPENED OFFICES at this address as a MINING AGENT. From the great facilities obtained during his residence in Cornwall, he is enabled to afford more than ordinary information as to the state and prospects of the Mines in that County, many of which are paying from 15 to 20 per cent. profit on their present market value, and 300 to 400 per cent. on their original cost. J. R. P. can recommend several Mines in a progressive state, which, beyond doubt, will soon become dividend paying ones, that can now be obtained at a comparatively trifling outlay.

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THE ACADEMIE DES SCIENCES AT PARIS.

And is already in extensive use in nearly all the Hospitals in London, Edinburgh, Paris, and Vienna.

Extract of a Letter from that distinguished Physician of Guy's Hospital, Dr GOLDING BIRD, M.D., F.R.S., F.R.C.P., &c., &c. (Published with his kind permission).

"We have in this ingenious Invention that which has long been a desideratum, viz., an Apparatus of the smallest possible bulk capable of evolving a continuous uninterrupted current of Electricity, of moderate tension, and always in one direction. . . . I can scarcely recommend Dr Pulvermacher's Invention too strongly to the notice of my medical brethren."

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Eight lines and under ..... £0 6 0  
 Every additional line ..... 0 0 6  
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THE  
**MEDICAL CIRCULAR**  
AND  
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No. 22, NEW SERIES. }  
No. 48. }

WEDNESDAY, JUNE 1, 1853.

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The COUNCIL have the highest gratification in announcing that His Royal Highness PRINCE ALBERT has been graciously pleased to appoint WEDNESDAY, the 6th JULY, at Four p.m., to lay the Foundation-stone of the College, at Epsom, when it is hoped—nay, confidently anticipated—that the Members of the Profession throughout the country will endeavour to meet His Royal Highness on that auspicious occasion.

N.B.—Gentlemen willing to assist the Council in making the necessary arrangements, by acting as Stewards on the occasion, are requested to forward their names to the Secretary as early as possible.

By order of the Council,

HENRY TUDOR DAVIES, Hon. Sec.

4 Hanover square, May 26, 1853.

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## The Medical Circular.

WEDNESDAY, JUNE 1, 1853.

### DISPENSARY PRACTICE.

WHAT would the public say if they saw rising up, one fine summer morning, like an exhalation, in Lincoln's-inn fields, a superb Grecian structure, with fluted columns and Corinthian capitals, on which was inscribed, in golden letters, this sentence: "The Royal Court of Relief for Distressed Plaintiffs;—opinions given and cases conducted without fee or reward?" They would rub their eyes, stare awhile, and conclude that the legal profession was in a paroxysm of lunacy, or had arrived at the point of utter ruin. To get their law for nothing would be one of those incredible boons, which even "seeing" would not convince the public was within their reach.

Yet, incredulous as we are of such philanthropy in others, we are ever ready to sacrifice our interests by a gratuitous grant of our talents, knowledge, and services to our neighbours. Although we could not believe in a "Royal Court of Relief for Distressed Plaintiffs," we can subscribe to build Dispensaries in every parish; and after they are built, consent to attend them every day, to examine the patients, prescribe for their ailments, and even, in some instances, to supply the drugs required. Rich and poor doctors are equally guilty of this folly: the former to get a repute for skill or charity, to keep a practice if they have one, or to gain experience; the latter to work their way to a connection through the publicity it affords.

If the benefits derived from these institutions were confined to the distressed poor, in the name of charity they should have our good word; but it is notorious that persons living in a respectable sphere—the children and wives of tradesmen and clerks, gentlemen's servants, and individuals enjoying a small independence—constitute a large number of the recipients of the aid they afford; and thus the institutions are defrauded, the benevolence of the rich abused, the poor robbed, and the private practitioners deeply injured.

The effects of these institutions—increasing as they are in number every day, and conducted on an extensive scale—is to *pauperise* the profession. The needier class of our brethren cannot withstand their competition, and tens of thousands of pounds, which would otherwise have found their way into the pockets of the profession, are now spent in the small luxuries and vicious indulgences which in large cities engender the diseases to be cured of which the invalid resorts to the Dispensary.

Pressed upon, on all sides, the private practitioner is frequently driven to the miserable alternative of setting up a little dispensary of his own, in the hope of attracting some of the patients from his leviathan neighbour, and eventually establishing a reputation and a profitable practice. This expectation in the majority of instances is never realised; but,

on the contrary, the surgeon loses his time, lowers the value of medical service, is treated with ingratitude, consumes his own substance, and injures the practice of his neighbour.

What wonder, then, that there are so many poor men in our profession, claiming on the funds of our charities—far too inadequate, alas! to meet a tithe of the demands upon their resources! What wonder that penniless widows and famishing orphans are crowding near the skirts of our profession, and lifting a heart-piercing cry for the help which cannot be given! The wealthy are never weary of asking our gratuitous aid for the relief of the very poor and distressed, but how little in return do they help us? The pauper's child shall find many friends, and a dozen societies, all ready to receive it to their bosom; but the surgeon's orphan knows not whither to look for a comforter. Some hope indeed have we now, through the exertions of Mr Propert, Mr Newnham, and others; but the best policy consists in averting the necessity by opposing with firmness the destructive system of indiscriminate gratuitous services. Let the profession be united on this point, and we shall see less misery in our ranks.

### ROVING PETITIONS.

WITHIN these two or three weeks, a new something-committee, club, or society, we know not which,—has been set on foot to assist the Council of the Provincial Association to carry their Bill through Parliament. This puny adventure deserves attention merely from the fact, that forms of petition to the Houses of Lords and Commons have been drawn up in connexion therewith, and circulated by hand among the practitioners of this metropolis, praying the Government in general terms to undertake to legislate on the subject of Medical Reform—a requisition to which no sensible man can object; but these petitions are accompanied by a printed document addressed to the Home Secretary, containing a considerable quantity of questionable laudation of the New Bill, to which very few men we suspect will be inclined to assent. So far as the petitions are concerned we offer no objections, but we strongly condemn the artifice of accompanying drafts of petitions deserving the warmest approbation, with a document of a more private nature, to which the gentlemen signing the petitions are not necessarily called upon to assent, but which, nevertheless, their signature to the petitions may be construed to favour. In common parlance tricks of this kind are called "dodges;" and although this is a low phrase hardly meriting a place in a professional journal, yet it is appropriate, as the conduct which it depicts is of a character not more consonant with professional tastes.

The gentlemen constituting this committee, have by this manoeuvre undermined their cause, for however numerous may be the signatures attached to the petitions, it will be competent for every man, so signing, to protest against the policy and views of the Committee so soon as a crisis shall arrive demanding a special expression of opinion. In me-



dical politics it is especially necessary that a candid and straightforward course should be adopted, for no body of men who dissimulate with their principles, or disguise their policy, can retain the confidence of the profession. Let these gentlemen therefore be wise in time, and since it appears that their little club has not been formed for the purpose of *deliberation*, but merely to act as the executive of the Provincial Association, they should unreservedly state their principles, and, in their public petitions, honestly declare the policy they desire the legislature to adopt.

On the present occasion we have dealt leniently with these gentlemen, as we are willing to believe that the offence of which they have been guilty has sprung from inexperience; but if they persist in this dubious course we shall be tempted to change our opinion, and to fall upon them with a heavier hand.

#### EXCISION OF THE ENLARGED TONSIL.

WE call the attention of our readers to two letters reprinted from the 'Medical Times and Gazette,' on the subject of excision of the enlarged tonsil—one from Mr Toynbee, the other from Mr Yearsley, the originator and promoter of the practice. The reply of the latter gentleman to the assertions of Mr Toynbee appears to us to be conclusive, both as regards argument and testimony, of the utility of the operation under the conditions and limitations specified; and we are surprised that Mr Toynbee should have ventured to arraign a mode of treatment which he does not seem to have either understood or practised.

All great improvements in practice must, it would appear, be subjected to similar opposition before they can be finally established; and we trust that the result of this discussion will be to clear away many misapprehensions, and to place the treatment of enlarged tonsils by excision on an unassailable and permanent basis.

### Mirror

OF

#### PERIODICAL LITERATURE.

(From the 'Lancet,' May 28, 1853.)

##### OBSERVATIONS ON CHLOROFORM AND ITS ADMINISTRATION.

Mr Martin Coates thus sets forth his views:

"My manner of administering chloroform is as follows: The patient being ascertained to be free from affections of the brain, heart, and inflammatory actions of the lungs, &c., is freely purged the day before the operation, and his diet is limited on the morning appointed. Any article of clothing confining the throat or chest is let loose. The patient is desired to raise one hand, and to keep it raised as long as possible. Five minims is first given in Dr Sibson's inhaler, to diminish the sensibility of the mucous membrane of the larynx. After a minute has elapsed fifteen minims are added, and repeated every minute until the hand drops and is not moved on the patient's being desired to raise it. I then commence the operation.

"The person managing the chloroform watches the pulse and respiration. On the former becoming weak, or the

latter stertorous, the inhalation is discontinued until they become normal. On any indication, on the other hand, of sensibility returning, ten minims are added.

"Dr Snow, in a paper published in the 'London Journal of Medicine' for April, 1852, has proved by experiments on animals that if the air respired contain more than eight per cent. of chloroform, the action of the heart ceases very suddenly, and sometimes before the breathing.

"It would seem unnecessary to insist upon the necessity of using so potent an agent in the smallest possible quantity consistent with success. What intelligent practitioner would give an unnecessarily large dose of opium, calomel, or arsenic? The same rule applies to chloroform, and the more cogently, that when danger arises it comes so suddenly that there is but little time for the application of treatment.

"Chloroform inhaled in small quantities of five, ten, or fifteen minims is a general stimulant, and the first two or three doses of fifteen minims usually renders the pulse quicker and fuller. Whenever the pulse sinks in power even slightly, the inhalation is too rapid, and the chloroform is accumulating too quickly or has been continued too long. When this is the case it should be discontinued, for it is better to have an unsteady, or even a suffering, than a dying patient.

"In natural labour I administer chloroform when the patient desires it, and circumstances do not forbid it. In operative midwifery I recommend it. Its effect is to diminish uterine action, and to relax the os uteri and external parts, so that what is lost in one direction is gained in another. Of course, it destroys all voluntary effort. In natural labour I never commence its use until the latter severe pains begin. I cannot approve of the keeping a patient for many hours under its influence. I think it desirable in these cases (of natural labour) to act upon the sensorium only, avoiding even more carefully the affecting the true spinal marrow, than in operations; this I do by giving first five minims; then, after the lapse of a minute, ten; and, if required, fifteen minims every succeeding minute until the patient becomes unconscious; an occasional ten minims given when consciousness threatens to return, is sufficient to keep up the then existing freedom from suffering without diminishing the uterine contractions to too great a degree. Patients who have been delivered under chloroform rarely suffer from after pain; so much is this the fact, that I seldom have to give the usual opiate after such cases. The soreness of the labia and perinæum after labour is much diminished by the ease with which they yield, under the influence of chloroform, to the pressure of the head of the child. I am now in actual attendance on a lady whom I delivered under chloroform at the birth of her last child, and who has requested me to pursue the same practice in her coming confinement, upon the ground that she had suffered so severely from soreness of the labia in all her confinements previous to her last, but had not done so then.

"I believe that where this agent is used in the manner and with the precautions I have recommended, no evil consequences will occur; but if it is administered in large doses death will occur, as in operations; and even where that catastrophe is avoided, labour may be indefinitely prolonged. In operative midwifery I administer the same quantities as in other operations; and I once kept a woman under the influence of chloroform during an hour and a quarter without the slightest evil consequences.

"In no case have I seen an unfavourable result, and in one case only have I been obliged to abstain; and as this case indicates a cause of danger not, I believe, noticed by others, and leads to an improvement in practice, I will relate it. I was about to use the forceps in a woman pregnant for the first time, aged upwards of forty years, and having a contracted pelvis. I placed fifteen minims of chloroform in the apparatus; but immediately on my bringing it to the mouth and nose, she had a sense of suffocation and eroupy inspiration, with venous suffusion of the countenance, which symptoms forced me to desist. The chloroform had evidently excited spasm of the muscles, closing the glottis; and I doubt not, had I persisted, my patient would have



died asphyxiated. Since this case I have commenced, as above stated, with five minims, and then proceeded to ten or fifteen. This plan has succeeded well, by gradually diminishing the excitability of the nerves of the mucous membrane of the larynx; it also prevents that painful sense of constriction about the throat and chest which, I remember, was in my own case very unpleasant.

"I think it right to state that, in experienced hands, a drachm of chloroform may be placed in the apparatus, and by carefully regulating the valves, a quantity not exceeding ten or fifteen minims may be administered; but a proper apparatus is not within the reach of all. Therefore a plan was still a desideratum by which a person only moderately skilled may be enabled to administer it safely and effectually. Such a one I feel that I have proposed. Ten minims every minute will frequently produce complete insensibility to pain; and in cases where absolute quiet is not requisite, or where there is any reason to fear syncope, such doses are the best, as they raise the pulse, and in that way would diminish the danger from loss of blood, or even from fatty degeneration of the heart. Indeed I think that where ordinary syncope occurs from other causes, and where the patient cannot swallow ordinary stimulants, an inhalation of five or ten minims of chloroform might prove beneficial as a general stimulant.

"Chloroform in repeated doses of fifteen minims is exceedingly useful in diminishing excessive uterine action, where, from its excess, or from rigidity of the external part, or from both, there is reason to fear rupture of the uterus or laceration of the perinaeum. It is in its action, when given in the above quantities, the antithesis of the ergot, and is, of course, useful in directly opposite cases.

"I have seen recommended by an eminent surgeon frequent stimulation of a patient in danger from chloroform. The following experiment seems full of meaning on this point. I placed two frogs under the influence of chloroform to the same degree. One I stimulated incessantly by irritating the skin; the other I left quiet. The former became more and more feeble, and would I think have died had I persevered; the other recovered in a few minutes.

"As long as a patient has a good pulse and easy respiration he should be left quiet. A little cold water, after the conclusion of the operation, suddenly dashed on the face at intervals of a few minutes, is all that is necessary or safe. If danger occurs, artificial respiration and galvanism seem to afford the best chance. In the absence of galvanism, the application of alternately very cold and very hot water, at proper intervals, might excite deep inspirations. Too frequent stimulation would probably, as in the case of the frog, exhaust nervous energy.

"There occurs sometimes after operation performed under the influence of chloroform, especially where stertor has been induced, vomiting, accompanied by great failure of pulse: for this the best treatment is a teaspoonful of pure brandy.

"Notwithstanding the expressed opinion of Dr Simpson, and other deservedly high authorities in their favour, I am satisfied that the handkerchief, piece of lint, and sponge, are inaccurate and dangerous chloroform inhalers. By them sometimes more, sometimes less, is given than is intended or required. In truth, nobody can know what the quantity inhaled is; so much depends upon how the handkerchief is folded, what is the shape of the sponge, and the distance at which they are held from the mouth and nose.

"An inhaler invented by Mr Whitlock, of Salisbury, is far better than the handkerchief, sponge, or lint, and is very simple. It resembles a small mask enclosing the mouth and nose. It is composed of brass wire, the outer and convex part of which is covered with porous cloth, the concave surface is lined with lint, there being a small piece of sponge between the lint and wire. Whether Mr Whitlock's instrument, the handkerchief, sponge, or lint is used, at least half the chloroform is blown by expiration into the room, to be inspired by the operator and his assistants."

#### REPORT OF A CASE OF VACCINIA AND VARIOLA OCCURRING SIMULTANEOUSLY.

Mr Clarke, of Kenilworth, reports the following case:

"Having read in the 'Lancet,' a short time since, the report of an interesting case of vaccinia and variola in an infant, I am induced to relate a very similar case which occurred in an adult, considering that the *questio vexata* of the present day can only be settled by authenticated facts. I must be excused mentioning more than the general outline of the case, owing to my having omitted to take notes when it occurred.

"E. C—, aged twenty-two, who had been vaccinated in her infancy, was re-vaccinated by me, Dec. 6th. On the fourth day, no small red spot was visible, consequently I concluded either that the vaccine disease would be retarded in its course, or would not be produced at all. In two or three days afterwards I was called in a great hurry to see this patient. I found her in bed very much alarmed, suffering intense pain in the loins. On the third day an eruption appeared, which in two days assumed a somewhat livid aspect, the throat at the same time being highly inflamed, and so constricted that it was with the greatest difficulty she could swallow even fluids. She likewise aborted, and had considerable hæmorrhage afterwards. On inspecting the eruption on the vaccinated arm, I discovered two genuine vaccine vesicles, such as you would expect to see from primary vaccination; this was about the twelfth day after the insertion of the lymph. I was certainly surprised and somewhat dismayed at seeing the worst form of variolous disease occur simultaneously with that of the vaccinia; suffice it to say, this poor woman died after an illness of six days.

"It will be proper to remark that her mother was just recovering from small-pox, and, when the eruption was just appearing, was delivered of a fine child, which I vaccinated on the fifth day after birth, and who, to my great satisfaction, escaped the variolous disease, although constantly at the mother's side or breast.

"My deceased patient, who had a great horror and dread of small-pox, lived about a mile from the parent, and I believe only entered her house once or twice."

#### REMITTENT OPHTHALMIA.

Mr Hancock offers objections in this Lecture to the practice of designating the form of Ophthalmia incident to children as "Scrofulous Ophthalmia." After quoting the opinions of several authors of note to show the universality of the present dogmas, he proceeds to say:

"It is unnecessary to give further opinions than those just quoted; they are quite sufficient to show the leaning of authors to view the disease in question as depending upon or being connected with scrofula. Let us now inquire how far these opinions are tenable, and with what justice we are to condemn those who labour simply under this affection of the eyes to the imputation of having a scrofulous constitution. Great as are the authors who promulgate such opinions, I must confess they have not convinced me of the correctness of their views with respect to the disease in question—viz., that described by authors under the titles 'Strumous, Scrofulous, or Phlyctenular Ophthalmia.' I believe it to be an affection simple in its character, depending in the generality of instances upon disorder of the digestive organs, influenced by the age of the patient, and presenting a certain type peculiar to diseases of the earlier periods of life; that it is not restricted to scrofulous children in particular, but that it attacks any child, however strong and healthy his previous condition may have been. In giving this opinion, I would guard against its being supposed that I deny the existence of such a disease as scrofulous ophthalmia. I by no means intend to do so. I merely deny that the disease so indiscriminately designated as scrofulous is of a strumous or scrofulous origin, whilst I agree with Jacob that the really strumous or scrofulous ophthalmia is an entirely distinct affection from that under consideration.

"The question, however, must after all be considered in



relation to the light in which we view scrofula itself; whether we regard it as an established fact, a particular virus or poison, an actual morbid product, or as a series of processes leading to certain results, but being equally scrofula whether those results be obtained or not; so in like manner the term scrofulous is subject to the same consideration. Is it to be applied to those symptoms which may be presumed to predispose to the formation of tubercle or the deposit of scrofulous matter? (I do not here offer any observation on the identity between the two.) Or is it to be confined to those cases wherein the symptoms are accompanied or have been preceded by such deposits? Here I entirely agree with the judicious remarks of Dr Glover. (On Scrofula, p. 142.) He observes, 'The question to be decided in the first instance is simply whether the formation of tubercle constitutes an element of such importance in the pathology of these diseases, as to require the existence or non-existence of this structure to be taken for a distinctive sign? And here a due consideration of the subject must lead to an answer in the affirmative. No matter, then, how nearly an affection may approach the strumous character, unless there be tubercular or scrofulous matter formed, or an evident tendency to its formation, checked, perhaps, by treatment, the disease is not scrofula.' I would even go beyond this point; I would submit that the mere presence of tubercle in combination with another affection, does not, *per se*, entitle such a disease to the generic term scrofulous. If we find such symptoms or affection capable of independent origin in individuals of healthy formation or constitution, such symptoms or affection ought to have an independent and distinctive appellation, no matter whether they attack those with scrofulous changes of structure, or those without. We are not justified in asserting that a disease is scrofulous, merely because it is characterized by certain symptoms supposed to precede or lead to the deposit of tubercle, if those symptoms are capable of inducing other results, or of being arrested or removed altogether, without such tubercle being developed, and for this reason we cannot agree with those writers who regard this form of ophthalmia as a sign, *per se*, of the scrofulous diathesis, and who, consequently, assert 'that it is sometimes the first manifestation of that condition of constitution.' If this form of ophthalmia be so dependent upon scrofula, how is it that its attacks are so restricted by age?—how is it that it does not proceed, *pari passu*, with that disease? We rarely meet with the so-called strumous ophthalmia after the age of twenty, whilst the very large majority occur in children under ten. Scrofula does not limit itself to these periods of life, and how very rarely does this affection of the eye accompany the most confirmed of all scrofulous diseases, phthisis pulmonalis. If the relation between the two diseases were so intimate as is insisted upon by the generality of authors, we have every right to infer that they would prevail at the same epochs, that the one would not be confined to the first fifteen or twenty years of life, whilst the other, upon which it is said to depend for existence, is bounded by no such limits, still less would we expect such complete immunity from the ophthalmic affection as obtains in phthisis, where the scrofulous development may be said to have attained its climax. At peculiar ages there are peculiar conditions of constitution; at the period of childhood, whether the process of development going on requires or produces excited action, or whether full vigour is not as yet attained, a condition of excitement, debility, and irritation obtains, which more or less influences and controls the affections to which children are liable, whether of the eye or elsewhere. We should not confound this condition, which is the common lot of all, with a specific disease, as is virtually done by designating these cases 'scrofulous ophthalmia;' if so, we do neither more nor less than declare that scrofula is inherent in the constitution of all, and that no one is free from its taint. Those diseases of the eye whose origin can fairly be traced to scrofula, presenting symptoms and appearances peculiar to themselves, ought to be called 'scrofulous ophthalmia,' in the same way that we designate particular affections of the iris, syphilitic, or rheumatic iritis; but we ought to be careful not

to apply a term of specific signification to a disease of a general character, as by so doing we mislead and do mischief, since specific diseases are too frequently treated according to their designations rather than to their actual characters and symptoms. Here we have an inflammation of the eye; it attacks children of all conditions, whether scrofulous or otherwise; it is subject to the same influences or peculiarities attending other diseases of childhood, to which I have already alluded. We are told that ninety out of every hundred diseases of the eye at that period of life are of this character, and that every inflammation of the eye in early life, however caused, is prone to assume this type; and therefore the question resolves itself into this: that that form of ophthalmia usually regarded and described as scrofulous, is not a disease caused by, and depending upon the morbid taint of scrofula, but simply an inflammation of the eye occurring at a particular age, partaking of the peculiar characteristics of diseases of that age, assuming a general form or type, but capable of modification according to the peculiarities of the patient. It is surely better to consider this disease simply as the ophthalmia of childhood; and from its general characteristics, and the affinity which it bears to the remittent fever of childhood, I would propose for the future to designate it 'remittent ophthalmia,' as giving a more correct definition of the disease, and leading to a sounder and more judicious mode of treatment; and I shall consequently adopt this term in my subsequent remarks. In all cases the principal diagnostics of remittent fever are present, more urgent and marked in some cases than in others, but in all they may more or less be traced if due attention be paid to the matter. The remissions of severity; the increase of fever and heat towards night; the subsidence thereof, and accession of perspiration; the eruption about the nose and corners of the mouth; picking the nose and lips; rubbing the eyes; the foetid, sour, and disagreeable breath; the strawberry tongue, covered with moist fur; the tumid, hard, and swollen belly; irregular state of the bowels, sometimes constipated, at others relaxed; the evacuations, sometimes clay-coloured, at others dark, slimy, and nearly always offensive; the tendency to eruptions over the face, head, and body, may alike be traced in the ophthalmic affection as in the remittent fever; and if we would carry out analogy further, we may refer to the phlyctenæ and ulceration of the cornea and conjunctiva as analogous to the inflammation and ulceration of Peyer's glands of the intestines."

(From the 'Medical Times and Gazette,' May 21, 1853.)

#### TRACHEOTOMY IN A CASE OF CROUP SUCCESSFUL.

Mr Wm. Craig, of Ayr, relates this case. The usual antiphlogistic remedies having been employed without a beneficial result, it was resolved to have recourse to tracheotomy.

"The boy was seated on the knee of an assistant. A free incision of fully two inches in length was then made, without losing a drachm of blood; and every drop was removed before opening the trachea. It was opened to the extent of an inch fully, and the incision was at the same time carried through the false membrane. Immediately on the opening being made, the membrane was seen vibrating in the trachea, and a violent expiratory effort caused a large portion of it to be forced out; and the patient was immediately and completely relieved. The larger portion of the membrane thus ejected was about two inches in length, and, at its greatest breadth, was fully an inch and a quarter. There were two small fragments thrown out at the same time, which, when added to the largest piece, made it of a uniform length and width. It was fully a line in thickness, and, in tenacity, it somewhat resembled that of an orange skin.

"For a number of hours after the operation, there was little cough and no expectoration; but there was a considerable discharge for some time after this, without any bronchial or other pulmonary irritation which could be discovered to account for it. The discharge might, in my opinion, be supplied for the most part by the solution of that portion of the membrane which lined the trachea between the glottis



and the opening. On the third day after the operation the tube was found more than usually obstructed; and, on removing it, a portion of thin, membranous matter was flapping in the wound. Part of this was forced out by the expiratory efforts; and another portion adhered so firmly, that some force was necessary to separate it from the attachment it had with the inner surface of the trachea above the wound. This was evidently that portion of the false membrane which filled the trachea between the glottis and the upper part of the wound. A portion of it had a distinct tubular form; but it was remarkably attenuated, having rapidly dissolved after the opening through the trachea had been effected. In the course of eight days after the operation, the natural air passage had become so clear that the tube was removed, and the respiration was established in its natural course. There was a partial return of the croupy cough on the 22nd of April; but it became speedily better, and he has since continued to progress most satisfactorily, and is now nearly well, and the wound in the neck is now cicatrised. There was some suspicion that this attack was connected with scarlatina, as a younger sister of our little patient died in the same house from a severe attack of fever, accompanied by the species of sore throat peculiar to this affection. What, in addition, gave countenance to this apprehension, was the desquamation, to some extent, of the cuticle, from the anterior part of the chest; but this might have depended exclusively on an erysipelatous condition of the skin around the incision, and extending down the anterior part of the chest, a few days after the operation. The age of the patient, and the uncomplicated condition of the complaint—there was no pulmonary affection—were very encouraging circumstances in this case. Another circumstance which, in my opinion, promoted a favourable result, was the free opening in the trachea, as a strong expiratory current was permitted, which forced out the whole of the false membrane which was situated below the incision. The false membrane reached about an inch below the lowest point of the incision, very near the bronchial bifurcation. Some authors mention, that there is no prospect of success if the membrane extend below the point chosen for incision.

"I do not consider that the question of tracheotomy should be delayed till the leaden hue of the countenance and purpled colour of the lips evince to what extent the vitiation of the circulating fluid has advanced. The hopelessness of the case can be easily prognosed before the affection has advanced so far; and if an earlier period were generally chosen, there would, in all probability, be less chance of the extension of the false membrane into the bronchial tubes. It would have been hopeless to have expected the expulsion of the false membrane through the glottis, when, even in the attenuated condition in which the last portion came away, it required considerable traction with forceps to separate, or, rather, tear it from its adhesion to the inner surface of the trachea. Though the membrane had been loose in the trachea, such a mass coming up through the glottis with diminished expiratory efforts to force it through would inevitably have produced suffocation. Although the lower edge of the membrane was unattached to the walls of the trachea, it was firmly connected with the upper part, as was evinced by the strong adhesion of the attenuated portion that came last away.

"The greatest number of authors who write on this disease consider tracheotomy as a hopeless expedient to save patients labouring under this formidable malady. If one can be saved out of ten, or even a much smaller exceptional proportion, I see no good grounds to withhold from a little sufferer the only chance which he has of being snatched from the jaws of death."

(From the 'Medical Times and Gazette,' May 28, 1853.)

#### CASES IN WHICH PUS IS FOUND IN THE URINE, AND GOUT AS IT AFFECTS THE BLADDER.

With respect to Gout in the Bladder, the learned lecturer, Dr Todd, commenting upon a case, says:

"This case leads me to make some remarks on the occur-

rence of gout in the bladder, and to describe to you some of the various forms in which it affects this organ. These remarks apply especially to what I have myself observed in cases which from time to time have been brought under my notice. Gout appears to me to manifest itself in the bladder in four different ways.

"1st. It manifests itself as a distinct and very obvious inflammatory affection; so that I imagine, in these cases, the mucous membrane of the bladder would be found red and inflamed, presenting, indeed, the ordinary appearance of a mucous membrane in a state of inflammation. This condition must, however, be distinguished from inflammation of the bladder, occurring from other causes, and unconnected with any specific inflammation. Gouty inflammation of the bladder is an analogous affection to gouty inflammation of the lungs, gouty bronchitis, or gouty pneumonia and gouty inflammation of the stomach. In cases of this kind there is a great tendency to the secretion of pus by the mucous membrane of the bladder. If there be any difficulty in the free evacuation of the pus, the urine becomes alkaline, from the retention of a small quantity of the secretion, and the subsequent decomposition of the urea; the highly alkaline urine, in its turn, keeps up the irritability of the bladder, and promotes the secretion of more pus. In this way either a weak or paralytic state of bladder, or an enlarged prostate, or a stricture in the urethra may stand in the way of the complete restoration of this organ to its healthy functions.

"2ndly. Gouty inflammation attacks the bladder in a different manner to that last described, so as to produce incontinence of urine. A gouty man becomes troubled with incontinence of urine, and we find that this incontinence depends upon a highly irritable state of the mucous membrane of the bladder, and a consequent inability of that organ to retain the urine, and not upon a paralytic state of the sphincter vesicæ muscle. In this form, the sensibility of the mucous membrane is very much exalted, and the bladder becomes intolerant of the presence of the smallest quantity of urine, so that the evacuation of its contents is constantly taking place at short intervals. The prominent symptom, then, in such cases, is frequent micturition of small quantities of urine, the urine being pale, acid, devoid of mucus or pus; sometimes, it may be, albuminous, owing to the existence of gouty disease of the kidneys.

"It is difficult to define the exact pathological condition of the mucous membrane of the bladder in this affection. It is an irritable rather than an inflammatory state,—a condition in which the sensibility of the mucous membrane of the bladder is greatly exalted, owing to the influence of the gouty poison, which seems capable of irritating the bladder as cantharidine does. The cases in which it is apt to occur are generally in elderly persons, whose systems seem thoroughly imbued with gout, and in whom deposits exist in the joints, or the tendinous sheaths, or in the arteries. It occurs in old persons, and often accompanies enlargement of the prostate gland. Sir Benjamin Brodie describes cases which, I suspect, are of this nature, the primary cause of the symptoms being gout. He says, 'An elderly man complains of frequent attacks of giddiness. Sometimes, in walking, his head turns round, so that he is in danger of falling; and this symptom, probably, arises from an altered structure of the arteries of the brain, causing an imperfect state of the cerebral circulation. This state of things is sometimes attended with an irritable condition of the bladder, and, although the urine is of a healthy quality, and the bladder itself is free from disease, the patient is tormented with a constant micturition, voiding his urine without pain, but at short intervals, and in small quantity.'

"3rdly. A third class of cases exhibits a condition opposite to that which I have just described, in which, instead of the patient being unable to retain even a small quantity of urine in his bladder, he is suddenly or rapidly affected with an inability to pass water, and the bladder becomes distended in consequence, causing great pain and suffering. The essential difference between these two conditions, consists in this, that in the former case the mucous membrane is rendered



highly irritable by the gouty poison, and kept so by some irritating quality of the urine; but in the latter case the muscular coat is the seat of the affection. There is ample evidence to show, that muscles may be attacked by the rheumatic or by the gouty poison. Thus, in subjects of gouty diathesis, it is not uncommon to meet with sudden and severe affections of external muscles, accompanied with constitutional disturbance similar to that of acute gout. I am just now attending a nobleman in whom very decided constitutional disturbance, accompanied by distressing intermission of the heart's action, preceded for some time the sudden appearance of a very painful inflammatory affection of the same portion of the gastrocnemius muscle on each side, which came on in the sudden way in which gout is apt to do. Lumbago is an instance of gouty affection of muscles. The intercostal muscles are often similarly attacked, giving rise to a most painful affection, which occasionally ends in pleurisy, or even pleuro-pneumony. Just in the same way gout may attack the muscular fibres of the bladder, stomach, or colon; and in the cases of retention of urine such as I am describing, it affects the muscular coat of the bladder so as to paralyse it, in a manner analogous to that in which the active principle of belladonna may affect the muscular fibres of the iris, and cause a dilated, immovable pupil.

"4thly. Gout attacks the bladder, in some cases, as follows, (and I take my remarks on this head from a case which actually came under my notice:)—A gouty man indulges more freely in the delicacies of the table than he is usually wont to do; perhaps he is guilty of some discretion in what he partakes, eating cheese or some other indigestible matter which disagrees with him, and, before he goes to bed, he is suddenly seized with violent pain in the region of the bladder, which in some cases lasts an hour, but in others continues to torment the patient for two or three hours, preventing him from sleeping, and often producing great distress. This condition is usually relieved by free counter-irritation and the administration of alkalies."

Dr Todd then considers the treatment, advising counter-irritation by mustard and ammonia, abstaining from cantharides and turpentine. He recommends also an opiate liniment to relieve pain. With respect to antiphlogistic measures he remarks:

"With reference to the treatment of all cases of gout, where the disease is apt to attack internal organs, I may give you this practical hint, and I strongly advise you to bear it in mind whenever you may be called upon to treat gout of this nature. It is this, that these cases are of an asthenic character, and do not bear depletory measures; so that if you find a patient labouring under gout of the stomach, or gout affecting the bladder, you must not think of applying leeches, and employing the treatment which would be applicable to other forms of inflammation of these organs; for the abstraction even of so small a quantity of blood as would be taken by the application of a few leeches might do the patient serious mischief, and cause prostration from which he might never rally. On this point Sir Benjamin Brodie has expressed a similar opinion; for he lays it down, that antiphlogistic treatment is inapplicable to that particular form of inflammation of the bladder which is of a gouty origin. With regard to the exhibition of colchicum, I am of opinion, that, in many cases, it is inadmissible, and, in all, it should be given with great caution and circumspection; for this so-called specific is certainly very depressing in its influence, and therefore unsuitable to cases which partake of the asthenic character.

"The treatment which, in my experience, has been most beneficial for gout, when it attacks any of the hollow viscera, consists in employing free counter-irritation,—keeping up a moderate action of the bowels,—paying attention to the functions of the skin, and promoting the action of this great secreting surface by the exhibition of sudorifics. Provided the urine be not alkaline, the administration of alkalies will be found of service, and opium is employed with great advantage for allaying the irritability of the affected organ, which is often productive of great distress to the patient."

The following is Dr Todd's summary of the sources of pus in the urine:

"I have now directed your attention to the cases most likely to come before you, in which a large quantity of pus appears in the urine. They may be classified thus:—

"1. Cases of affection of the bladder in which the pus is secreted from the mucous membrane of the organ.

"2. Cases in which the pus is secreted from the mucous membrane of the pelvis of the kidney,—cases of pyelitis.

"3. Cases in which the pus comes from the substance of the kidney itself, in consequence of the existence of abscess. To these may be added, cases in which pus comes from the ureter; but this is an affection seldom isolated from pyelitis, or from inflammation of the mucous membrane of the bladder."

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XXII. Vol. I. May 28, 1853.)—Mr Henry Hancock's Lectures on Remittent Ophthalmia, or those Diseases of the Eye of Children commonly designated "Strumous Ophthalmia;" delivered at the Royal Westminster Ophthalmic Hospital. Dr W. J. Cummins on the Yellow Fever in the West Indies. Mr W. Martin Coates's Observations on Chloroform and its Administration. Mr J. Clarke's Report of a Case of Vaccinia and Variola, occurring simultaneously. Dr Charles Edwards's Practical Observations on Tracheotomy above the Thyroid Isthmus. (With Engravings.) Dr F. J. Brown on Lotions and Medicated Poultices in Phlegmonous and Erysipelatous Inflammations, and especially in Paronychia.—**HOSPITAL REPORTS.**—St George's Hospital: Stone in the Female Bladder, the Nucleus being a Hair-pin; Incision, Dilatation, and Extraction; Recovery. Stone in the Bladder; Lithotripsy; Recovery. Guy's Hospital: Vesical Calculus in a little Girl; Treatment by Incision, Dilatation, and Extraction. St Bartholomew's Hospital: Fracture of the Femur in the last week of Gestation; Favourable Parturition; Rapid Union of the Fragments during Lactation. Westminster Hospital: Amputation at the Shoulder-joint.—**REVIEWS.**—On Leucocythemia, or White-Cell Blood, in Relation to the Physiology and Pathology of the Lymphatic Glandular System. By John Hughes Bennet, M.D.—**LEADING ARTICLES.**—The Incorporation of the Graduates of the University of London: The Present Position assumed by the Senate in reference to this Question. The College of Physicians and the Licentiate Extra-Urbem. The Humbug and Folly of Gratuitous Medical Services. Cary *versus* Napier: Anomalous State of Medical Law.—**MEDICAL SOCIETIES.**—Medical Society of London: Purulent Infection; Discoloration of the Hair. London Medical Reform Committee.

**Medical Times and Gazette.**—(No. CLII. May 28, 1853.)—**ORIGINAL LECTURES.**—Dr Robert B. Todd's Clinical Lecture on Cases in which Pus is found in the Urine, and Gout as it Affects the Bladder; delivered at King's College Hospital. Dr A. W. Hofmann's Course of Lectures (VIII) on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain. Dr Boon Hayes Lectures (VIII) on Histological Anatomy and Microscopical Manipulation.—**ORIGINAL COMMUNICATIONS.**—Dr Barclay on a Case of Severe Chorea. Mr James Yearsley: Ought the Enlarged Tonsil or the Elongated Uvula to be Excised in the Treatment of Deafness?—**HOSPITAL REPORTS.**—King's College Hospital: Cases of Acute Renal Dropsy. St Bartholomew's Hospital: Melanosis of the Skin of the Back. (With an Engraving.) Guy's Hospital: Reduction of a Scrotal Hernia which had been for nearly Six Months Irreducible. The London Hospital: Ulceration of the Duodenum occurring after a Severe Burn. List of Scientific Meetings.—**EDITORIAL ARTICLES.**—Outpatients in the London Hospitals. Bethlem Hospital. Cancer Hospitals and their Advertisements. Boons to Medical Men in the Public Service. The New Medical Reform Bill, and the National Institute of Medicine, Surgery, and Midwifery.—**REVIEWS.**—The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg, without Confinement. By H. T. Chapman, F.R.C.S. On the Application and Effect of Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections. By R. M. Lawrance, M.A., M.D. A Clinical Phrase-book, in English



and German. By M. Johns, M.D. The Medication of the Larynx and Trachea. By S. Scott Alison, M.D.—REPORTS OF SOCIETIES.—Epidemiological Society: On the Comparative Mortality of Large Towns and Rural Districts. Manchester Medico-Ethical Association and the Vaccination Extension Bill.

**Association Medical Journal.**—(No. XXI. May 27, 1853.)—LEADING ARTICLES.—The Progress of Medical Reform. Pre-Raffaelitism and Medical Art. Her Majesty's Accouchement: Chloroform.—ORIGINAL COMMUNICATIONS.—Dr E. H. Sieveking's Illustrations of Tubercle. Mr J. A. Hingeston on Revaccination.—BIBLIOGRAPHICAL NOTICES.—Cooper (White): On Near Sight, Aged Sight, Impaired Vision, and the means of Assisting Sight. Gluge and Leidy: Atlas of Pathological Histology. Pulszky: White, Red, and Black. Spicer: Sights and Sounds. Traverse Oldfield: To Daimonion.—PERISCOPE REVIEW.—Practice of Medicine and Pathology: Spasmodic Asthma; Treatment of Eczema.—Case of Dip-sosis Avers successfully treated. Surgery: Cystic Sarcoma of the Mamma removed by Operation: Entrance of Air into the Saphena Vein during the Removal of a Tumour connected with the Sartorius Muscle; Case of Excision of Head of the Femur. Midwifery and Diseases of Women: Dr G. Hamilton on the Use of the Forceps in Tedious Labours: Ulceration of the Cervix Uteri treated by the Application of Collodion; Dry Cupping a Substitute for Ergot; Litzmann on Ovarian Tumours as a Cause of Difficult Labour.—ASSOCIATION INTELLIGENCE.—The Anniversary Meeting at Swansea.

**Dublin Medical Press.**—(No. DCCLI. Vol. XXIX. May 25, 1853.)—ORIGINAL COMMUNICATIONS.—Mr H. Freke on the Pathology of Inflammation and Fever: Fever.—TRANSLATIONS FROM FOREIGN JOURNALS.—M. Lallemand on the Coagulation of Blood in Arteries by means of Solution of Perchloride of Iron: Aneurism of the Suborbital Artery Cured by this means.—SELECTIONS FROM MEDICAL JOURNALS.—Dr F. Churchill on Intestinal Irritation in Childbed. Mr Fergusson on Excision of the Knee-joint: Fatal termination of the Case. Dr John Doe's Mode of Reducing Dislocation of the Thumb.—LEADING ARTICLES.—Leader. Medical Life in London. A Warning to Dispensary Surgeons. English Medical Reform: Deputation to Lord Aberdeen. Exemption of Scotland from the Evil of Coroners' Inquests.

#### BOOKS RECEIVED FOR REVIEW.

The Medication of the Larynx and Trachea. By S. Scott Alison, M.D. London: John Churchill.  
History of St Mary's Hospital, and Report for the Year 1852.

**WESTERN DISPENSARY FOR DISEASES OF THE SKIN,** 21A CHARLOTTE STREET, FITZROY SQUARE.—A meeting of the subscribers and friends of this charity was held on Tuesday, the 24th of May, at the rooms of the Dispensary; the Rev. Canon Dale, the President of the institution, in the chair. The report stated, that during the eighteen months' existence of the Dispensary a large amount of good had been effected; that although chronic cutaneous diseases are often found incurable, yet, out of 442 patients admitted, 192 had already been discharged cured, 44 benefited, and "the remainder, with very few exceptions, advancing as rapidly towards recovery as is possible under the chronic character and protracted duration of the disease." Not one case had been discharged as incurable. The medical gentlemen present spoke in strong terms of satisfaction at this gratifying result, and complimented Mr Hunt, the surgeon to the institution, for his perseverance and success in the treatment of these refractory and tormenting diseases. We regret to add that the report stated that the finances were very low, and that the assistance of the charitable was much needed for the support of an institution which bids fair for the improvement of a much-neglected branch of medical science.

A SLIGHT SHOCK OF EARTHQUAKE was experienced in different parts of Washington, U.S., on the 3rd ult.

## Hospital Reports.

### ST GEORGE'S HOSPITAL.

*Stone in the Female Bladder, the Nucleus being a Hair-pin; Incision, Dilatation, and Extraction: Recovery.*

(Under the care of Mr HAWKINS.)

Ann S—, aged seventeen years, was admitted Jan. 5, 1853, under the care of Mr Hawkins. Four years before admission the patient ran a hair-pin into her bladder; this produced pain, inability to retain the urine for the usual time, and a deposit in the latter fluid. Attempts were made shortly after the occurrence, and again after the lapse of some weeks, to extract the foreign body, which attempts were, however, not successful. She became incapable of moving about much from pain in the bladder, the urine was passed very frequently, the thighs became excoriated, and the patient was thrown into a state of great distress, the catamenia not having appeared since the accident.

On admission the urine was found to be offensive, and it contained a large quantity of ropy mucus, but no blood. It came away involuntarily for the first day after her arrival, but not afterwards, though the patient was obliged to pass it very frequently. Menstruation set in on the second day after admission. When the sound was introduced, a foreign body, not easily movable, was felt in the bladder. The girl was given cooling and sedative medicines, and she continued for the next few days in much the same state; the urine was alkaline, contained a small quantity of pus, was passed very often, but never stopped suddenly during micturition.

Jan. 15, 1853.—Ten days after admission, chloroform being administered, the patient was put in the usual position for lithotomy. Mr Hawkins incised the anterior and upper walls of the urethra to a slight extent with a bistouri caché, care being taken that the incision did not extend too far backwards; the urethra was then gradually dilated by means of the usual instrument and the finger, till the forceps would pass; the foreign body was then easily seized, but broke down at once under slight pressure. Several pieces of phosphatic deposit were extracted with the forceps, scoop, &c., and at last the hair-pin was felt, but great difficulty was experienced in raising its points from the lower walls of the bladder in which they were imbedded. This was at last accomplished, the pin breaking at its bend during extraction. Some more pieces of sabulous matter (composed apparently of triple phosphate with phosphate of lime) were removed, and the bladder washed out. It was not thought prudent to extract all the fragments, and as the pieces were small, it was hoped that they would pass down the urethra.

For the next two days the patient complained of much tenderness and pain in the abdomen, but a good deal of phosphatic matter was voided, one piece showing a groove marked on it by the hair-pin. The girl had no unfavourable symptoms after this, and in a few days she could retain her water for six hours. She was sounded twice before leaving the hospital, and no more fragments could be felt. The patient was discharged Feb. 23, 1853, forty-eight days after admission, the urine was perfectly natural, but she could not retain it (apparently in consequence of the irritability of the bladder) for more than three hours, except at night, when the urine would stay much longer.

### ST BARTHOLOMEW'S HOSPITAL.

*Fracture of the Femur in the last week of Gestation; Favourable Parturition; Rapid Union of the Fragments during Lactation.*

(Under the care of Mr STANLEY.)

All practitioners are aware of the trying and unfavourable circumstances under which parturition sometimes takes place, and how anxiously, as it were, nature is watching over the offspring so wonderfully and mysteriously elaborated. Pregnant women have met with very serious acci-



dents in which the gravid uterus has escaped unhurt; and even when the latter has suffered injury, the foetus, protected by the amniotic fluid, has been known to remain sound. Indeed it seems that a bad state of health in either of the parents is more injurious to the child than many of the accidents which would seem at first sight to place its life in the most imminent danger.

In the case before us the mother had a severe fall in the last week of gestation; she broke her thigh-bone, but nevertheless gave birth to a healthy child without untoward symptoms, and union took place in a comparatively short time—while she was suckling. We should here state that we pretty frequently see in the surgical wards of the hospitals women who have met with fracture during lactation, and that, as a general rule, union is obtained in about the same time as with other patients, in spite of the drain inseparable from the suckling of a child. One cause of this phenomenon may be that women so situated often take a larger amount of nourishment than in ordinary circumstances.

Anne M—, aged twenty-two, was admitted Dec. 24, 1852, under the care of Mr Stanley. On the day of her admission she was in the ninth month of gestation, and on slipping over an orange peel she fell and fractured the lower third of the femur. This same femur had been fractured nine years previously, and the present fracture had taken place on the same spot where the first was situated. On attempting to rise she was unable to stand, and nothing could persuade the police constable, who had come to her assistance, but that she was incriminated. He would not take her to her own house, handled her very roughly, and finally left her on the pavement as a favour. Mistakes of this kind should be guarded against, especially in times of festivity, for this woman might easily have been conveyed to the station-house, and there left all night with a broken limb. Her sister had her placed into a cab, and very properly took her to this hospital.

The leg was put up in the ordinary manner, with the exception that the side splint was not so long as usual, and that more support was given to the back of the leg. The patient went on very well for the next two days, and on Jan. 11, 1853, eighteen days after admission, she was delivered of a little boy.

The labour lasted eight hours, during which time the dorsal decubitus was not disturbed. Everything went on well, and the placenta was extruded in about half an hour. The patient began at once to suckle her baby, and progressed as well as the circumstances would allow. On the twenty-third day after delivery the long splint was removed, union being almost complete. No untoward symptoms occurred, and the woman was discharged with a firm limb, Feb. 16, 1853, forty days after the accident, and twenty-five after the birth of the child.

#### GUY'S HOSPITAL.

*Reduction of a Scrotal Hernia which had been for nearly Six Months irreducible.*

(Under the care of Mr HILTON.)

On April 23, 1853, Alfred Kemp, aged 24, a farm labourer, was admitted on account of a large scrotal hernia, which had, for nearly six months, baffled the persevering attempts at reduction made by his medical attendants. He stated that for two years he had been subject to a small swelling in the groin, but that it had never occasioned any trouble until about six months ago, when, during an effort at lifting, it suddenly increased in size, and passed down into the scrotum. Immediately afterwards he suffered severe pain, with sense of dragging in the abdomen and back, but no symptoms of strangulated bowel manifested themselves either then or since. The inconvenience which it had occasioned him had, however, quite prevented him from attempting to resume his work. The treatment pursued in the country had consisted in the exhibition of purgatives and of mercurials, with partial confinement to bed. Cold had

also been applied to the tumour. On examination, there was found in the left scrotum a large, movable, irregularly nodulated mass (omentum), which was soft, flaccid, and free from tenderness. Nothing like intestine could be felt. The neck of the tumour at the external abdominal ring appeared to be tightly constricted. The bowels were ascertained to have acted regularly each day. Having made careful and persevering, but ineffectual attempts to effect the reduction of the tumour, Mr Hilton directed—1st, That the man should observe an undeviatingly recumbent posture. 2ndly, That he should have solid food, with not more than half-a-pint of fluid in twenty-four hours. 3rdly, That a bladder of ice should be kept constantly applied to the scrotum, the latter being elevated on a cushion placed between the thighs. 4thly, That a draught, containing sulphate of magnesia and colchicum wine should be administered three times daily. Mr Hilton remarked, to those present, that to a young man who had to earn his livelihood by hard labour, it was a matter of very great importance to be relieved, if possible, of such an affection as the present, which, apart from the inconvenience necessarily attendant on its bulk, would perpetuate a liability to the occurrence of strangulation. He pointed out that the important obstacle to reduction was probably offered by the loaded condition of the blood-vessels of the protruded part, and that, consequently, the indications for treatment were—1st, To decrease the quantity of the circulating medium generally, as far as might be done without unduly depressing the vital powers; and, 2ndly, by local means to constrict and unload the congested vessels of the incarcerated omentum. The one was to be accomplished by purgation, diuresis, and abstinence from fluids; the other, by the recumbent posture and the application of pressure and of cold. With respect to the last-mentioned agent, Mr Hilton further remarked that, in the case of tumours within the scrotum, the use of cold, by exciting constant and powerful contraction of the dartos, insured the application of the best and most uniform kind of pressure which could possibly be exerted. The effect of purgation was also extremely valuable, since not only did it unload the vascular system generally, but that part of it especially involved in the existing lesion, the omental veins being, with those of the intestines, tributary to the vena porta. It was just possible, also, that by keeping the stomach and transverse colon comparatively empty, the contractions of those organs, to both of which the omentum is attached, might exert some little influence in tending to drag upwards into the abdominal cavity the displaced portion of omentum. To return to our case. After the aforementioned treatment had been rigidly pursued for a few days, it was noticed that the man's belly had lost its rounded contour, and become pinched in and narrow; the tumour, also, had diminished in size, and felt soft and loose, having lost its plump and definite form. The bowels had been very freely purged.

On the 28th, Mr Hilton again examined the tumour, and, with very slight pressure, succeeded in passing it up into the abdomen.

On the 30th the man was discharged, quite free from all the inconveniences of his complaint; and, wearing an efficient truss, the hernia had not again protruded.

**NORLEMEN'S VALETS AND ASSISTANT-SURGEONS IN THE NAVY.**—When Lord Ellesmere was embarking on board the *Leander*, to proceed to New York, recently, his Lordship's valet discovered that no accommodation better than a hammock had been provided for him. "Jeames" made such a disturbance that the commander-in-chief was told of the matter, and the vessel was detained until a cabin was built for his valetship. Had an assistant-surgeon (says the 'Civil Service Gazette') made such a complaint, he would have been considered insane.

#### NOTICE.

In consequence of press of matter, an article on the "ANATOMY OF QUACKERY" is unavoidably postponed to our next number.—ED. 'MED. CIR.'



## An Epitome of Toxicology, DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY  
FOR THIS WORK.)

(Continued from p. 407.)

The CHANGES WHICH POISONS UNDERGO IN THE LIVING BODY have long been matters of consideration and research. These changes depend on the chemical and physical forces that are called into operation by contact between the foreign substance and the tissues, or by the action of the organism, to which we have already referred. Variations of temperature, the quantity of the deleterious body present, the relative vitality or energy of the system, and fluctuations in the respiratory process, the circulation of the blood, &c., are circumstances which modify this action, and the degree and rapidity of these changes.\* Many substances, which are not deleterious so long as the integrity of their composition is maintained, are thus converted into poisons by suffering decomposition, or by entering into new combinations, forming new compounds. Such is the case with Acetate of lead, (Sugar of lead,) of which considerable doses may be borne, if its administration be accompanied with a sufficient quantity of acetic acid to prevent gastro-intestinal decomposition, but which is otherwise converted into the poisonous carbonate of lead, (White lead,) either by the decomposition of its own acid, or by its base combining with the carbonic acid it meets with in the system. Other substances which, whilst in the solid state, owing to their insolubility, are comparatively inert, become active poisons by meeting with a solvent in the fluids of the body. On the other hand, some substances which enter the circulation as soluble and non-deleterious compounds, form new combinations in the blood, and become insoluble, in which state they act as mechanical irritants and poisons, by accumulating in the capillaries, and producing organic changes. The artificial production of changes of the composition and physical character of bodies in the living system, will be referred to when we come to treat of the subject of chemical antidotes to poisons.

Some poisonous substances suffer little or no change in the organism, and are thrown off unchanged from the system. This is the case with Chloride of Barium, Nitrate of Potash, &c. There are several other substances, as powdered glass, enamel, &c., that pass through the primæ viæ unchanged, and whose primary action, from their insolubility, is that of mechanical irritants only, producing poisoning by the physico-vital changes which ensue therefrom.

The investigations undertaken to ascertain the changes which bodies suffer on their first contact with the organism, have not been either numerous or precise; but the changes which poisons undergo subsequent to their absorption by the system, the parts of the body in which they are localised, the fluids in which they appear, and the state in which they are expelled from the body, and the excreting organs by which this elimination is effected, have formed the subjects of continual and elaborate research. The results of these investigations fully demonstrate the vast importance of actual experiment in this department of Toxicology.

The changes which bodies undergo on FIRST coming into contact with the fluids and tissues of the body are frequently of a character which greatly modify their chemical properties and physiological effects; and on the new properties thus acquired many of the chemical changes which occur in the system subsequent to their absorption depend. Thus most of the metallic oxides, and the metallic, alkaline, and earthy salts, form new compounds with the albumen, casein, ptyalin, pepsin, or other substances with which they come in contact. The acids combine with bases, and the resulting salts form new combinations with organic matters. The alkalis, alkaline earths, and alkaline and earthy carbonates are decomposed by the acids of the alimentary canal. Chaly-

beates, and some other metallic preparations, when swallowed, are partly converted into sulphurets, chlorides, &c. Calomel forms a soluble compound in the stomach, and by a new arrangement of its atoms, yields bichloride of mercury, which immediately unites with fresh organic matter. Some liquid substances, as certain aqueous solutions, alcohol, ether, oils, &c., merely mechanically mix with the fluids with which they come into contact, and in that state are absorbed. The same remarks apply to many solid substances which are soluble in the fluids of the body. Substances which are perfectly insoluble are rejected, unchanged, and merely act mechanically during their passage through the body\*.

The changes which poisons undergo subsequent to their absorption, and whilst still within the system, form a subject of considerable interest and importance. Our observations for this purpose are directed to the condition in which they are detected in the living tissues, and in the fluids and excretions of the body; and we are assisted by a knowledge of the mutual affinities which exist between the respective substances and the constituents of the organic matter with which they are placed in contact. In some cases, however, "The compounds found in the excretions may have been formed after their constituents were thrown out of the system. Thus the union of oxalic acid with lime, and the formation of the octohedral crystals of oxalate of lime must have taken place after the oxalic acid was secreted by the kidney."†

In our next number, we intend to present the reader with a summary of nearly all that is known in connexion with this part of our subject.

(To be continued.)

## HISTORY OF THE MEDICAL PROFESSION AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND. BY WILLIAM FARR, ESQ., M.D., F.S.S.

(Continued from p. 408.)

The king thought it a duty of his regal office to consult in every way the happiness of the inhabitants of his realm; and therefore to repress the audacity of the wretches who practised medicine from avarice, rather than a good conscience; whence many disadvantages arose to the rude and credulous people. He instituted the College to repress, in the name of public utility, the ignorance and audacity of the evil-doers, by the example of its associates, by the laws, and by its regulations. The college thus constituted of all the physicians in London, had to elect a president annually. The charter gave a common seal, the right to sue and be sued, &c.; and power to hold lands and tenements not exceeding 12*l.* in annual value. No one was to practise in London, nor within seven miles round, unless he had been admitted by the College. This clause gave the College a monopoly; as it enabled it to restrict the number of licensed practitioners. The president and College were to elect four persons annually to have the supervision of all practitioners, and all medicines—*et earum reception' per dictos medicos*—their decision to be enforced by fines and imprisonment.

Before the charter was brought to Parliament, the usual

\* It has lately been asserted that *insoluble* substances may be absorbed by the organism. This statement is made on the authority of the experiments of Oesterlen, which are, however, far from conclusive. It appears probable in the supposed cases of absorption referred to, that either the substances are not strictly insoluble, or that their composition or condition undergoes a gradual change from chemical or electro-chemical action being set up, producing a soluble compound. (Vide 'Monthly Jour. of Med. Science,' 1847.)

† Pereira Materia Medica, Vol. I. This is probable, but not so certain as the authority quoted seems to think. The instances are numerous, in which compounds are formed, which under ordinary conditions are insoluble, but which nevertheless continue in solution long after their formation. This property of substances in connexion with precipitation and crystalization is known to every chemist.

\* See also some remarks at page 308 on some circumstances which obscure or modify the action of poisons.



characteristics of the old corporate system betrayed themselves; the six physicians desired to turn the College to account, and usurped the presidency. They prayed no more that the college might elect the president annually, but that the six may choose *two more* of the community, to be thenceforward called and cleped *elects*: the elects to choose one of themselves annually to be president, and, in the event of death, the survivors to admit a new elect from among the most cunning and expert men of the faculty in London. The new elect to be strictly examined.

No person was henceforth to be suffered to practise physic, in England, until he had been examined by the president and three elects, except he were a graduate of Oxford or Cambridge, who had accomplished all things for his form without any grace.

The 32 Henry VIII, c. 40, (anno 1540), exempted the fellows from keeping watch and ward, from the office of constable, and any other office of the city, as they had been before exempted from the office of jurymen. It gave the right of searching apothecaries' shops, and of destroying bad drugs.

The act 14 and 15 Henry VIII had not the customary *Le Roy le veut* attached to it, and the Chief Justice St John would not admit the patent as a record. This was alleged in a trial 33 Car. II, and, moreover, that Wolsey had received a great sum of money to foist it in among others. The act, however foisted upon Henry VIII, was confirmed by 1 Mary, sess. 2, c. 9, anno 1553; which also enjoined jailers of all prisons, except the Tower, to receive transgressors committed by the College, and to keep them at the prisoners' charge. Magistrates and all officers of justice were commanded to aid the president of the College in the discharge of his duties.

All the licentiates of the College entered the College; they elected the four persons afterwards called censors, who exercised the powers and asserted the privileges of the whole body. The elects only chose the president. In Goddard's case (1660), Wilde argued for the College, that, by the act of Parliament, 14 Henry VIII, there were none but president, elects, and censors; that all the commonalty were *socii*; and that the thirty then chosen were called *socii* by the bye-law, not by the act of Parliament. On this ground the College gained the trial. In the first Pharmacopœia (1618) there is a list headed, *Nomina DD. Collegiarum Societatis Medicorum Londinensium, hodie viventium*. H. Atkins, M.D., is president; he is also called physician in ordinary to the king. Theodorus de Mayerne, M.D., regiarum majestatum medicus primarius, is followed by W. Paddy, J. Craig, regii medici ordinarii, and thirty other names without any further distinction. In the third edition (1627) the names are the same as in the first edition, but the seven first are denominated seven of the eight elects. In the fifth edition (1638) the orthography of the names only is altered. Harvey is called *medicus regius juratus*; J. Craig, junior, is *archiater* to Prince Charles. In 1651 the list was revised: after the lapse of thirty-three years seven of the thirty-four remained. The list comprised forty-six names, nine of whom were called *candidates*, including Scarborough, Warton, and S. Collins. In 1662 the names remain literally as in 1651, not having been corrected in the interval. George Ent was president in 1677 and 1678, when fifty-four names of the fellows (*sociorum*) of the Royal College are enumerated in the Pharmacopœia; and twelve candidates, fifteen honorary fellows, and ten licentiates (*permissi*).

In Dr Fothergill's case (1770), the College of Physicians asserted that so early as 1555, the faculty was divided by a bye-law into three classes—fellows, candidates, and licentiates, the latter class not being of the commonalty. But it was admitted that the bye law did not exist in writing; and it is certain that the distinction was not recognised in the Pharmacopœia of 1662. So early as 1552, however, practitioners in the country were examined and *licensed* by the president and three elects, and this probably suggested the application of the principle to London. The founders of the College practised physic, surgery, and pharmacy; they prepared medicines, notwithstanding the existence of the grocers; and the 32 Henry VIII, c. 4, § 3, declared surgery a part of physic, and sanctioned its practice by the fellows; it is therefore evident that they were, in the strict sense of the word, *general practitioners*. They were not consulting physicians; they recognised no right in the apothecary to practise; he was in their eyes a mere druggist; the physician conducted the treatment of the case from the beginning to the termination. The new company first aimed at limiting the number of practitioners. A bye-law fixed the number of licensed fellows in London to twenty; public opinion drove the College to extend the number, and thus defeated to a certain extent the attempted monopoly, which, by making medical advice scarce and almost inaccessible, secured the incorporators, however slender their qualifications, high fees and an extensive practice. The heads of the College resolved to retain the government, at least, in the hands of a small number. A bye-law limited the number of members who sat *in comitiis* to thirty; a charter (1633) extended the number to forty. This charter named forty fellows and ten elects: the place of the fellows, like that of the elects, was to be filled up by self-election from "the commonalty or members of the College." This corrupt charter vested all the power in the forty fellows. Charles II expressed his readiness to give his royal assent to any bill based upon the principles of the charter, and the College made a grand attempt to pass a bill which they had prepared; but in the words of Mr Huybert, "a parliamentary committee dismissed the College-men as *re infecta*, and they returned home with a flea in their ear." This did not prevent them from acting, to a certain extent, on the principles of the charter. The commonalty became merely *permissi*—licentiates.

Goodal ('The College of Physicians Vindicated, by C. Goodal, Doctor of Physick, anno 1676'), after stating that none was admitted a candidate until he had practised physic four years, gives from the bye-laws the alleged "reason of not receiving the licentiates into the government of the College." "It is because many practise physick in this city whome we think altogether unfit (*inidoneos omnino*) to be admitted into the number of fellows or candidates, as being not Englishmen by birth, or not having taken the degree of doctor, or not sufficiently learned, or not of a competent age of gravity, or for other such like causes; yet seeing they may be serviceable to the commonwealth, and procure the health of men, at least in some cures, we do therefore ordain that, after due examination and approbation of the president and censors, they may be permitted to practise (*permittantur ad praxin*.)" The examinations were three, and "much of the same nature" with those of the candidates; the first turned on anatomy and physiology; the second on pathology, the third on the method of cure.

(To be continued.)

## SUCCESS OF THE 'MEDICAL CIRCULAR.'

OUR Friends and Patrons will be gratified to learn, that the success of the 'CIRCULAR' is of that decided kind as to justify our REMOVAL to more commodious Offices, situated in a more public and accessible locality. After the 25th of June, our friends will find us at

No. 128 STRAND,

Directly opposite the Lyceum, and next door to the 'Globe' Newspaper Office.



## Biographical Notices.

### HUGH CAMPBELL, ESQ.

This gentleman was apprenticed in Belfast, December 1837, to Dr J. D. Marshall, the professor of Materia Medica in the Royal Academical Institution, and also at the same time to Dr J. M. Sanders, Surgeon to the Belfast Hospital, the first operative Surgeon in the North of Ireland, who, had he lived, would have earned a large and lasting reputation. After attending the classes in the Institution and seeing a large amount of hospital practice for a period of four years, Mr Campbell matriculated in 1841 in Trinity College, Dublin, where he continued for two years, attending the lectures of such men as Harrison and Montgomery, and giving a considerable portion of his time and attention to the clinical practice of the Meath Hospital, then the seat of the labours of Crampton, Stokes and Graves. After this period he went to the University of Edinburgh, with the intention of graduating there according to the plan usually adopted by young men in the north of Ireland, who seldom or never continue altogether at one school of medicine, but prefer attending the lectures of eminent men wherever they can find them; and generally have a course in Belfast, then one in Dublin, and spend the last two years of their academical life in Edinburgh or Glasgow, at either of which Universities they take a degree. Edinburgh has heretofore been preferred, from the difficulty of the examination and the greater range of study required, its diploma being more respected in that part of the world where generally the future scene of the candidate's labours will be laid.

Having remained here more than a year, private affairs made it desirable that Mr Campbell should settle in London, and knowing the difficulties the young and friendless physician has to contend with in the great metropolis he abandoned the idea of mere academical honours, and determined to work his way amongst strangers as a general practitioner. He therefore passed the College of Surgeons of England in 1845, and, after devoting nearly one year to continental hospitals and schools, and another to making himself conversant with the details of the system of business as a general practitioner, so different from the usual customs of Ireland or Scotland, he settled in Bedford row. Here he tried hard to work his way into practice, but finding the ground preoccupied, he determined to alter his locality. He then removed to his present neighbourhood, where he has continued ever since, and where, we have reason to believe, he has ample opportunities for applying whatever stores of medical knowledge he may have gathered during his academical career. He resides at Lawford villa, Ball's pond.

### J. COLES, ESQ.

This gentleman is well known for the attention he has bestowed on Spinal diseases; being the Founder and late Senior Surgeon to the Hospital for Diseases and Distortions of the Spine, Chest, and Hip-Joints in Newton street. He passed his examinations at the Apothecaries' Society and the College of Surgeons in the year 1825. He is the inventor of what he terms an Orthopædic Sofa for the treatment of Spinal Affections. In 1845 he published a Work on Spinal Affections and the Prone system of Treatment. He also published in 1850 a Treatise on the Medical virtues of the Alga Marina, a concentrated essence of Sea-weed; and in 1852 on the Tapeworm, its History and Cure by means of the Brayera Anthelmintica, or Kousso. He resides at 26 Edward street, Langham place.

CHARLES COLLAMBELL, ESQ.

FREDERICK COLLICOTT, ESQ.

CHARLES COLLIER, ESQ., F.R.C.P.

(Vide 'London Medical Directory,' 1853.)

### GEORGE FREDERICK COLLIER, M.D.

Verily, Dr George Frederick Collier, thou deservest chastisement from our editorial rod, but in consideration of thy past good behaviour and thy chivalrous offices in days by-gone to various ill-used friends of ours and thine, we will remit the punishment. But how couldst thou, beloved George Frederick, venture to expose thyself to our tender mercies, when thou know'st if it so pleased us we could have turned thee upon our critical wheel or flagellated thee from heel to crown, without the least remorse, and without giving thee the least chance of escape. But thy audacious spirit hath not in vain challenged our generosity; so we will treat thee as Edward the 1st behaved towards the intrepid Saracen who secretly entered his tent to take his life—we will give thee our royal pardon.

When we civilly wrote to thee asking thee for the details of thy singular life, thy sarcastic soul could not suppress the rising jest, so thou replied to us in these words, which, like the important intelligence in a lady's letter, were placed in a postscript.

"P.S.—Dr C. would not even trouble himself to reply, but to avoid the appearance of being intentionally churlish. Of all murders recorded in history, those are the most revolting in which the passive tyrants have urged their victims to suicide, or, so to say, have made them spin their own yarns to hang themselves!"

Oh, George Frederick Collier! thou seemest to prefer a jest to thy life. A wretched substitute, we assure thee; but thou knowest best. There was no need, dear friend, that thou shouldst seek to escape the censure of being *intentionally* churlish, because all the world knows that thou hast the charming facility of being so at any time without intent. Thou art to the manner born, and we admire thee for it, because thou hast wit enough to excuse thy frailty. Thou art not one of those gentlemen with souls all points and angles, that repel every attempt at a cordial good-natured squeeze: thou canst grunt with a euphony; and thou canst even condescend to be funny, though, like neighbour Bruin's hugs, thy jokes are none of the tenderest.

When an explorer wishes to convey an accurate knowledge of a mineral vein, he exhibits a piece of ore as a specimen; so likewise we have presented to the reader a small nugget, illustrative of the vein of humour running in a very zig-zag direction through the cerebrum of Dr Collier. The studies and duties of our profession are of a character so grave and laborious, that we are surprised when we meet with a witty physician; and as Dr Collier's literary exertions have been for the most part those of translation,—an occupation proverbially dull and spirit-breaking,—we are the more puzzled to account in his case for his possession of the jesting faculty.

"For though the thing be neither rich nor rare,  
We wonder how the devil it got there."

Yet there it is, and has been sufficiently often revealed to be pretty generally known among his medical brethren.

Dr Collier is an Irishman, and is distinguished by many of the brilliant qualities that characterise his countrymen. Although his wit is something of the sourest, yet in truth his genius somewhat belies his affections, for he is capable of acting the part of a sincere friend in case of need. When poor Dermott, ever unfortunate, fell into trouble, he generally resorted to Dr Collier, whose counsel and kind services were ever ready to extricate his imprudent friend. In the course of our biographical sketch of Mr Wakley, we quoted a letter from Dr Collier, relating to the death of Dermott, which exhibited the same sarcastic humour manifested by the doctor on all previous occasions of his appearing in print.

Dr Collier passed the Society of Apothecaries in the year 1819, and, as he informs us, was graduating and licensed by the College of Physicians upon twelve terms, and first examination at Magdalen Hall, Oxford. He holds the degree of doctor of medicine from Leyden.

The 'Translation of the London Pharmacopœia' by Dr Collier is well known. The marginal notes and annotations



betray the spirit of the author, who seems to delight in exposing the faults and mistakes in the book he translates. Unlike most other translators, who generally fill their footnotes with expressions of suggestive praise, or self humbling veneration for the genius of their author, the Doctor puts on his spectacles for no other purpose but to discover blunders, and whets his wit only to expose them. He seems to nurse some unappeasable grudge against the authorities of that respectable College, who, by the way, endeavoured to procure an injunction to stop the publication of his book. Dr Collier has also translated Celsus, and has written a book about cholera, intitled 'Code of the Laws of Epidemics.'

Some years ago Dr Collier engaged in an angry controversy with the authorities of Westminster School, and we believe that this affair resulted in an amelioration of the discipline of the school, and was a public benefit. The Doctor has been chiefly known as a translator and editor of works for students, and as a "grinder" to prepare candidates for examination at the College of Physicians and similar licensing bodies. He is now fading into the sere and yellow leaf, but, as his note to us evinces, he has not yet lost any of the vigour and vivacity of his intellect.

So much, then, for Dr Collier, whose character we trust that we shall not be considered to have expatiated upon with undue levity. His note was written to us for publication, and he therefore invited the strain of comment in which we have indulged. However, let us not forget the Horatian maxim:

"Qui, ne tiberibus propriis offendant amicum,  
Postulat, ignoscat verrucis illius. Equum est,  
Peccatis veniam poscentem reddere rursus."

We believe him to be a worthy though an eccentric man, and to have higher parts and warmer affections than he has cared to show. He has set up for a wit, and while performing in that character has managed to cramp his powers, and to give an ugly twist to his understanding. A man who is always doing one thing may perchance do that well, but he can do nothing else. If he will persist in hopping on one leg, he must expect the other to shrivel and contract. However, each man has his tastes, and we should not quarrel with Dr Collier's if he had not solicited our judgment. Permitting that murderous gibe he sent to us we find no fault with him: he is a clever, courageous, honest man, and the worst thing we wish him is, that when the failure of life shall finish his jokes, may he have his revenge, and, like many a jester before him, finish life with a joke. He resides at 32 Spring gardens, and Bohemia House, Turnham green.

THOMAS POOLE COLLIER, ESQ.

WM. COLLINGWOOD, ESQ.

JULIUS COLLINS, ESQ.

WM. COLLINS, ESQ.

ALFRED COLLINSON, ESQ.

HENRY COMBE, ESQ.

J. COMLEY, ESQ.

EDW. THOS. COMPLIN, ESQ.

EDW. JOHN COMPLIN, ESQ.

WILLIAM CONNOR, ESQ., M.D.

(Vide 'London Medical Directory,' 1853.

## On the Excision of Enlarged Tonsils.

[Esteeming the following correspondence of considerable importance, and deserving of the utmost publicity, we have reprinted it from the columns of the 'Medical Times and Gazette.' Mr Toynbee's letter would have appeared on the week after it was published, but that we were anxious that the reply should accompany it, in order that the profession might be in possession of the entire evidence to enable them to form a satisfactory judgment on the matter.—ED. 'MED. CIR.']

### COULD THE TONSILS OR UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

BY JOSEPH TOYNBEE, F.R.S.

*Fellow of the Royal College of Surgeons, Aural Surgeon to St Mary's Hospital, Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, and Consulting Surgeon to the St George's and St James's General Dispensary.*

I feel that the surest way for a medical man to support his own dignity and that of his profession, is to search perseveringly after the truth, turning neither to the right hand nor to the left, but laying the results of his labours before competent medical or scientific tribunals. I have always endeavoured to pursue this course; and, when urged to expose the fallacy of some nostrum, or the absurdity of some novel procedure in reference to the diseases of the ear, I have declined to do so, from the conviction that the most effectual mode to extinguish error is not so much by attacking it, as to throw upon it the light of truth, under which it must inevitably wither and die; and as empiricism was driven out of its former stronghold, the department of diseases of the eye, when those diseases were studied earnestly by scientific men, so likewise will aural surgery stand out honourably when investigated with patience and zeal. Nor should I now deviate from the course I have hitherto pursued in wholly abstaining from personal controversy, did I not feel it my imperative duty to the profession and the public to remain silent no longer.

In a paper lately read before the Royal Medical and Chirurgical Society, on the 'Diagnosis and Treatment of Diseases of the Eustachian Tube,' I took the opportunity of impressing upon the members the fact, that "enlarged tonsils are never the cause of obstruction in the Eustachian tubes." In a letter in the 'Medical Times and Gazette,' of April 23, Mr Yearsley denies the accuracy of my statements, and he takes occasion again to advocate the operations on the tonsils and throat, which he says he has performed more than three thousand times. Feeling convinced that such operations have been productive of the most calamitous results, and that my silence now would be construed into a tacit admission of their propriety, I submit the following observations respecting them.

Mr Yearsley advocates the excision of the tonsils, uvula, or portions of the palate, in four distinct classes of cases, which I will examine separately.

The first class consists of those cases where the tonsils "press on the mouths of the tubes so as to cause obstruction or occlusion."\*

An opinion formerly obtained a certain amount of credence in the medical profession, that enlarged tonsils can press upon and close the faucial orifices of the Eustachian tubes. There can be no doubt that this opinion was erroneous. In order to convince himself that it is so, the surgeon needs only to make an examination of the relative position of the tonsil and of the trumpet-shaped extremity of the Eustachian tube; he will find the tonsil situated from an inch and a quarter to an inch and a half below the tube; he will find the tonsil placed between the arches of the palate, the palato-glossus, and palato-pharyngeus muscles, the latter muscle separating the tonsil from the tube; and he will find the Eustachian tube

\* Yearsley on 'Throat Deafness,' page 4.

ADMINISTERING CHLOROFORM TO ANIMALS.—At Hitchin, on May 18, Mr James, veterinary surgeon, administered chloroform to two hunters, previous to the operation of firing. The horses were entirely insensible to pain.

MEDICAL REFORM.—On Monday, Mr Hutt presented a petition to the House of Commons, signed by Charles Sea, Medical Practitioner of Hull, complaining of the unsatisfactory and conflicting state of the law relating to the practice of medicine.



close to the base of the skull, against the basilar process of the occipital bone, and surrounded by the tensor and levator palati muscles, the office of which I have recently shown in a paper read before the Royal Society,\* is to open the tube during the act of swallowing; at all other times the tube is closed, and the tympanum is a shut cavity. Repeated examinations have convinced me, that, even should the tonsil enlarge to its greatest possible and known extent, it never reaches the Eustachian tube: for, with the enlargement of the tonsil, the palato-pharyngeus muscle also hypertrophies, and effectually separates them; that, as a general rule, the Eustachian tube can be shown to be pervious by the observer listening to the patient's ear with the otoscope, while the patient swallows some saliva with the mouth and nares closed (that when the tube is obstructed this obstruction depends upon the thickening of its own lining membrane), and that the deafness, thought to be attributable to the enlarged tonsil, arises from a co-existent thickening of the mucous membrane of the tympanum. I do not stand alone in the opinion here expressed. I feel confident that the intelligent members of the profession fully agree with me. Kramer, in his 'Treatise on the Diseases of the Ear,' translated by Dr Bennett, and published so far back as the year 1837, says, at page 237, "I altogether deny the connection of closure of the Eustachian tube with enlargement of the tonsils. I have frequently seen this enlargement, both with and without the least dulness of hearing, but always with the Eustachian tubes perfectly free. I confess that I cannot at all comprehend how swollen tonsils should press together the mouth of the Eustachian tube, and close it against the admission of air; and may assert that none of the practitioners who have admitted such mechanical effects, have ever satisfactorily investigated, by means of the catheter, the closure of the Eustachian tube, in any one single case of the kind. This reproach applies even to Itard. From his very defective method of investigation, he ought not to have been surprised that so frequently no melioration of the dulness of hearing occurred in those cases in which he attempted to cure it by excision of the tonsils." Mr Harvey, who has written a book to demonstrate, not merely the uselessness, but also the very injurious effects arising from excision of the tonsils, has arrived at the conclusion "that the enlarged tonsil or elongated uvula does not, *per se*, give rise to imperfect hearing."† But it is useless to quote further authorities against this view, for Mr Yearsley's own words are a sufficient refutation of it. He says ('Medical Times and Gazette,' April 23, 1853), "I saw cases of very large and projecting tonsils, and no deafness. I saw other cases, with thickening about the region of the tonsils, and I passed in my finger to feel between the arches for the condition of the glands, and they were frequently found enlarged and stealing upwards towards the mouths of the Eustachian passages. Thus it was that I arrived at the conclusion, that enlarged tonsils did sometimes produce deafness, and upon this idea I proceeded to act!" Mr Yearsley then sums up his conclusion, "that occlusion of the tube does occasionally arise from the presence of an enlarged tonsil." Now, I ask any anatomist or surgeon whether Mr Yearsley has adduced a particle of satisfactory evidence in favour of the position, that the Eustachian tubes are pressed upon by enlarged tonsils; is it not, on the contrary, most palpable, from his own words, that, with all his anxiety to do so, he can bring forward no proof in support of his position. But, supposing him to believe that the Eustachian tube is pressed upon "occasionally" by an enlarged tonsil, and that deafness is thereby produced, much mischief might not result from his "occasionally" excising a small portion of the hypertrophied gland.‡ My own opinion, however, is, that this

excision may generally be dispensed with except in extreme cases; that it should be resorted to only where the health evidently suffers from the enlargement, and where the tonsils interfere with the functions of respiration or deglutition. I have seen cases where the tonsils have nearly touched in the medium line, but where they were reduced, and the deafness cured, by general remedies and topical applications, and they subsequently assumed a size no larger than normal. But, if Mr Yearsley believes that occlusion of the Eustachian tube only "occasionally" takes place from the pressure of an enlarged tonsil, how has it happened that his experience in tonsil-cutting has exceeded three thousand operations?§ And I am thus brought to the second division of my subject.

Secondly, Mr Yearsley advocates the excision of the tonsils in cases "in which no obstruction to the Eustachian tube could be supposed, but where the improvement of the hearing could be explained in no other way than by supposing it to depend on an improvement caused in the mucous membrane of the throat, which in its turn improved the state of the ears."†

In page 9 of the same brochure it is asserted, that two-thirds of all cases of deafness arise out of morbid conditions of this mucous membrane of the ear; allusion is made, in proof of this assertion, to 2,000 cases treated in public and private practice. Then comes the following passage:—"In 120 dissections of deaf cases, the aural mucous membrane was diseased in no less than 91 cases, or upwards of three-fourths of the number examined." This reads as if the dissections were by the author of the pamphlet; but they are evidently those published by myself, in the second series of Researches into the Pathology of the Ear, published in the 25th Volume of the "Medico-Chirurgical Transactions," 1843, and they are cited by Mr Yearsley as "a remarkable corroboration of the novel views of the nature and treatment of deafness previously developed by him on various occasions." Now, it is right to state, that, instead of "120 dissections of deaf cases," they were the dissections of 120 ears of which only two were from a person known to be deaf. It is true, that, in 91 specimens, a greater or less derangement of the mucous membrane of the tympanum was present, but which it is absurd to imagine could have been affected by tonsil-cutting. In what way, for example, could this operation influence the membranous bands connecting together the ossicles and various parts of the tympanum,—a diseased condition by far the most frequent in the 120 dissections? Could a rigid condition of the chain of bones, or anchylosis of the stapes, be relieved by it? I do not believe that even a thickened state of the mucous membrane of the tympanum would be relieved in the most remote degree; for, in the sixth series of Researches into the Pathology of the Ear now before the Medico-Chirurgical Society, one of the results of between 1500 and 1600 dissections is to show, that, even in cases of co-existing hypertrophy of the mucous membrane of the fauces and tympanum, the lining membrane of the inner half of the Eustachian tube remains quite healthy; I have seen at least one case in which, during scarlet fever, the mucous membrane of the fauces and tympanum were both ulcerated, and yet the principal part of the lining membrane of the Eustachian tube, that which is wholly protected, was healthy. In this second class of cases, it is evident that the operation of excision of the tonsils could, therefore, have been of no benefit, and temporary improvement, in any case, has, doubtless, arisen from the excitement of the nervous system. That such operations have been followed by an aggravation of the deafness, my own experience, corroborated by that of Mr Harvey, fully testifies.

Thirdly, Mr Yearsley advocates the excision of the *Uvula* in cases of deafness.

\* On the Muscles which Open the Eustachian Tube.

† On the Enlarged Tonsil, page 21.

‡ I have no doubt, that in the very small number of cases of deafness benefited by the excision of the tonsils, the temporary relief that has been afforded has arisen from the diminution of the congestion of the mucous membrane of the tube.

\* His words are, "What Mr Toynbee's experience may be in tonsil-cutting I know not, but I may state, that my own has extended over many years, and has exceeded 3,000 operations."—'Medical Times and Gazette,' April 23.

† 'On Throat Deafness,' p. 14.



He says:—"Guided by a sound and wholesome experience, I have not hesitated, in certain cases of deafness, to remove the uvula;" and, at page 20, adds:—"Irritation of the uvula, as I have explained in a former section, often spreads from the uvula to the ear, through the Eustachian tubes, by continuity of surface; but I am also persuaded, by extensive observation, that an irritable uvula frequently deranges the organ of hearing by purely sympathetic irritation of the ear. I have seen many cases in which *tinnitus aurium* was manifestly excited in this manner."† The only ground for this operation which I have been able to meet with in Mr Yearsley's brochure is the fact cited in the paragraph preceding the above, that, "in the operation for the removal of an elongated uvula, patients frequently cry out, from the severe pain caused within the ear, (which ear is not stated,) though little is felt at the point of excision."

Fourthly, Mr Yearsley advocates the excision of a portion of the soft palate in cases of deafness.

He says, at page 7:—"There is yet another probable cause of mechanical obstruction of the mouth of the Eustachian tube, occurring in persons of middle and advanced life—persons who have suffered much from dyspepsia as the result of improprieties of diet, from mental anxiety, or from general debility. In these cases, a relaxed condition of the mucous membrane of the throat is observable. It is seen hanging loose and flabby, and, as it were, in folds. Here I have sometimes suspected an overlapping of the mouths of the Eustachian tubes by the loose mucous membrane; and the results of treatment have occasionally justified the opinion I had formed, for, shortly after excision of a small slip of mucous membrane from underneath the arches of the palate, amendment more or less considerable has taken place."

Such, then, are the four classes of cases in which Mr Yearsley advocates excision of the tonsils, uvula, and portions of the soft palate, in the treatment of deafness. I think it may be fairly asserted, that, even in the first class of cases, he has not made out any just grounds for the performance of the operation; that, in reference to the three succeeding classes, he has not adduced even a shadow of evidence to convince the Profession that these operations are to be tolerated; but that, on the contrary, they are opposed to every rational and scientific principle which should guide a surgeon in the performance of an operation, must be manifest, I think, even to a tyro in medicine.‡

But, in addition, these operations become wholly unjustifiable when the extent to which they are performed, and the evils which result from them, are fully appreciated. I can say, from my own experience, that they have been performed in every possible variety of deafness, from cases where the disease has evidently been in the brain or labyrinth, where the nervous system of the ear has partaken of the general debility of the system, down to those of hypertrophy of the membrana tympani. Indeed, it was only requisite for a patient to be deaf, in order to secure the excision of his tonsils, or some part, at least, of his throat being cut. And what has been the result of these operations? In the first place, I have no hesitation in stating, that my own experience agrees with that of Mr Harvey, and that many cases of deafness have been much increased by them. Mr Harvey says:§—"Some thousand operations have been performed on man and woman, the greater number seemingly without a reason or excuse. The Profession is entitled, surely, to be made acquainted with the results—results which, I fear, when known will be found to be, though remote, not the less melancholy." In the previous page, Mr Harvey says:—"Such excision (of the tonsils) is by no means calculated

to afford relief to defective audition; nay more, it is more likely to prove injurious, in many cases, than serviceable. The same experience has satisfied me that the removal of the tonsils gives rise occasionally to 'deafness;\* that it enfeebles the frame, injures the constitution, affects the system in general, and alters the nutrition of the body." But the local injury is not confined to the ear. I have met with many cases; and some of these, I regret to add, have occurred in professional singers, whose voices have been completely ruined by them. Even while writing this paper, a celebrated physician mentioned to me a case of the kind. He said:—"Poor Miss A., a professional singer, too, was induced to submit to the operation; I would not assent; I endeavoured to dissuade her from going, and refused to accompany her; the tonsils were excised, and she has never sung since." The voices of some patients have been so much injured by the operation, that they have never been able to read aloud afterwards; the ordinary voice has been weakened, a difficulty in swallowing has been experienced, and there has ever remained a sense of dryness in the mouth and throat, accompanied by thirst.

A second way in which the excision of the tonsils acts injuriously is by deranging the general health. In addition to their local influence upon the mouth and fauces, the tonsils seem to have some intimate relation with other organs, especially in woman. I have seen numerous instances in which the patients have dated the origin of a general debility, with its various accompaniments, to the extirpation of their tonsils. Indeed, the day in which the tonsils have been extirpated has been mentioned to me by several as one of the bitterest in their lives. Here is another corroborative case from Mr Harvey:†—"A young lady, about eighteen years of age, had the tonsils removed for apparent obstruction, as well as for some thickness of the voice; she was of a ruddy complexion, and the mammae were developed. A few days after the operation, her health became deranged; her bosom sank, and great disturbance was complained of in the other functions. Here there can be no doubt of the close connexion between the mammary gland and the tonsils. My friend Mr Hunt detailed to me the particulars of a case of a young lady, whose health sympathised in a similar way with the excision of the tonsils."‡ Mr Harvey also says:§—"The result of my observation and experience is, that excision of the tonsils has also produced considerable disturbance in the pulmonary apparatus, both in the mucous membrane of the bronchi, and in the parenchyma of the lung itself." I myself have frequently seen cases in which a pulmonary affection has dated from the extirpation of the tonsils; and I do not hesitate to say, that there is scarcely a medical man of large practice who could not add his testimony to the fact of the injury, local or general, which has accrued to patients from tonsil-cutting, and other operations on the throat.

I cite the following cases, in illustration of the evil effects of excision of the tonsils, out of the many that have fallen under my notice:

Miss W., aged 25, of a weakly constitution, consulted me a short time since on account of deafness. She says that her mother was deaf, and that two of her cousins are so. Eight years ago, after a severe cold and pain in the ears, she became dull of hearing, and the affection gradually increased. She requires to be spoken to through an elastic tube. She complains of a loud rushing noise, which comes on suddenly in an aggravated form whenever she is excited. She is also more deaf when she is weak. On examination, each meatus and membrana tympani was found in a healthy state, and the Eustachian tubes pervious. The lady stated that a few years previously she had consulted a gentleman on account of her deafness, and that upon looking into her throat he at once said, "I must cut out your tonsils; that will certainly cure you." The lady's aunt slightly expostulated; however, the gentleman

\* Loc. cit., p. 14.

† Not a single fact in proof of these several assertions is adduced.

‡ I have not deemed it requisite to say a single word in proof of the entire absence of all reasonable ground for the excision of the uvula and portions of the palate. I have thought the above quotations in favour of these operations a sufficient condemnation of them.

§ Loc. cit., p. 33.

\* This fact may be accounted for from the insertions of the muscles which open the Eustachian tube, the tensor and levator palati, being affected in the operation.

† Loc. cit., p. 28.

‡ Ibid., p. 31.



at once proceeded to perform the operation, "and, after several unsuccessful attempts to lay hold of the tonsils, he at last managed to get them both out, the parts removed being about the size of a small almond." This lady's report is, that "since the removal of the tonsils the deafness seriously increased, that her voice has been so weak that she has been seldom able to read aloud, and then never for more than a quarter of an hour at a time, which she considers a very severe deprivation. Although she previously had a very fine voice, she is now disabled from singing, has frequent pain in the fauces, a constant sense of dryness in the mouth, and perpetual thirst." Her general health has also materially suffered, and she is now under the care of a celebrated physician accoucheur in London. Upon looking into this patient's throat, there was no vestige of the tonsils. Dr Copland, who saw this case with me, said "the operation was quite unjustifiable; that organs had been cut away which exercised very important functions in the animal economy." Dr Copland added, in a note to me, that he "considered these operations of cutting off the tonsils and uvula more or less injurious, and that he never knew a person who could sing, to preserve their voice afterwards, dryness of the throat and hoarseness being generally complained of."

Another young lady, about the same age, and whose case was as similar as possible to the above, and who was under my care, thus writes to me:—"The first time I paid the gentleman a visit, he said decidedly the tonsils ought to be removed, and expressed some surprise that they had been allowed to remain so long. He assured me, very positively, that their removal would cure the deafness, which, he said, was solely caused by their enlargement, and also attributed a very frequent sore throat, I was at that time subject to, to these same unfortunate tonsils; though now that I am better acquainted with the nature of enlarged tonsils, I believe mine to have been most innocent, and not in any way to be blamed for my infirmities; they certainly never inconvenienced me, and, when removed, were not larger than the end of the little finger. The gentlemen removed them the second visit I paid him, and just before doing so, told me not to be surprised if the cure was not immediate, as it might be some weeks. The day after the operation, the throat became ulcerated on both sides, and very much swollen, and remained so for a week or ten days, and it was with great difficulty that I could swallow even liquids in very small quantities; he said, I must have taken cold. In the frequent visits I paid him afterwards, he always put caustic to the throat, stuffing a sponge which contained it as far down as possible. The first time, it gave me intense spasm to an extent I hope never to have again; it frequently had the same effect afterwards, but in a milder form, and always made the throat very sore for a day or two." This patient, who was brought to me by Sir John Liddell, had partial ankylosis of the stapes to the fenestra ovalis. I need not say, that she was not in the slightest degree benefited by the operation; but it was the opinion of her mother and others, that her health was seriously affected by it. She has lately been a great sufferer, and confined to her room for some months with an affection of the chest.

It is possible that some of my readers may think that I have laid too much stress upon the injurious results which have followed the excision of the tonsils, and other operations upon the throat. From the large number of cases I have myself met with in my own practice,—from the numerous cases detailed to me by others,—from the attempts made by medical men, especially by the late Mr Liston, to put a stop to the operation, and from the fact that 3,000 operations have been performed by one gentleman alone, I do not think I have magnified the extent of their evil effects. That they must have been keenly felt by society, is shown by the fact, that one of the most popular\* of modern poets, who did not raise his voice without due cause,

thought it his duty to aim the lash of his satire at these operations of "tonsil-cutting," as well as at the system of unceasingly injecting the Eustachian tubes.

OUGHT THE TONSILS OR THE UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

CERTAINLY NOT.

OUGHT THE ENLARGED TONSIL OR ELONGATED UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

UNDOUBTEDLY;

AND FOR THE REASONS WHICH FOLLOW.

BY JAMES YEARSLEY, ESQ.,

*Member of the Royal College of Surgeons, Surgeon to the Metropolitan Ear Infirmary, Sackville street, and to the Royal Society of Musicians, &c. &c.*

Such a multiplicity of facts crowd upon my mind in refutation of Mr Toynbee's statements, adverse to the first of the above questions, asked by that gentleman in the 'Medical Times' of May 14, that I am at a loss to know how and where to begin; and indeed I enter upon the discussion with reluctance, foreseeing the difficulty of proving the affirmative to the satisfaction of that gentleman; remembering, too, the Hudibrastic couplet—

"A man convinced against his will  
Is of the same opinion still."

I had scarcely concluded the perusal of the article in question, when my services were required in two cases closely bearing upon the subject. The first, a public singer of great eminence, who for years past has suffered frequent deterioration of his health and voice from the condition of the mucous membrane of the throat; and as this unhealthy condition is complicated with enlargement of the tonsil glands, the question naturally arises how far the malady is dependent on this enlargement. So sure am I of the fact that I have not hesitated to advise the removal of all the diseased growth which projects beyond the margin of the arches of the palate; for although I have patched up my patient's strength temporarily by tonics, and fitted him for the resumption of his avocations, I can safely predict the return of his throat affection within a very brief period. Ultimately my patient will submit to the operation, when his susceptibility to cold and sore throat will be removed, and the clearness of his vocalization will be permanently established. His case is the counterpart of the lady by whose recommendation he consulted me. I am at liberty to mention her name, for she has always evinced a laudible anxiety that others should experience the same benefit as herself.

In 1849 Miss Louisa Pyne came to me in great distress of mind from the loss of her voice, arising from the condition of her throat, which for a year or two had troubled her, and which then appeared so hopeless of remedy that she had resolved on relinquishing her profession. The tonsil on one side was enlarged. From large experience in similar cases I could at once charge the diseased gland with much of the annoyance to which my young patient had been so long subject. All thickening was removed by the knife, and from that day she improved in health; the throat assumed a healthy appearance; the voice regained its power and improved in quality—in the latter respect to such a degree, that its equal has not been met with, in the opinion of many first-rate judges, including the renowned Miss Stephens (now the Countess of Essex), since the heyday of that excellent lady. But not only Miss Louisa Pyne, but many other vocalists of the present day, will tell Mr Toynbee, that they owe the recovery and unwavering stability of their voices to my operations on the throat. I am aware that I am travelling rather out of my way, or rather anticipating my subject, by here combating the absurdities quoted by Mr Toynbee in relation to the voice. Of those, anon.

\* Thomas Hood, in "Poems of Wit and Humour." Moxon, 1852. Page 17.



The second case which occurred so opportunely was that of a young officer, whose regiment is just ordered out to Ceylon; and before going, he was anxious to consult me respecting a deafness which has troubled him to a greater or less extent for the last three years. On examination of the outer passages, everything was found healthy; but on inspection of the throat, the condition which I have so frequently described as productive of deafness was discovered. Dr Daniell, of Grosvenor street, happened to be in waiting at the time to see me in the adjoining room; and on my mentioning to my patient that I wished to illustrate an important fact in medical science by reference to his case, he politely consented to my inviting that gentleman to be present at the consultation. On taking the admeasurement of the hearing distance of my patient, it was found that he heard my watch about a foot from the right ear, and at least a yard and a half from the left ear. The outer passages, as I have said, were perfectly healthy; but in the throat we found both tonsils enlarged, with congestion of the surrounding mucous membrane; and while the tonsil on the left, the hearing side, was projecting prominently into the area of the throat, the tonsil on the right, the deaf side, could not be seen at all, though a slight fulness of the anterior arch indicated to the practised eye what existed beneath it. On introducing the finger, the tonsil was found *stealing upwards* towards the vicinity of the guttural opening of the Eustachian tube on that side, irritating by its presence the surrounding mucous membrane, interposing a barrier to the free descent of mucus from the posterior nares, interfering with the action of the tensor and levator palati muscles—the muscles which, by stretching or raising the palate, necessarily open the guttural extremity of the Eustachian tube\*—and thus, in a variety of ways, obstructing the free admission of air to the tympanum, to the detriment of the hearing; in proof of which I directed my patient to inflate the tympanum by stopping the nose and mouth. The experiment immediately enabled him to hear my watch at *more than double the distance*. On the left side, where no more deafness existed than might be fairly accounted for by the condition of the mucous membrane of the throat generally, I drew the attention of Dr Daniell to the greatly enlarged tonsil freely encroaching on the area of the fauces, while the sulcus formed by the arches of the palate was only filled up by the tonsil in its lower half, leaving quite a hollow, in which the end of the finger could be buried, in its upper half. And now as to the treatment of this gentleman. It does not follow, because a patient comes to me with enlarged tonsils, attended by deafness, that the operation of excising them necessarily follows, as Mr Toynbee would have it believed. No; I did not excise these tonsils, because I believed their enlargement was of comparatively recent formation, and therefore very possibly admitting of relief by a judicious alterative treatment. In the event of failure, I shall then excise these morbid growths, with a reasonable expectation of success and a positive certainty that the operation cannot possibly be productive of harm.

Mr Toynbee having alleged that I had not adduced satisfactory evidence in favour of my position, that the Eustachian tubes are pressed upon by enlarged tonsils, I could not refrain from introducing a case which appeared to me confirmatory of my views, and which came under my observation so apropos, at the same time affording me an opportunity of showing it to a gentleman so well known in the profession as Dr Daniell. So convinced was that gentleman of the truth of my position, that he could not help exclaiming, "Why do you not publish this important and conclusive fact to the profession?" On my assuring him I had done so, in a series of papers in the 'Medical Gazette,' so far back as 1841, he expressed his astonishment that it was not more generally known.

\* I cannot conceive what could have induced Mr Toynbee to write a paper for the Royal Society to prove that these muscles opened the guttural extremity of the Eustachian tube! Who ever doubted the fact?

With these prefatory remarks, I proceed to the contents of Mr Toynbee's paper; and I regret that it will be my duty to expose much unfair criticism and false quotation, arising, I fear, from an anxiety to put down a mode of treatment which he evidently misunderstands. Such conduct is totally inconsistent with the honourable sentiments expressed in his exordium. Notwithstanding the denunciations of Mr Toynbee, the truth upon the subject of enlarged tonsils will ultimately prevail, even if it does not already; nor will his talk about "calamitous results," "uselessness," "injurious effects," "aggravation of the deafness," "voices completely ruined," "derangement of the general health"—all of which have an existence only in the imagination of this gentleman—interfere with a practice which is now known to thousands and thousands of the friends of patients who have derived advantages the very opposite of which have been so erroneously ascribed to these operations.

It is desirable that the question should be opened and discussed; for if a tithe part of the injury which is imputed to these operations could be substantiated, it is high time they should be discontinued. But I am prepared to prove that the very opposite effects have been produced, and the truth of the following positions:

1. The tonsils, when enlarged, are occasionally productive of deafness—are damaging to the sonorous vibration of the voice, by blocking up the nasal passages—interfere with deglutition, impede respiration, obstruct the mucous secretion which is constantly flowing from the membrane of the nasal cavities, are a source of irritation to this same mucous membrane, and are the frequent cause of cough, more especially when the uvula participates in the local derangement of the parts.

2. The tonsils, when not enlarged, can neither be seen nor felt; therefore it is unfair to ask "ought the tonsils to be excised in the treatment of deafness?" When in the natural state they cannot be cut away; therefore the phraseology should be, ought the *enlarged* tonsil, &c. The same remark, as regards excision, applies to the uvula. No surgeon can excise the tonsil unless enlarged; no surgeon would remove or touch the uvula unless elongated or otherwise diseased.

3. The effect of the excision of enlarged tonsils is frequently to remove existing deafness, to clear the muffled or nasal voice, to disembarass the muscles of the throat engaged in deglutition and respiration, but above all to restore the general health, which is so frequently deranged by their presence.

I shall first show how unfairly Mr Toynbee has quoted from my pamphlet on Throat Deafness, and then point out the contradictions of which he has been guilty. He says: "Mr Yearsley advocates the excision of the tonsils, uvula, or portions of the palate, in four distinct classes of cases, which I will examine separately. The first class consists of those cases where the tonsils '*press on the mouths of the tubes so as to cause obstruction or occlusion.*'"—('Yearsley on Throat Deafness,' p. 4). Now, reader, I will quote the passage entire, at page 5, not 4, wherein these words occur; and then I will ask you whether Mr Toynbee might not have been more candid in his quotation, and cautious in his phraseology?

"The tonsils are placed in the vicinity of the Eustachian canals, and when considerably enlarged (the enlargement extending in an upward direction), they *press upon the mouths of the tubes so as to cause obstruction or occlusion.* The fact has probably escaped the notice of others, in consequence of the enlarged tonsil not being seen on an examination of the throat. In point of fact it must be felt for to be detected. The inflammatory action attendant on the enlargement of the tonsil glands produces adhesions to the arches of the palate, between which it is placed; and these adhesions prevent its advancing into the area of the throat, and thus it escapes detection; were it otherwise, defective voice and speech might be the result,—*but not deafness*. If the enlargement encroach still more on the area of the fauces, then deglutition and respiration may become affected; and with these, of course, the general health suffers dete-



rioration; so that the tonsil glands, in a state of enlargement, give rise to a variety of derangements dependent upon the position they take up in the throat."

Had Mr Toynbee quoted this passage entire, instead of the half dozen words which he found in the midst of it, he would not have ventured the observation, that excising an enlarged tonsil "is opposed to every rational and scientific principle which should guide a surgeon in the performance of an operation." It is quite clear to me that Mr Toynbee has a most erroneous notion of the circumstances under which excision of the enlarged tonsil in deafness is resorted to. He has, I fear, overlooked the grand fact which the above passage discloses. I can assure him that when he acts upon it he will find it to be a material adjunct to his aural manipulations and therapeutics.

But, asks Mr Toynbee, if Mr Yearsley believes that occlusion of the Eustachian tube only "occasionally" takes place from the pressure of an enlarged tonsil, how has it happened that his experience in tonsil-cutting has exceeded three thousand operations?

Upon what grounds does Mr Toynbee infer that this large number of operations has been performed in cases of deafness? From the several quotations from my book it is quite clear that Mr Toynbee has read it attentively, and yet he has not had the liberality to quote the passage, which I now do for him, wherein it is shown that enlarged tonsils are excised in a variety of ailments besides deafness, in the proportion probably of ten to one. At page 67 will be found:

"To assure my readers of the perfect adaptation of the instruments, I need only remark that I have now removed upwards of 3,000 morbid growths from the throats of more than 2,000 patients, variously afflicted with the ailments to which these enlargements mainly contribute or entirely give rise, such as—imperfect, thick, and nasal speech; difficult deglutition, impeded respiration, throat-cough, *throat-deafness*; and though last, not least, the imperfect development of health and strength in youth. I have performed this large number of operations with these instruments without one failure or accident. If surgeons generally were aware of the entire safety and simplicity of the operation, its more frequent performance would, I am sure, soon put an end to all debate on the description of instruments to be employed, and especially as to any difference of opinion of the curative results of the operation."—*Yearsley on Throat-Deafness*, pp. 67, 8.

But not satisfied with misquoting me, Mr Toynbee would wish it to appear that I had taken credit to myself for the dissection of 120 ears, which, in point of fact, had been made by him; but the context shows the very reverse, for I quoted the fact as "corroborative," by their results, of views previously enunciated by me. Indeed, I should be sorry to be thought by my professional brethren to have wasted so much valuable time as Mr Toynbee has done in dissection of ears, the *cui bono* of which I have yet to learn for it may fairly be asked, what new or useful fact has Mr Toynbee yet brought forward in the treatment of deafness? With the microscope on the one hand, with the dissecting knife on the other, supported by great zeal in the cause, much was expected of Mr Toynbee; but it is not too much to say that the profession are disappointed. And now, by repudiating the treatment of deafness through the throat, he will still further inflict injury on his professional judgment. He is quite wrong in supposing that "the intelligent members of the profession agree with him," for almost all the patients upon whom I have operated have been sent to me by my professional brethren; and as to authorities, every work except the one\* he has quoted is against him.

Every one who will take the trouble to read the observations of Itard, will be quite satisfied of the occasional obstruction of the Eustachian tube from the presence of en-

larged tonsils. (*Traité des Maladies de l'Oreille*, pp. 170 to 180, Vol. II.) In Deleau's work, I find a remarkable confirmation of my own views. He concludes the relation of a case in which the enlarged tonsils projected into the throat by remarking:—"Ce malheureux entendait aussi bien que moi;" and then goes on to say, "C'est plutôt lorsque ces glandes sont sujettes à passer à l'état d'inflammation aiguë, ou quand elles sont environnées d'un cercle rouge et tuméfié qui envahit les parois latérales du pharynx qu'on s'aperçoit de l'affaiblissement de l'ouïe, ou de la naissance d'un bruit d'oreille que les malades comparent à un bouillonnement d'eau ou au bruit du feuillage agité par les vents. Une disposition plus grave encore que prennent ces corps glandulaires, c'est leur développement d'avant en arrière, de manière à écarter les piliers du voile du palais. La dureté d'oreille accompagne presque toujours les glandes aplaties qui tendent plutôt à s'enfoncer dans les chairs qu'à faire saillie dans l'arrière-bouche. Difficiles à atteindre avec le bistouri, elles se débloquent encore plus aux nombreux instruments inventés pour faciliter les manœuvres des chirurgiens inexpérimentés. J'ai eu occasion de voir beaucoup de personnes qui en portent de semblables; leur surdité, presque toujours rebelle aux traitements ordinaires, ne guérit qu'après l'opération par laquelle je débute toujours quand elles y consentent."—*Recherches Pratiques sur les Maladies de l'Oreille*, p. 70-71.

From the earliest writers to the present time the fact has been noticed. Wathen mentions enlarged tonsils as one of the sources of deafness most certain to be removed "by surgical assistance." Valsalva relates a case of ulcerated tonsil, in which the presence of a tent blocked up the Eustachian tube, and occasioned deafness. In short, it is a fact which cannot escape the notice of any intelligent or careful observer, and no theoretical speculations of Mr Toynbee about the natural condition of the Eustachian tube can controvert it.

But were it the case that the tonsils in a state of enlargement never press upon or occlude the openings of the Eustachian tubes, I should still advocate the removal of the disease, knowing, as I do, how fruitful a source of annoyance to the patient is the presence of enlargement of these glands. The various ailments to which they give rise are almost invariably removed by their excision. So generally is this the case, that I have no hesitation in saying that no operative proceeding, in the whole range of surgery is so uniformly beneficial, as excision of morbid growths of the tonsils; neither is any operation so safe, or more free from subsequent injury to the patient, always assuming that it is done by an operator who is an adept at his work.

Of what do these morbid growths consist, the removal of which is to produce such "calamitous results," &c. &c. They consist of deposits of fibrin arising from chronic inflammation of the tonsil-glands; the deposition gradually becomes organised, and, in the course of time, indurated or hypertrophied—a condition which no local application can possibly correct. I will not insult the understanding of my readers by arguing the point as to how the extirpation of such morbid growths (for, be it remembered, the tonsil gland itself is never removed) can possibly have any "intimate relation with other organs, especially in woman"—how their removal can produce "a general debility with its various accompaniments,"—how the two young ladies, after *extirpation of the tonsils* (mark, reader, the phraseology) lost their health and their mammae, and complained of great disturbance in the other functions. I commend the following anecdote to the consideration of Mr Toynbee; for it appears to me that he does not duly estimate the influence of the disease with which these young ladies' throats may have been affected, in producing such disastrous results. Three or four years ago I operated on a young lady from Leeds with great success. *Twelve months afterwards* I received a letter, begging to know whether an ophthalmia, which had recently come on, was likely to have been the consequence of my operation!

But how are we to reconcile the conflicting statements of Mr Toynbee? At the bottom of the second column of his

\* [We happen to know the circumstances under which Mr Harvey's book was written, and therefore we are as much surprised that Mr Toynbee should quote from such a work, as that Mr Yearsley should refer to it otherwise than as a most contemptible production.]



paper he says, "My own opinion, however, is that this excision may generally be dispensed with except in extreme cases,—that it should be resorted to only where the health evidently suffers from the enlargement, and where the tonsils interfere with the functions of respiration or deglutition." And near the middle of the fifth column we find the following passage: "A second way in which the excision of the tonsils acts injuriously, is by deranging the general health. I have seen numerous instances in which the patients [the patients!] have dated the origin of a general debility, with the various accompaniments, to the extirpation of their tonsils." But I will not suppose that Mr Toynbee participated with his patients in the same sage opinion, and therefore cannot conceive why he should have quoted their crude notions. After all, it would seem that we are pretty nearly agreed upon the subject, for, in a foot-note, I find Mr Toynbee saying, "I have no doubt that in the very small number of cases of deafness benefited by the excision of their tonsils, the temporary relief that has been afforded has arisen from the diminution of the congestion of the mucous membrane of the tube." Undoubtedly: who has denied that this is the fair explanation of the fact? But, having admitted the "very small number," I have hopes that when Mr Toynbee has had larger experience upon the subject, he will see reason to admit that a *very large number* are relieved, not temporarily, but permanently, by the operation. Such is the result of my own experience.

Dr Horace Green, of New York, a great authority on the subject, and an accomplished operator, says:

"When hypertrophy (of the tonsils) is accompanied by induration, excision of the enlarged gland is almost the only method of treatment by which permanent and effectual relief can be obtained. This fact ought to be better understood by the profession than it seems to be; for the practice of painting these morbid growths with the tincture of iodine, or of cauterising them with the solid nitrate, is still continued, and patients are daily being subjected to this annoying and useless practice, often month after month, with the apparent expectation, on the part of their attendants, that enlarged and indurated tonsils may be discussed by these applications.

"When the disease is recent, and the enlargement is soft, this treatment may prove serviceable in some cases; but more frequently, even under these circumstances, the effect of the applications has been, in my experience, to increase rather than to diminish the morbid growths; consequently, for a number of years, I have been accustomed to practise excision in the treatment of enlarged and indurated tonsils, whenever this operation could with propriety be performed."—Green on 'Bronchitis, Etc.,' pp. 210, 211.

The faith which some surgeons appear to have in local applications in the face of their evident inefficiency, is most remarkable. Some time ago a young lady was brought to me from Reading, by the surgeon of the family, who wished to have my sanction to his continuance of the local remedy of painting the enlargement with the nitrate of silver for some months longer. He had then applied it for three months. My opinion was, that he had better discontinue the practice. The patient dreaded an operation, and the application, therefore, went on daily for another month, after which the mother and daughter came again. The ailments were thick speech, nasal obstruction, occasional deafness, susceptibility to cold, and general debility. The operation was performed, and my patient declared that it gave her no pain, and caused less inconvenience than the treatment to which she had been daily subjected for months. So successful was the case, that within a month from that time I was required to operate on another daughter, on her way to school in the neighbourhood of London.

To continue authorities, what says Mr Fergusson?—

"The amygdalæ occasionally are permanently enlarged: the condition gives rise to difficulty of swallowing, sometimes even of breathing, change of voice, hoarseness, deafness, and other ailments; and, in the event of constitutional remedies and local applications having proved of no service, either as regards the state of the mucous membrane or ton-

sils, then a portion of one or both glands should be removed."—Fergusson's 'Practical Surgery,' p. 602.

Corresponding remarks are made in regard to the elongated uvula; but not only by Fergusson are the operations advocated, but by every other modern writer on surgery. What says Mr Liston?

"The uvula, when affected by chronic enlargement, which has resisted judicious treatment, or when altered in structure, may be safely and with propriety abridged. Constant irritation about the glottis, and troublesome cough and expectoration, are thus often got rid of at once."

In regard to enlarged tonsils, he says, "The enlargement is but an opening out, or simple hypertrophy of the gland; the surface heals kindly, and there is no reproduction of the tumour. Were the growth not an adventitious one, the practice could not be defended, and it would not answer the purpose permanently. The prominent part of the swelling may safely be removed from one or both sides." In another place he speaks of the inconveniences they produce, and says "Sudden death from enlarged tonsils has been known to happen."—Liston's 'Surgery,' p. 295.

What says Mr Syme?—

"Enlargement of the tonsils occurs very frequently at an early period of life, impeding respiration, especially during sleep, rendering the voice husky, causing a disposition to sore throat, and occasionally producing a degree of deafness. . . . The operation, when properly performed in circumstances really requiring it, affords with perfect safety such an amount of speedy and permanent relief, as justly to merit the title of a substantial improvement in the practice of surgery."—Syme on the 'Improvements Introduced into the Practice of Surgery during the last Thirty Years.'

That my neighbour, Sir Benjamin Brodie, approves of these operations, may be gathered from the following fact:—His friend Admiral S—— had made an appointment with me to excise enlarged tonsils in the case of his daughter. On his way to my house he had occasion to call upon Sir Benjamin, to consult him in regard to another member of his family, and happened to say, "I am going next door to have my daughter's throat cut." "Oh, sit down, I will do it for her!" "No," said the Admiral, "I must keep my appointment: besides, whilst I should come to you for any other surgical operation, I should go to Yearsley for any matter connected with the throat; practice makes perfect."

The limited space which I can fairly claim to repel the attack which has been made upon my practice by Mr Toynbee, precludes the possibility of my showing how unfairly my opinions have been quoted; and I can, therefore, only say that it will give me much pleasure to send the pamphlet on 'Throat Deafness,' to any gentleman who may be sufficiently interested in the question to read it. But I cannot conclude my paper without calling the attention of the profession to a most important fact in connection with enlarged tonsils. The presence of these tumours retards the growth of children. I have observed the fact in numerous instances, and it is probably to be accounted for by the enlargement exerting more or less pressure on the carotid artery, thus impeding the ready flow of blood to the brain. I now merely mention the fact, that the observation of others may be directed to the subject. Many a time and oft has a parent brought a child to me with enlarged tonsils; and, on my asking if any other child were similarly affected, the answer has been, "Oh, no; my next child (one, two, three, and even four years younger), is a fine healthy child, taller and stouter than this one, which is always delicate."

15 Savile-row.

THE CHOLERA.—A letter from St Petersburg of the 21st April, announced that the cholera, which was then raging with great violence at Moscow, had re-appeared, and several persons had died. Another letter, of more recent date, states that the disease has not made any further progress, and has been confined to isolated cases.

ADULTERATION.—A snuff manufacturer has been fined, by the Commissioners of Excise, for mixing chromate of lead with snuff, "to add brilliancy to the mixture."



## Obituary.

March 27.—J. GRANT, Esq., Assistant Surgeon, of spasmodic cholera, near Comillah, Bengal.

April 2.—Dr WATKINS, Civil Surgeon, and formerly Garrison Surgeon of the Bombay Presidency, at Breach Cundy, Bombay. Dr Watkins was in extensive private practice, and intimately known to a very large number of the members of the community. He was a man of considerable ability and great good sense; of large and varied acquirements, sterling uprightness, and much warmth of heart. The feeling of regard and esteem entertained for him by all who had the pleasure of his acquaintance deepened into love and affection, and his removal in the prime of life, and in the midst of his usefulness, has occasioned deep and general sorrow. He had been, for some weeks, suffering from dysentery, which took so alarming a turn as to prevent the possibility of his being removed from the Presidency; and for the ten days immediately preceding his decease he had been dangerously ill. He has left four children who are now being educated in England. Dr Watkins served with the 3rd Troop Horse Artillery during the whole campaign in Scinde and Afghanistan, under Sir J. Keane, and was present at the storm and capture of Ghuznee, and received a Ghuznee medal.

12.—HENRY MEDLAND STOCKER, Esq., Surgeon at St Austell, Cornwall, aged twenty-one.

May 14.—WILLIAM MINES, Esq., at his residence, Diss, Norfolk, aged seventy-seven. Mr Mines had been in practice at Diss during a period of forty-nine years.

15.—SIDLEY, Esq., Surgeon in the Royal Navy, suddenly, at Southampton. A coroner's inquest has been held on the body. Mr Sidley was in the habit of taking opium and prussic acid medicinally, and it is conjectured that in an agony of pain he took too large a dose of the latter poison. Unfortunately, the glass from which it is believed he took the dose, was accidentally taken from the table where it was laid by Mr Sidley, and washed out, and thus the strongest proof of the fact that the unfortunate gentleman took prussic acid, and also a means of ascertaining what quantity he did take, are wanting. It is believed that Mr Sidley took  $3\frac{1}{2}$  drachms of Scheele's prussic acid, because that quantity is missing from the bottle in his room, and which he had only obtained possession of just before his death; but there is great difficulty in conjecturing how he struggled from where the bottle and glass were left, to the bed where he was found dying.

20.—ROBERT RICHARDSON, Esq., Surgeon (late of Harrogate, Yorkshire,) at Ross House, Clarence square, Cheltenham, aged eighty-one.

23.—SAMUEL FOX, Esq., M.R.C.S. Eng., 1802, at his residence 219 Shoreditch. Mr Fox had formerly been a Surgeon in the Royal Navy, and had published a work on "Chlorosis."

Lately.—Dr WILLIAM WESTALL, Assistant Surgeon of the 94th Regiment, expired on board the "Zemindar," while returning from Australia to rejoin his regiment at Madras. Dr Westall was the son of William Westall, Esq., of Bath, and at the time of his death thirty-one years of age.

## THE NEW MEDICAL REFORM BILL, AND THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

We have been requested to state, that on the 7th of October last year a deputation of the Provincial Association waited upon the Committee of Council of the National Institute (the interview having been requested by the former body), to confer upon the Bill which is now before the profession. After much discussion, it appeared that the views and objects of the association were so entirely different from those for which the National Association and National Institute had been for several years contending, that it was quite impossible for the latter to concur in the provisions of the intended Bill, and the following resolution was unani-

mously passed, and a copy furnished to the deputation. It was stated, however, at the same time, that the National Institute would not obstruct the progress of the Bill:

"Resolved,—That the Bill prepared by the Provincial Medical Association, although it is calculated somewhat to improve the condition and status of the general practitioners, yet, in the opinion of this meeting, it will not afford that protection, nor secure that efficient education of future members of the profession for which the National Association and the National Institute have always contended; nor will it secure that independence of the control of the Colleges of Physicians and Surgeons which the general practitioners throughout the kingdom have a right to demand."

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 20th ult.:—George Evans, Harewood square; Charles Lambert Evershed, Billingham, Sussex; William Hamilton, Tullick, Co. Tyrone; Andrew Henderson, Kirkaldy, Fifeshire; William Hopkins, Leamington, Warwickshire; Augustus Johnston, Dublin; William Henry Moor, Durham; John Picthall, Hon. East India Company's Service, Bengal; John Rains, Bonsal, Derbyshire; Edward Malcolm Sinclair, Manchester; Robert James Wilson, Westminster.

OXFORD UNIVERSITY.—On Wednesday, the Degree of Licentiate in Medicine was conferred on Mr William Ogle, of Catherine Hall.

NOTICE TO STUDENTS.—The Court of Examiners of the Royal College of Surgeons have just announced that they will meet from time to time, as may be necessary, for the examination of candidates for their diploma until the 18th of July next, after which time, in consequence of the extensive repairs going on at the College, they will adjourn till the 7th of October.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 19th, 1853:—Edward Atkinson, Little Woodhouse, Leeds; Richard Wafford Eve; Henry Hancox, Bilston, Staffordshire; Robert Walker Jenkins, Charing, Kent; Charles Scholefield Richardson; John Tibbits, Warwick; Peter Wright, Wigan.

RAIN IN IRELAND.—The quantity of rain which fell in Ireland during 1852 exceeded that of 1851 by more than thirteen inches.

BOARD OF HEALTH.—The vote taken this year, in the Civil Service Estimates, for the Board of Health, is 11,996*l.*, being an increase of 1,251*l.* over 1852-53, and of 2,027*l.* over 1851-52. The vote taken for the funeral of the late Duke of Wellington was 80,000*l.*

Dr Paris, Dr Todd, and Dr Hawkins, had an interview with Viscount Palmerston on Monday, at the Home Office.

QUACKERY.—Yesterday two quack doctors, named Coates and Campbell, were tried in the Sheriff's Court, and sentenced to nine months' imprisonment with hard labor. It appeared they styled themselves in their bills professors Coates and Campbell, and represented themselves as able to cure all manner of diseases. They were in the habit of visiting all the towns and villages, in the neighbourhood of Edinburgh, and for their boxes and phials charged as high as 5*s.* doing a pretty brisk trade. A person in Musselburgh having had his suspicions aroused that he had been imposed on, submitted one of the phials for analysis, and finding that it was some simple mixture, gave information to the authorities, who soon discovered the imposition which was being played upon the public. Cod-liver oil, soap, and rhubarb, were the chief ingredients of which the mixtures were composed. This led to their apprehension. At the same Court a man named, Cameron, was sentenced to eighteen months' imprisonment with hard labor, for issuing counterfeit coin.—'Edinburgh Witness.'



**POISONING BY ACCIDENT.**—At the Glasgow Circuit Court of Justiciary, Edward Ferdinand Wheatley, student of medicine, was accused of culpable homicide, in so far as, though not authorised to practise or prescribe as a physician, he prescribed for William Brown, jun., a dose containing tincture of belladonna and tincture of aconite, by which Brown became immediately ill, and died in a few hours from the effects thereof. The prisoner pleaded guilty to the charge; and the case being considered by the court to be simply one of ignorance, the parties having been on very friendly terms, he was sentenced to only fourteen days' imprisonment.

**APPOINTMENTS.**—Dr Arthur Hassall has been appointed physician to the Royal Free Hospital in the place of the late Dr Richard Chambers.—Dr Charles Bland Radcliffe has been elected assistant-physician to the Westminster Hospital.—Dr Samuel Griffiths, the assistant physician-accoucheur to St Thomas's Hospital, has just been elected physician and medical examiner to the Royal Asylum of St Ann's Society.

## Notices to Correspondents.

**MR PHILIPS.**—You will find the letter referred to in the present number. We waited until the answer appeared, and now the bane and the antidote will be found together. Our readers must decide which gentleman has the best of the argument.

**MEDICUS (Ipswich) writes.**—Having a severe case of Lichen covering nearly the whole body in a stout hale man about forty-five years of age, who, however, drinks rather freely, now under treatment, I should be glad if you or any of your readers could acquaint me with a remedy either general or topical that would be likely to afford relief. Abstinence he cannot be persuaded to observe.

Yours, &c., MEDICUS.

**GULIELMUS.**—The question is "sub judice." We cannot pretend to determine.

S. O.—No.

**F.R.C.S.**—The hospital in question is in course of erection, and will be opened before the end of the year.

**HIPPOCRATES.**—The notion that electricity, heat, and the vital principle are one and the same, is as old as the discovery of the powers of electricity itself. We do not deny that there may be truth in the opinion; but as a mere theory it has been too often repeated to deserve publication in this journal. Any demonstration of the doctrine—other than that of the "moving tables,"—would be acceptable; but it requires a Faraday to make the experiments and to eliminate the principle.

**O.P.Q.**—Your insinuations are not justified by the facts alleged.

**FIDELIS.**—It is one of the ordinary quack remedies; the notion of its efficacy has been long exploded. An ivy-leaf cap is undoubtedly beneficial in the treatment of scald head, as we have observed in numerous instances. Dr Milman Coley, we believe, in his work on the 'Diseases of Children,' pronounces in favour of the use of ivy-leaves. How they act we cannot satisfactorily tell.

**NEMO.**—Nothing can be done in the matter. You have allowed the proper time to pass by.

**SENEX.**—The annual payment is two guineas.

**CRUX.**—The difficulties in the way of a just and efficient measure of medical reform have become proverbial; and we need not feel any surprise that the Provincial Association has not succeeded better than its predecessors. We blame the association for attempting the object prematurely; had a longer time been allowed to elapse, a better measure might have been arranged and a larger amount of support conciliated. The general principles of the association are good so far as they go, but in their operation they regard chiefly the anomalies in relation to Scotch graduates practising in this country. The great bulk of surgeons in general practice in England have not been treated with sufficient consideration. We ask for time. It would be a great pity if a good object shall be made subservient to the purposes either of personal vanity or interest. The Provincial Association has acted most indiscreetly in allowing a young barrister,—clever though, without doubt,

he be,—to become almost exclusively its organ with the Government. Nepotism has been the curse of our profession. The profession must take their affairs into their own hands, and set their faces with determination against jobbing in all forms. It cannot be forgotten that Sir Charles Hastings is Chairman of Wakley's New Equitable, and lends his support to maintain an office established to provide for Wakley's sons; on his part Wakley lends his 'Lancet' to help Sir Charles Hastings with his Reform Bill, through which young Mr Hastings, the lawyer, may be accommodated with a place and a good salary. This alliance would not stand a single hour before the breath of a large public meeting called together at the Hanover-square Rooms, by an earnest and independent body of men. Let us have time!

**AN OLD REFORMER.**—There is no harm in signing the petitions that have been circulated; but it does not follow that you are pledged to the bill of the association. The new movement is in reality an old movement; with which our pen is already familiar. Unless the utmost candour and fair dealing govern the committee's proceedings we will favour them with a gentle remonstrance, which may be of service. Sir Charles Hastings has already sent them a retaining fee, which has been gratefully accepted.

**M.D. (Brighton).**—Kölliker does not think that the malpighian bodies have any free cavity in the normal state. He also thinks he has discovered a ciliated epithelium at the entrance of the capsule of these bodies. Kölliker has given a minute description of these parts. We are not aware, that it has been translated, but you will find an abstract of his views in Craigie's 'Pathological Anatomy.'

**A.B.**—An answer shall be forwarded by post.

**L.W. (Liverpool).**—The remedy is in your own hands. It would be an unnecessary occupation of space to publish your letter.

**MEDICUS.**—A surgeon carrying on the business of a chemist, and placing this designation over his door, cannot evade the operation of the Apothecaries' Act. You cannot be surprised at the feelings nourished against you by those who have complied with the law; but we do not think that you deserve so much to be the object of censure as our colleagues, whose jealousies maintain the present anomalies, and our legislators, whose apathy permits them to exist.

**MR W.—TS.**—Your suggestion is good, and shall be attended to. We thank you both for your opinion and your eulogies. The promotion of our circulation in the way indicated has our approbation.

**ÆSCULAPIUS.**—We decline to offer an opinion upon your exposition, as it would be unfair to prejudge any one upon an ex-parte statement.

**JUVENIS.**—The examination at the Edinburgh College is more general and said to be more stringent than that at London. It, however, costs less. We have already answered the question in a foregoing number.

**ANTI-LANCET.**—The article in the 'Daily News' came under our notice. You are mistaken in your supposition that it was written by the gentleman named. He had nothing whatever to do with the production, though it answered the editor's purpose to reprint a portion of it in the 'Lancet.' We know the author, and shall no doubt have occasion to refer to him at a future time. The object for which it was concocted is very evident to us; and we are surprised that the 'Daily News' should lend its pages to a movement so insignificant. But this paper is a mere bankrupt in matters of opinion; and it is, therefore, of little consequence what it gibbers.

**M.R.C.S. ENG.**—There is nothing new in your report of the case; and with respect to your comments on the case recited, and your reference to your having recently "mastered" the subject, we beg to remind you of an anecdote told of Dr Baillie. This physician was once informed by a young gentleman "that he had just finished his studies." "Have you," rejoined the Doctor, "I am just beginning mine."

**M.D.**—You cannot recover.

**L.M. (Manchester).**—We cannot publish your communication, the interest in the subject being exhausted.

**MR BENTON.**—1st: Yes. 2nd: Yes. 3rd: Yes.

**MR JAMES.**—Communication received, and the subject noted.

**DR COCKLE.**—Communication received.

**DR J. THOMSON (Aberfeldy).**—Communication received.

**MR H. BUDD, JUN.**—We are much obliged to you for your offer, but it is not consistent with our plan.



## To the Professional Judgment we

submit the PATENT RESILIENT BODICE and CORSALETTO DI MEDICI.—The basis principle is the arrangement of elastic materials in the back and sides, each portion having a distinct and separate action in conformity with muscular movement and anatomical structure, the oblique transverse resilients being variable in number, size, and position, as individual configuration may require. The quilted silk or fine flannel under the open transverse work conduces to warmth of the spine, and favours free exhalation from the skin.

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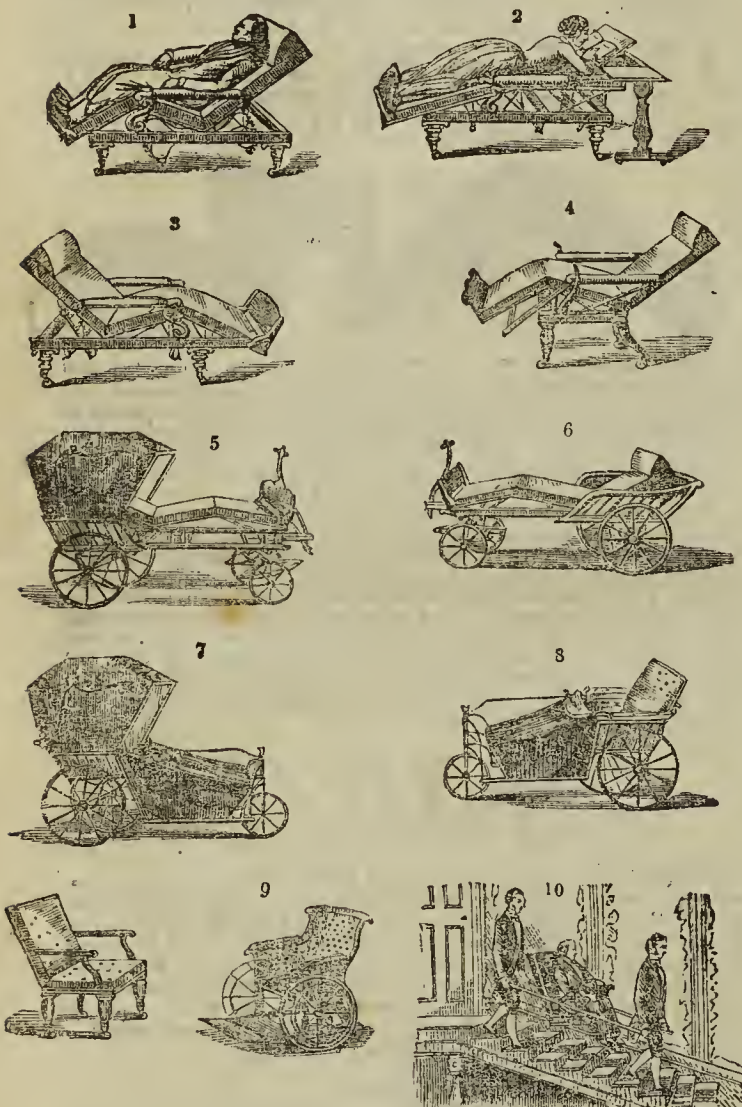
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The originators of this useful and interesting Institution have never appealed to the public for pecuniary assistance. From the peculiar nature of its objects, the required outlay has been inconsiderable; and they only adopt this mode of publishing the ends it has in view for the more general diffusion of a knowledge of its existence.



## The Medical Circular.

WEDNESDAY, JUNE 8, 1853.

### TO OUR SUBSCRIBERS AND FRIENDS.

THE rapid and unprecedented success of the 'MEDICAL CIRCULAR' has necessitated a change in the place of publication to *more commodious and central offices* in the STRAND. We cannot regard the circumstances rendering this change incumbent, without reflecting on the cordial and generous support which we have uniformly received from our professional brethren, who may be assured that the anxiety hitherto felt to make this journal worthy of their approbation will continue to actuate us; and that no effort will be left untried to raise the 'Medical Circular' to the highest point of literary and scientific worth.

It is therefore with much pleasure that we announce, that after the TWENTY-FIFTH OF JUNE the Office for the Publication of the 'MEDICAL CIRCULAR' will be at

**No. 128 STRAND,**

directly opposite the Lyceum, and next door to the 'Globe' newspaper office.

### ANNOUNCEMENT OF THE GOVERNMENT ON MEDICAL REFORM.

THE final resolution of the Government on the subject of Medical Reform was declared on Friday last by Lord Palmerston in the House of Commons. Lord D. Stuart asked the noble Lord "*whether it was the intention of the Government to introduce a bill during this Session of Parliament for the better regulation of the laws relating to the Profession of Physic and Surgery.*" In reply his Lordship stated "that the present condition of the medical profession in this country was one that required considerable regulation and amendment. It was in fact a labyrinth and a chaos owing to the many different sources where degrees and licenses to practise in the different branches of the profession arose. *The question was very complicated, and he certainly had no hopes of being able to bring forward a measure which would embrace the whole subject this year.*"

Our predictions are therefore fulfilled: the Government have, for the present, relinquished the hope of legislating for our profession. It is now a long time since we confidently expressed our opinion that the Bill drawn up by the Provincial Association would not be placed on the table of the House of Commons this session; but so strong and repeated were the assurances of the organ of the Council to the contrary, that we were considered by some friends to be precipitate in our judgment. Our conclusions are formed from a long experience of public business; and however plausible the aspect of affairs may appear, however flattering and gracious the reception ministers may give to anxious deputations, we frame our judgment rather from the tone of

feeling in the profession at large, and from a knowledge of the forces lying by brooding and latent in silent expectation of events not yet sufficiently menacing to inspire alarm. The leaders of the Association seemed to think that they had overawed opposition either by the strength of their numbers, or the excellence of their scheme, and that they could carry this measure with a high hand; but they have tasted of the bitterness of disappointment, and have learned for the future to temper their aspirations with prudence and second-thought. It would have been time enough for us to have discussed the measure when the Government undertook the duty of legislating upon it: for we had no desire to place unnecessary difficulties in the way of the Provincial Association. They had never favoured us with their scheme; *it had never been submitted by public meeting to the profession at large*; and it would have been competent for us to have ignored its existence altogether until it became a public act. As the Bill therefore of a private body, approved by a majority of its members, and sent to the Government without consultation with the general body of the profession, we refrained from submitting it to an analysis; but we deemed it desirable so far to call the attention of our readers to the fact of its existence and to the probability of its passing, as should prepare them for action when the time arrived for a strenuous effort to be made either to accept, modify, or reject it, as upon careful deliberation might seem best.

We now perceive that the Metropolitan Counties Branch of the Association disapprove of the scheme; for we cannot form any other judgment of their opinion as conveyed in the following resolutions, passed at a meeting of the Committee of this Branch on Friday se'nnight:

"1. That this Committee think that it is the duty of the Metropolitan Counties Branch of the Provincial Medical and Surgical Association to support a Medical Reform Bill, so far as it shall give effect to the great principles of uniformity of education, reciprocity of privilege, and the registration of legally-qualified practitioners; *but that they forbear to express an opinion on the details until an amended bill is before the Committee.*

"2. That Mr Hastings, the Secretary of the Medical Reform Committee of the Parent Association, be requested to furnish this Committee with a copy of the amended bill, as soon as it is possible for him to do so."

What this amended bill may be it is difficult for us to say, but we announce at once, that an alteration of the bill merely to the extent talked of, but not defined in our contemporary, the 'Medical Times and Gazette,' will not satisfy the profession; and if the Committee have no further object than that in view they may as well at once close their deliberations. However, if we may judge from a leader in the last number of the Provincial Association, something more is in contemplation than a mere trimming and squaring of the old bill. Thus runs an announcement in that article:

"As a definite YES or NO must be given by the minister to the question, whether government is willing to introduce a Medical Reform Bill during the present session of Parliament, we shall be able in our next to announce either the certainty of a speedy termination being put to much of the anarchy which now prevails in the medical profession, or to indicate the outlines of a new and more aggressive cam-



campaign against monopoly and oppression, than any which the great body of the profession has yet found itself sufficiently united to undertake with the confidence of victory."

Now, we intend to bind down the Association to this declaration. The Government has answered NO, and the Association is now under an obligation of honour to commence an "aggressive campaign against monopoly and oppression." We shall be glad to see how the Association will conduct this campaign!

#### THE 'LANCET' AND THE 'MEDICAL CIRCULAR.'

As we occasionally publish complimentary criticisms of our labours from the best judges, our habitual readers; so we now deem it fair to reprint a criticism of a different character from the pages of a rival journalist. 'The Lancet,' in its last number contained the following reply to a correspondent:

"M.R.C.S.E. and L.A.S.—The publication of the letter of our esteemed correspondent would not benefit the cause of medical reform. Opinions given in the trashy print mentioned are not worthy of consideration for one moment. Ignorance and carelessness are the predominant features of that periodical. At the proper time the subject shall receive our earnest attention."

That we have roused the enmity of our contemporary, is a sufficient proof of the falsity of his censures. If the 'Medical Circular' were indeed a "trashy print," as he has on numerous occasions asserted, wherefore this effusion of ignoble wrath? If our observations on the subject of "Medical Reform" really betrayed "ignorance and carelessness," whence the necessity of his giving it his "earnest attention" for the ostensible purpose of rebutting our statements, and antagonising our influence?

We challenge the Editor of the "Lancet" to the promised dissertation. He has pledged himself without examination, extolled without sincerity, and supported without faith. Examine the bill, Mr Editor, as you promise! YOU DARE NOT. Condemn it! YOU DARE NOT. Adopt it! YOU DARE NOT. You have not ventured hitherto to write in any number of the 'Lancet' more than a dozen lines, in general terms, recommendatory of the measure; and with the knowledge that our eye is upon you, and our pen ready to expose your contradictions, you will not undertake the perilous duty of an advocate. Although the bill itself should be perfect, you are so closely beset with pitfalls that you dare not move a yard in its support. You have said as much as you think will gratify your friend Sir Chas. Hastings; but a cordial and "earnest" support of the scheme, even by your own admission, you have not given. For such a course of proceeding, the 'Lancet' has been ever remarkable, and now, bankrupt of credit, it sees stronger reason than ever for maintaining a discreet reserve.

"Thus, wicked but in will, of means bereft,  
He left not faction, but of that was left."

That we were neither "ignorant nor careless" in our opinion of the course Government would take on this measure, is proved by the announcement recently made in the

House of Commons. We exhibited a foresight which our contemporaries could not comprehend, and which one of them at least now attempts, with his usual enviousness, to ignore.

The 'Medical Circular' is the only medical journal of the present day that dares TO TELL THE TRUTH, and must naturally, therefore, excite disgust in the hearts of those who dread truth as their worst enemy. We have been guilty of the unpardonable offence of revealing secrets and exposing shams, and hence have incurred the resentment of our contemporary, who, stripped of his disguises, shudders like a naked man before the east wind. Let him abandon medical reform, which no longer needs him, and study personal reform, of which he is greatly in need; and we may extend to him our forgiveness for his past impertinences.

#### HONOURS CONFERRED UPON THE MEDICAL PROFESSION.

It is a fact of universal admission, and a topic of general comment, that there are very few state honours or marks of social distinction within the reach of the more eminent members of our profession. A knighthood, and occasionally a baronetcy, are bestowed upon them as a reward of merit; the former title, however, has been so often conferred upon men holding no position among the medical *literati*, that we have long ceased to consider it of any value. A baronetcy is, however, viewed in a different light; but how rarely is this honour bestowed upon distinguished medical men! Once, perhaps, in ten or fifteen years the title is conferred upon some man of literary reputation, or upon some fortunate physician or surgeon who has been selected to occupy the anxious position of attending upon crowned heads. Orders of merit, titles, marks of honourable distinction, blue ribands, are as plentiful as blackberries among those connected with the civil service, and the army and navy; both the great, the learned, and the good among the noble philanthropists of the medical profession are permitted year after year to drop into the grave, without having received the slightest reward or mark of distinction from the state. Such is the lamentable condition of our honourable profession. The above reflections have occurred to us whilst contemplating a fact recorded in the daily papers, in connexion with the recent installation of the Earl of Derby as Chancellor of the University of Oxford. Our readers are aware that upon these grand commemorations a number of eminent men of all professions are selected by the Chancellor and the University as persons entitled, by their abilities and contributions to science, art, and philosophy, to receive the highest honorary degree which this ancient University has the power of conferring, viz., that of *Doctor in Civil Law*. We rejoice to see that at the present installation three eminent members of the medical profession have been thought worthy of this high mark of distinction. The degree of D.C.L. will be conferred to-morrow upon Dr R. Bright, Dr Forbes Winslow, Mr Jos. Henry Green, and Mr Brande. Among



the elite of the University of Oxford assembled in Convocation, in the presence of the flower of the English nobility, and associated with such men as Disraeli, Macaulay, Bulwer, Murchison, Warren, Alison, Aytoun, Gladstone, and, surrounded by several hundred distinguished visitors from all parts of the country, these three gentlemen will be, with great pomp and ceremony, presented to the Chancellor, from whose hands they will receive, amidst the acclamations and enthusiastic cheers of a brilliant assembly of rank and talent, this honorary degree. We sincerely congratulate these gentlemen upon this public recognition of their separate and peculiar merits. Mr Brande is so closely identified with the science of chemistry in this country, that few will envy the honour thus conferred upon him. Mr Jos. Henry Green holds a deservedly high position among the transcendental anatomists and philosophical surgeons of the day, and no one conversant with the progress of medical science in this country of late years, will question the great talents, the European eminence, of Dr Bright and Dr Winslow. The former physician has immortalised himself by his important discovery in renal pathology; and the latter gentleman has by his unwearied and laborious exertions advanced the science of medical psychology and disseminated in his numerous works on insanity profound and philosophical views relative to the treatment of the insane. By the successful establishment of the 'Psychological Journal,' Dr Winslow has done great and essential service to the cause of scientific truth. In fact, his Journal has been the means of creating a new and distinct branch of philosophical inquiry in this country. Prior to 1848, when the first number of Dr Winslow's masterly periodical was published, we had no journal exclusively appropriated to the investigation of Medico-Psychological literature. This grave and important subject was not considered entitled to special investigation, and very few, if any, contributions on this subject found their way into the ordinary medical journals of the day. How different is the case now! How much attention is paid in the present day to the science of psychology as far as it relates to the physiology and pathology of the human mind. To whom are we indebted for exciting so intense an interest in this hitherto-neglected department of medical philosophy? Need we say that it is to Dr Forbes Winslow that we are indebted, and that to him all the honour is due. Whilst we admit that the University of Oxford could have selected many of our brethren *equally* entitled to the distinction, we may fairly ask, could they have named *one more* worthy of it than the founder and editor of the 'Journal of Psychological Medicine?' Dr Bright, Dr Winslow, Mr Jos. Henry Green, and Mr Brande, you all have our warmest congratulations.

**ST MARK'S HOSPITAL.**—The anniversary festival of this Institution took place on Monday, under the presidency of the Lord Mayor. The list of subscriptions announced, amounted to upwards of 800*l*.

## Mirror OF PERIODICAL LITERATURE.

(From the 'Monthly Journal of Medical Science,' June.)

### CASE OF GUN-SHOT WOUND OF THE SKULL.

Dr George Mackay communicates two interesting cases from the seat of war in Burmah,—one, a "Case of Gun-shot Wound in the Left Lung, terminating in Recovery;" and the other, as above, a "Case of Gun-shot Wound of the Skull, followed by great loss of Cerebral Substance, also terminating in Recovery." The latter we quote as follows:

"Case 2.—On the 8th November, 1852, a Burman, a middle-aged man, was brought to hospital, having received a gun-shot wound on the head about the middle of the left parietal bone. The ball seemed to have, as it were, ploughed through the structures for the space of about two inches, tearing the scalp and fracturing the skull to nearly the same extent, then passing off without entering the cavity. On introducing the finger into the wound it passed into the cranial cavity, where numerous small fragments of bone were felt pressing directly on the brain. These, to the number of fourteen, were carefully removed with a dressing forceps, a portion of protruding brain was cut off, the head shaved, the edges of the lacerated scalp were brought together, one or two sutures applied, also a few straps of adhesive plaster, and lint dipped in cold lotion ordered to be kept constantly over the part. The wound had been inflicted about four hours previous to his admission, and had bled freely. He was perfectly sensible; pulse weak; skin cool. With assistance he walked up a few steps into the ward, and was observed to drag his right leg slightly. He was ordered to be kept perfectly quiet; to have rice-water to drink; no medicine.

"9th. Pulse has risen during the night—is at present strong; skin warm, bowels not moved; right leg more paralytic, and right arm completely so. He complains of pain all down the right side. Strapping to be renewed; continue cold lotion to the head. *R* Pulv. Jalap Co.  $\mathfrak{z}\mathfrak{j}$ , to be taken immediately.

"10th. Skin still warm; pulse full; bowels moved three times yesterday; tongue furred; complains of pains in the head, particularly on being moved. The brain is protruding between the edges of the wound in the scalp. Projecting portions of brain to be cut away; strapping renewed; continue cold lotion. *R* Calomel gr.  $\mathfrak{ij}$ , Pulv. Jalapæ Co.,  $\mathfrak{z}\mathfrak{ij}$ , M., to be taken immediately.

"12th. Two of the sutures have given way; the edges of the wound in the scalp look unhealthy, and are discharging freely; a fresh portion of the brain is rising up between them. Pulse quiet; skin cool; tongue clean; bowels open; urine free. Diet to be a little more nourishing. No medicine.

"14th. Wound much the same; discharging freely; protruding portion of brain becoming offensive; bowels regular; pulse and skin natural; tongue clean; complete paralysis of right side of body, with little or no sense of feeling. The portion of brain protruding beyond the skull (about the size of a large nutmeg) to be cut away; a graduated compress of pieces of lint, oiled, placed over the opening, and secured with straps of adhesive plaster. Meat diet.

"19th. Brain still continues to protrude. Two portions, about the size of a nutmeg, have been removed since last report; discharge less—still offensive. The right side of the body is wasting. The wound is dressed daily, and the graduated compress still used.

"24th. Continues much the same; discharge from the wound still copious. Brain continues to protrude; two more portions or the same size have been removed. Is feverish this morning; tongue furred; pulse quick. *R* Mist. Salinæ  $\mathfrak{z}\mathfrak{ss}$ ; Spt. Ether. Nitrici  $\mathfrak{z}\mathfrak{j}$ ; M. to be taken three times a day. *R* Pulv. Antim. Co. gr. v.; Calomel gr.  $\mathfrak{ij}$ ; Potass. Nitrat. gr.  $\mathfrak{viij}$  M. Ft. Pulv. To be taken at bedtime.



"25th. Bowels moved very freely; fever gone; wound still discharging freely, but the protrusion of brain, since it was last removed, has been very slight. Continue graduated compress and keep the wound clean.

"December 6th. Brain continues to protrude; the graduated compress, with strapping and bandage, does not prevent it; three portions have been cut off since last report. The wound requires to be frequently dressed on account of the copious offensive discharge. He is becoming much emaciated; now takes animal food three times a day, and Pulv. Cinchon. 3ss. every fourth hour.

"14th. Only one portion of brain has been removed since last report, and none has protruded since the 11th. Discharge still copious, less offensive; edges of the wound looking healthy and granulating. Continue compress; bark and diet as before.

"19th. No further protrusion of brain; has been doing well since last report. Since yesterday has been observed to move his right arm slightly. Wound in the scalp contracting; healing at both ends. Continue.

"22nd. Wound doing well. Can now move the right arm and leg slightly.

"29th. Wound continues to contract, and the power of motion in the arm and leg is increasing.

"January 13th, 1853. Has improved steadily since last report. The wound in the scalp has contracted; but there is still a space over the broadest portion of the fractured skull about the size of the point of the thumb, and from the thickening of the scalp the edges cannot be brought together, but it is gradually contracting and granulating from below. The brain, particularly on any exertion, can be seen pulsating at the bottom of the opening. Strapping across the wound. Continue nourishing diet and bark.

"17th. Is gaining flesh, and daily getting more power in the right arm and leg. He can now raise his hand to his mouth in eating, and walks with a little assistance; he feels well.

"20th. Yesterday he left the hospital without asking leave, and returned this morning. He had walked to his own house in the bazaar, a distance of nearly a mile; says he is quite well, and is very anxious to be discharged and allowed to go home. The thickening in the scalp is diminishing, and the opening contracting. He continues to gain flesh and strength, and the right arm and leg are nearly as useful as the other.

"21st. He was advised to remain in hospital a few days longer, but he felt so well that he could see no necessity for so doing,—so walked away of his own accord, and as he has not returned, or applied again for assistance, there is no doubt but that he has continued well.

"REMARKS.—The slight constitutional disturbance presented by this patient from the first is remarkable, considering the severity and extent of the wound; also the recovery of the power of motion and sensation in the right arm and leg after so great a loss of cerebral substance. The elongated and irregular shape of the opening in the skull, rendered it difficult to apply a compress effectually, added to which its application producing uneasiness, the patient made a point, when not narrowly watched, of removing the bandage or plaster; and knowing the difficulty there would be in keeping any dressing properly adjusted, was my reason for, in the first place, applying the interrupted suture to the wound in the scalp, a practice which, in general, is considered inexpedient."

(From the 'Lancet,' June 4, 1853.)

#### THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.

Dr Tyler Smith continues his observations on Leucorrhœa in this number of the 'Lancet.' After discriminating certain obscure forms of leucorrhœa, especially that termed "Vicarious Leucorrhœa," or leucorrhœa vicarious of menstruation, which Dr Smith considers to be simply cases of "cervical or mucous leucorrhœa," in which the secretion, instead of being continuous, as in ordinary leucorrhœa, is

poured out periodically, he makes the following remarks on the connection of leucorrhœa with sterility:

"The relations of leucorrhœa to sterility, and the modes in which barrenness is produced or impregnation prevented in this disorder, are subjects well worthy of consideration. Some women who are affected with leucorrhœa conceive almost as regularly as though they were free from all derangement of the generative organs; while many others do not conceive during the presence of this disorder, though they are not otherwise sterile, as is frequently proved by the fact of their becoming pregnant on the removal of the leucorrhœa.

"Sterility is caused, in some cases of leucorrhœa, by the influence of the leucorrhœal disorder upon the cavity of the fundus uteri and the ovaria. In cases of cervical leucorrhœa in which menorrhagia is produced as a secondary disorder, to such an extent as to produce general anæmia, impregnation is frequently prevented. The same occurs when the leucorrhœa leads to amenorrhœa and chlorosis, with complete torpidity of the ovaria and fundus uteri. Instances of sterility are also frequently found in cases of cervical or vaginal leucorrhœa complicated with membranous menstruation. Whenever, in fact, leucorrhœa induces such disorder of the catamenial function as to prevent the function of ovulation in the ovaria, or to render the cavity of the fundus uteri and canal of the Fallopian tube unfit for the transmission and reception of the ovum, sterility is the necessary consequence.

"Impregnation may also be prevented in cases of cervical and vaginal leucorrhœa in which the discharges are of such a nature as to destroy the vitality of the spermatozoa before their ascent into the cavity of the fundus uteri. M. Donné found, experimentally, that in the healthy secretions of the utero-vaginal canal the spermatozoa remained active for a considerable time; but he found that in certain morbid conditions of the vaginal and cervical mucus the spermatozoa were almost immediately destroyed. In particular, he noticed that the spermatozoa were killed almost immediately by the highly acid state of the vaginal mucus in pregnancy. M. Donné considers, and I believe with reason, that an excessive acidity of the vaginal mucus, and an increased alkalinity of the cervical mucus, are alike destructive to the spermatozoa. Dr Whitehead has referred to these points in a very able manner, but he does not in all respects agree with M. Donné. In my own examinations I found that in vaginal leucorrhœa the acidity of the secretion was always considerably increased, unless the vaginal membrane poured forth pus, or some other complication was present; while in cervical leucorrhœa the alkalinity is as constantly deeper than it is in a state of health. Probably, in leucorrhœa, other qualities hurtful to the spermatic particles are present in addition to acidity or alkalinity. Some original and highly interesting experiments of Mr Newport, published in a paper on the Impregnation of the Ovum in the Amphibia, in the first part of the 'Philosophical Transactions' for 1851, have an indirect bearing on the relations of the utero-vaginal secretions to sterility in the human subject. The experiments of M. Donné showed that the morbid conditions of the utero-vaginal discharges were fatal to the spermatozoa, which the researches of Kolliker have classed with the vibratile cilia of other parts of the body. Many physiologists had, however, doubted whether it was the spermatozoa or the liquor seminis which acted as the efficient agents in impregnation. Mr Newport's researches appear to demonstrate that not only are the spermatozoa destroyed by certain agencies, among which acids and alkalies are pre-eminent, but that impregnation is effected by the spermatic cilia alone, and not by the agency of the liquor seminis. It was found that when the seminal fluid was filtered, so as to separate the spermatozoa almost entirely from the liquor seminis, the impregnating power of the spermatozoa was immense, while that of the liquor seminis was very small, and commensurate only with the small number of spermatozoa which had passed through the filter. When the spermatozoa were entirely separated, the liquor seminis was quite incapable of impregnating ova. Mr Newport found that when semen in which the spermatozoa are active and abundant is exposed to a solution of potash they become motionless, shrivel up, and are speedily dissolved and destroyed. He also observed that when



dilute acetic acid was applied to the spermatozoa they quickly lost all vitality, and were left extended and motionless. In other experiments, the ova were bathed with spermatic fluid, and subsequently washed with acetic acid or solution of potass; or they were first washed with the acid or alkaline solution, and then bathed with seminal fluid. In either case the process of impregnation was almost or entirely prevented. Although these experiments were performed on the ova and spermatozoa of amphibia, in which alone impregnation takes place out of the body, so as to become the subject of direct observation, we may argue from them, as well as from the observations of M. Donné, and from what is observed of sterility in cases of leucorrhœa, that vitiated utero-vaginal secretions must necessarily be inimical to the human spermatozoa during their passage upwards from the vagina.

"These considerations point to the propriety of examining the utero-vaginal secretions in all cases of leucorrhœa accompanied by sterility, and to the necessity of restoring the secretions to a healthy condition, or of neutralising the excess of acid or alkali which attends the cervical and vaginal varieties of this affection."

**CASE OF MONOMANIA, ACCOMPANIED WITH AN OBSTINATE REFUSAL OF FOOD FOR FOUR MONTHS, SUCCESSFULLY TREATED.**

The title is descriptive of this curious case, the details of which it is unnecessary to publish. Mr Dickson, the Resident Medical Superintendent of the Manchester Royal Lunatic Asylum, the reporter of the case, thus sums up its peculiarities:—

"This case is interesting, not only from the condition of the patient when admitted, but also from the difficulty in forming a correct diagnosis; more especially whether the difficulty of swallowing proceeded from an enfeebled state of the organs of deglutition, or was simply the effects of delusion. At the time of admission, if a tea-spoonful of fluid was put into his mouth, it brought on asphyxia; and on any attempt being made to pass the tube of the stomach-pump the contraction of the muscles was so great that, in conjunction with the risk of complete asphyxia and his extreme feebleness, it was deemed prudent to abstain from any further attempts to pass nourishment by the mouth. The state of prostration under which the patient laboured increased the difficulties, and up to the end of the second week after admission there was no expectation that he would survive. By that time, through the continued use of the enemata, and close attention to prevent his expelling them, a very slight improvement had taken place, and his system was roused to such an extent as to allow the organs of deglutition to fulfil in some degree their functions. After this it was an easy matter, by the use of the stomach-pump and the continued stimulus of liberal diet, to assist the recovery. The object to be obtained, therefore, was simply to sustain the strength of the patient; this was accomplished in the manner described. That my diagnosis was correct is proved not only by the history of the case, but also by the voluntary admission of the patient himself. A month previous to his discharge he stated to me 'that he could have eaten and drunk very well all along, for that there was nothing the matter with his throat, and that he had given way at last because he saw there was no use in holding out any longer;' the truth, however, being that, by the nutriment passed into his system the equilibrium of the circulation was restored, the nervous system resumed its energies, and as a natural consequence his delusions and monomania passed away."

(From the 'Medical Times and Gazette,' June 4, 1853.)

**INFLAMMATION OF THE STOMACH.**

We have already quoted the previous Lectures by Dr Budd on the subject: in the present Lecture he points out the fact that long continued abstinence may cause inflammation of the stomach: and cites various authorities in evidence. He refers also to the effect of poisons in the blood on the coats of the stomach. On this subject he observes:—

"Whenever inflammation of the stomach is excited by some noxious matter in the blood, which must necessarily be conveyed to every part of the mucous membrane, and be carried in the blood to every other part of the body, we may expect the inflammation, like that which results from the absorption of arsenic, to be more extensive than that caused by the mere outward application of an irritating agent, and to be attended by symptoms of inflammation or irritation of the bowels, and by some disturbance of the functions of other organs, which the inflammation of the stomach itself cannot explain.

"The gastric disorder in yellow fever and in cholera, which is attended by great congestion of the stomach, and by effusion of fluids from the mucous membrane, which has many characters in common with those states which we designate inflammation, is probably brought on in this way, by the influence of some poison acting through the blood."

Gouty inflammation of the stomach is thus described:—

"The stomach is more apt to suffer from the sudden retrocession of gout than any other organ; and two kinds of gastric disorder arising in this way have been recognised.

"The first and most common kind usually occurs in chronic gout, and is chiefly marked by a feeling of weakness, or sinking in the stomach, with griping pain and a sense of cramp. The pain is relieved by pressure, and is seldom attended with vomiting, fever, or other symptoms indicative of active inflammation.

"When the disorder has these characters, it is best treated by warm alcoholic stimulants, and by sinapisms, applied with the view of recalling the gout to the joints that have been recently or oftenest affected with it.

"The second kind of gastric disorder succeeds active inflammatory gout in the joints, and is marked by severe pain in the stomach, a high degree of fever, and frequent vomiting or retching, often attended by profuse diarrhœa. If the disorder be not controlled, the active febrile symptoms are early followed by a state of alarming and sometimes fatal collapse.

"This affection of the stomach is, now-a-days, of rare occurrence, and has not been sufficiently studied. There can be little doubt that the disorder is inflammatory, but that, like gout in other parts, it has characters which may serve to distinguish it from common inflammation.

"One of the most striking characters of gouty inflammation of the limbs is an abundant effusion of fluid into the synovial capsules, or into the cellular tissue. In gouty inflammation of the stomach, an effusion of the same kind sometimes takes place into the cellular tissue under the mucous coat, causing great thickening of the walls of the stomach. In illustration of this, I here show you a remarkable preparation, which I have found in the museum of the College. It exhibits a considerable portion of the pyloric end of a stomach, the walls of which are enormously thickened by what seems to have been coagulable lymph effused into the cellular tissue under the mucous coat. The preparation was left to the College by Dr Hooper, and is thus described in his Catalogue:—

"*A Portion of an Adult Stomach.*—There is considerable deposition of albumen between the coats—between the muscular and villous coats. The subject was labouring under acute rheumatic fever, with swelling of all the limbs, which suddenly disappeared, and his stomach seized with pain. He became delirious, and lived two days. Mr Guthrie's stomach had the same appearance."

"What is here termed 'acute rheumatic fever' was, in all probability, acute gout affecting a great number of joints at once.

"This peculiar form of inflammation of the stomach exemplifies a fact which must ever be borne in mind in the consideration of inflammatory diseases, namely, that the course and character, and, in great measure, the event, of inflammation, in any tissue, depend on the nature of the influence by which the inflammation is caused.

"When the gouty disorder of the stomach succeeds active gouty inflammation of the joints, and has itself the characters of active inflammatory disease, the most efficient



remedies are leeches, or a blister, applied to the epigastrium; abstinence from all stimulating food; effervescing potash-water, in small quantities at a time, to allay thirst; and opium, to alleviate the severe pain, and to support the action of the heart. In conjunction with these remedies, sinapisms or other stimulants should be used, for the purpose of recalling the gout to the joints which it has recently left."

Dr Budd makes these remarks on the general treatment of inflammation of the stomach:—

"In the *treatment* of inflammation of the mucous membrane of the stomach, the fundamental point is to give the stomach sufficient intervals of rest and to avoid irritating it by physic or food. For inflammation brought on by alcoholic drinks, or by undigested or irritating food, nothing more is generally necessary than cooling drinks, and restriction for a few days to a sparing diet, consisting of light broths, farinaceous substances, and milk. If the inflammation be very severe, causing much pain and tenderness, with a sense of heat at the stomach, and frequent vomiting on the contact of food, leeches may be applied to the epigastrium; the stomach may be cooled, and its irritability much lessened, by sipping from time to time iced water, or by holding pieces of ice in the mouth, and swallowing the water as the ice dissolves; and the diet may be still further restricted. Broths may be interdicted, and, for a few days, nothing more be allowed than the simplest drinks, and those farinaceous substances that are principally composed of starch. In active inflammation of the entire stomach, or when, from any cause, the digestive power is very feeble, there is usually dislike of animal food, and, by a natural instinct, arrow-root, gruel, &c., are substituted for it. Even farinaceous substances, when they contain much gluten, are found to be heavy and oppressive. The peculiar business of the stomach is to dissolve the albuminous constituents of the food. The gastric juice has comparatively little action on the starch, which, consequently, taxes the stomach less, most probably passes out of the stomach more quickly, and is certainly found, when the digestive power is suspended, to be less oppressive to it. As I have before observed, the restoration of the stomach to its healthy condition is greatly promoted by the active nutrition of its lining membrane."

The Lecture concludes with some observations on the "mammillated state" first observed by M. Louis, which Dr Budd considers may be due to other causes besides inflammation, and is not always a morbid state.

(From the 'Association Medical Journal.')

#### ON RE-VACCINATION.

Mr Hingeston, of Brighton, is the author of this paper. He considers that a certain indeterminate number of persons become again susceptible of vaccination after the operation has been once performed, but that the period is unknown. He does not think that there is any evidence to show that the protective power of vaccination wears out with age. With reference to re-vaccination, he remarks:—

"The question of re-vaccination is embarrassed on all sides. In times of danger from infection of the small-pox, it is unquestionably proper. For the most part, a genuine scar is the sign and seal of protection; and most vaccinators will feel confident that, in such a case, re-vaccination will in all probability produce nothing more than a spurious pock, running its course in five days; or that, if small pox supervene, it will be only a mild form of it, terminating favourably in a week, and seldom proceeding so far as the fourteenth day. Should the attack, however, turn out a severe one, the medical man will be inclined to suspect the normal character of the primary vaccination; for he has a firm conviction, or consciousness, derived from his own experience, that a genuine vaccination, carefully watched and approved of throughout all its stages, never deceives him. It is, in his estimation, proof impregnable against the small-pox infection, and of strength sufficient to resist the specific virus of re-vaccination. We may appeal to those who have been attentive observers of what has transpired within their own sphere of

practice, and ask them whether this declaration does not express the unshaken conclusion of their minds? Testimony of this sort is of no trifling weight, and supersedes the nicest arguments which can be opposed to it. In a court of law it would be decisive. Many a doubtful point, however, would be cleared up and settled by the returns of extensive statistical reports on vaccination, such as those of the Registrar-General's respecting births, deaths, &c.; and an arrangement of this kind might be provided for in a new Vaccination Act.

"The proper age for vaccinating has been determined by necessity rather than by choice. The usual time is about the third month, nor does there seem to be any good reason against it. At this period the pock usually succeeds very well, without interfering with dentition, weaning, or the change of dress, which is generally made lighter towards the eighth or ninth month. Indeed, there is no time when the nursing and warmth are more carefully attended to than at this period, nor when the infant is more susceptible and less irritable than then. About this time, also, healthy children are plump, and they sleep a good deal, both of which are favourable conditions for vaccinating. The spring and autumn are the best seasons for obtaining fully developed vesicles. The winter checks the action of the skin, and the summer overheats and exhausts the surface. The one hurries on, while the other delays the progress of the pock. It is best to postpone the vaccination altogether in very cold weather, and to wait for a more congenial temperature.

"Dentition by no means hinders the virus from taking effect; and every vaccinator is aware of vesicles being produced as perfect, and as much approved of, at this time as at any other; only the liability to secondary eruptions is greater, and the constitutional powers are engaged in the formation of the teeth, which is an important process, making a great call upon the strength, disturbing the regularity of the nervous centres, and occupying the chief activity of the system almost exclusively in its own operations. On this account it has been recommended to postpone vaccinating until after the formation of the first teeth, or at least until after the expiration of the first twelve months. Except in some particular cases, there does not seem to be any good ground for giving way entirely to such a scruple.

"No one would ever think of vaccinating during the existence of feverishness, sleeplessness, diarrhoea, catarrh, etc., in children, nor in adults during menstruation, an attack of indigestion, jaundice, excessive fatigue, care, grief, or any other accidental circumstance interfering with the general health.

"The fourth month used to be the age at which the old inoculation was practised, and the child's health was prepared for its reception. Under the most favourable conditions it was not free from risk; for sometimes the small-pox eruption came out over the whole body, and occasionally children died in consequence of it. During the incubation of the small-pox, that is to say, between the moment of infection and the appearance of the eruption, vaccination may be attempted. Its success will depend on its being performed nearer the moment of infection than that of the eruption. Some say that, if vaccination be effected within six days from that of the infection, the vesicle will arise, and anticipate or intercept the appearance of the small-pox. Others affirm that, even though vaccination should be attempted as early as the moment of infection itself, yet it will not do more than modify the character of the small-pox; while others, again, declare that, if vaccination take place contemporaneously with the small-pox eruption, then the small-pox eruption will proceed *pari passu* with the vaccine vesicle. Nay, it is even asserted, that a confluent small-pox will proceed along with a genuine vaccine vesicle. It is evident that these are abstruse points, almost beyond the reach of a private individual's experience. Nothing but extensive reports spread over the space of several successive years, could furnish us with anything like positive data for working by. In the case of imminent exposure to infection, we are forced to vaccinate without delay, and trust to chance for its succeeding."



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On the Pathology and Treatment of Acute Rheumatism; being the Lumleian Lectures delivered before the Royal College of Physicians in 1853. By James Alderson. 8vo, pp. 112, cloth, 4s. 6d.

Change of Climate considered as a remedy in Dyspeptic, Pulmonary, and other Chronic Affections; with an Account of the most eligible Places of Residence for Invalids in Spain, Portugal, Algeria, &c. at different Seasons of the Year, and an Appendix on the Mineral Springs of the Pyrenees, Vichy, and Aix-les-Bains. By D. J. T. Francis. Post 8vo, pp. 320, cloth, 8s. 6d.

On the Application and Effect of Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections. By Richard Moore Lawrance. Post 8vo, pp. 100, cloth, 2s. 6d.



- A Reminiscence of Gideon Algernon Mantell, Esq. By a Member of the Council of the Clapham Atheæum. To which is appended an Obituary, by Professor Silliman. 8vo, pp. 26, sd. 1s.
- Plain Advice on the Diet and Management of Infants; with Observations on the Symptoms of the Diseases to which they are liable. By Wm. Pearce, Esq. Fcap. 8vo, sd. 1s.
- Physiological, Anatomical, and Pathological Researches. 8vo, (Edin.) cloth, 7s. 6d. reduced.
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- A Manual for the College of Surgeons in London, Dublin, and Edinburgh. Intended for the use of Candidates for Examination and Practitioners. By John Steggall. 2nd edition, 12mo, pp. 780, cloth, 10s.
- Observations on the Nature and the Treatment of the Asiatic Cholera. By William Stevens. 8vo, pp. 530, cloth, 10s. 6d.

## The Anatomy of Quackery.

### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

No. XX.

DR SCOTT'S BILIOUS AND LIVER PILLS.

In the work entitled 'MONEY—how to get, how to keep, and how to use it,' the larger portion of one chapter is devoted to a descant on quackery and quack medicines. The advantages of quackery, the importance of quackery, the necessity of quackery, the antiquity of quackery, &c. &c., are therein endeavoured to be established with a degree of obtrusiveness and earnestness which, if we desired to be offensive, we might refer to personal feeling on the subject. The scribe, long accustomed to attune the praises of "Bacchus, ever fair and ever young," who "drinking joys did first ordain," sinks down into a state of comic seriousness, and delivers himself of a clown's essay on his newly adopted vocation:—

"Akin to inventions, without partaking of any originality, is the *patent medicine business*. Like the former, the success of a few has excited the cupidity of the many. Men of all classes pronounce an eulogium on the *pill business*. Mechanics contrast it with the results of their labour. The clerk sighs for a 'medical secret' (God help him); 'the *regular*' foams at the mouth; and even the merchant has an idea that it is 'a *mighty profitable thing*.'"

Ay! "the pill business!" Yes! it is the "pill business" which is the quack's delight,—the quack's idol,—the quack's gold mine. Look at the morning papers; there are pill advertisements. Look at the evening papers, and we find there the same, with the addition of short complimentary paragraphs, sounding the praises of the nostrums. Shame on the diurnals. Surely the weeklies are free from such contaminations. Not so. Here is a weekly London newspaper admitting a paragraph (apparently editorial) into its column, assuring the public that "the discoveries on which the composition of the '*Patent Panacea Pill*' is based, are of such a magnificent character as to have excited joy in the bosom of every true philanthropist, and threaten ere long to subvert the present system of Medicine, and render the Medical profession as now constituted quite unnecessary." Let us retire into the provinces. Surely we shall meet with less pill-humbug there. We are now within the shadow of the venerable Cathedral of Exeter. Here is the saintly '*Flying Post*.' Disappointed again. Only eight mortal columns of the advertisements of Quack Doctors and quack medicines. We rush out of the office in dismay, and in striving to reach our hotel run our nose against the walls of the western branch of the Hygeian College of Health. Let us fall back on the Monthlies. Why! more bulky than usual! The cause—pamphlets on Holloway's Pills, Mori-

son's Pills, Parr's Pills, Ali Ahmed's Pills, &c. &c. &c. The Quarterlies prove little better. We will quit the obscene host. We will seek some recompense and consolation within the limits of the religious journals. Surely honesty, truth, and religion will there be found companions. Fresh disappointment! Episcopalian, Wesleyan, Evangelical, Catholic, differ in all points but *one*,—their desire to print advertisements and write puffs for the nostrum-mongers. We are almost exhausted with our search. Let us make one effort more. We will search out the temperance men and teetotallers as a *dernier resort*. Surely the small-beer and cold-water drinkers will be temperate enough to be "faithful, true, and honest." Heaven help us! "In the lowest depth, a lower still." Human cupidity has no bounds! Honour has no resting-place here! Walpole spoke with the truthfulness of a second Shakespeare when he said, "Every man has his price." Who can wonder, then, that quackery prospers in the nineteenth century?

Reverting to the volume, "MONEY," we read:—"Quackery is as old as the profession of which it is an offshoot, and will last as long." (We hope not. Its days are already numbered by the growth of education and knowledge among the masses of the people.) Again: "Paracelsus, who flourished in the sixteenth century, is regarded as the prince of quacks." "He boasted that he had discovered a *panacea* which would cure all diseases at once, and even prolong life indefinitely; but unfortunately for its reputation, he died at the early age of forty-eight, after a few hours' illness, with a bottle of his panacea in his pocket." This is an unfortunate admission for any advocate of quack medicines to make. It has been frequently the case with the patrons of "Parr's Life Pills" and other nostrums. The writer concludes by observing that, "as a pursuit, the patent medicine business is not more successful, nor profitable on an average, than any other." We agree with him. The few successful rogues manage, however, to grow rich.

But we are wandering from that particular and principal branch of the patent medicine trade—the "pill business." It is the "pill business" which makes the money, and hence generally "makes the man." If we look at the advertisements we shall find that those of pills predominate in number. One-half of the nostrums in the patent medicine catalogues are pills. Most of the principal nostrum-mongers have commenced by making and selling pills. Pills! Pills! Pills! they have even given their name to the trade, and technically that of "Pilulists" to their proprietors. But enough of pills in general; let us look at the pills immediately before us.

There are few men who know the "secrets" of the "pill business" better than Mr W. Lambert, chemist, of No. 20 Jermyn street, the proprietor of "Dr Scott's Bilious and Liver Pills." These pills are unceasingly advertised in the leading provincial newspapers, and in many of the London prints. To be just, however, we do not think that their proprietor could possibly carry on his trade successfully, in this age of nostrum competition, if he were to adopt a more unassuming demeanour, or more truthful language. Exaggeration and falsehood are the necessary elements of success in the "pill business." Without it the trade in quack medicines would soon prove a profitless one, and ere long cease to exist.\*

Mr Lambert's "Bilious and Liver Pills" are *professedly* "prepared from the recipe of Dr Scott, of Bromley, Kent," but whether this be the case or not, they are equally objectionable as a medicine for indiscriminate use, under all circumstances, in the complaints for which they are recommended. If it were otherwise, it would be only necessary to wait on some eminent physician, and to obtain his prescription *once*, which would then be sufficient to effect a cure, not only of the patient himself, but of all other persons labouring under like complaints. We need scarcely tell the reader that this is not the case. The medicine,

\* It is singular that similar remarks were called forth by the circulars and advertisements of Anderson's Pills, noticed at p. 138.



which is an invaluable remedy in one case, may prove unsuited to, nay, even dangerous in another. Even in the same case an alteration of symptoms, the result of a few days, or only a few hours, may render a change of medicine necessary. There is no man that can compound a remedy suited to *all* the cases and symptoms of even *one* disease. No qualified practitioner ever raised such pretensions. How then can the quack pretend to a knowledge which the most learned and experienced physicians disavow?

After some very lively details and recommendations of the "Bilious and Liver Pills," and what they "will cure," the proprietor remarks:—"For females these Pills are most truly excellent, removing all obstructions, the distressing headache so prevalent with the sex, depression of spirits, dimness of sight, *nervous affections, blotches, pimples, and sallowness of the skin—they give a healthy and juvenile bloom to the complexion.* By regulating the dose according to the age and strength of the patient, they become suitable for every case in either sex that can be required, and for elderly people they will be found to be the most *comfortable* medicine ever prepared." This reminds us of the trick of the Sarsaparilla knaves, that both ourselves and our worthy contemporary 'Mr Punch' have recently exposed.

The composition of the "Bilious and Liver Pills" does not greatly differ from that of several others we have noticed.\*

The directions, &c., accompanying these pills are of the usual character. We are told that—

"PERFECT HEALTH may be maintained or recovered by taking one pill an hour before dinner every or every other day, or at bed-time.

"Diseases of the liver, by two or three pills night and morning, three or four times a week.

"Bilious or sick headaches, &c., by two, three, or four, taken at bed-time, twice or thrice a week.

"Indigestion, by one pill daily when sitting down to dinner, or at bed-time.

"Loss of appetite, one or two pills taken between breakfast and dinner, twice or thrice a week.

"Costiveness, two or three pills at bed-time, repeated in the morning if needful.

"Gout, rheumatism, lumbago, inflammation of the kidneys, &c., two pills at night and one in the morning, two or three times a week.

"For children, a pill, or half a one, according to their age.

"Delicate and pregnant women, one or two pills," &c.

The remark on the qualities of Ali Ahmed's Pills at page 388 also apply here. The pills in question are simply aperient and stomachic, and beyond this are comparatively harmless.

#### LAMBERT'S ASTHMATIC BALSAM.

This is another nostrum emanating from No. 20 Jermyn street. It is supported with the usual amount of quack testimonials and assurances. It is useful in dissolving "congealed phlegm" and "allaying the tickling which provokes frequent coughing," but beyond this, possesses no curative powers;† and its action, in large doses, frequently repeated, might in some cases prove dangerous.

#### OXFORD AND CAMBRIDGE.—UNIVERSITY REFORM.—

In the House of Commons, on Tuesday, Mr Heywood gave notice, that, on the 28th of June, he would move for leave to bring in a bill to promote the intellectual and moral education of the students, and to simplify academical forms at matriculation, and on taking the first, or Bachelor's, degrees in Arts, Law, and Medicine, in the Universities of Oxford and Cambridge.

\* We believe the following is the formula for these pills:—  
℞. compound extract of colocynth (P. L. 1836) 8 ounces; powdered rhubarb, 4 ounces; powdered myrrh, 2 ounces; soft soap, half-an-ounce; oil of caraway, 2½ drachms; strong syrup of saffron, q. s. to form a pill mass. There are 25 three-and-a-half grain pills in each thirteenpenny-halfpenny box. It has been stated that these pills contain a very minute portion of antimony.

† Vide article on Locock's Wafers at page 186.

## Original Communications.

### ON THE VALUE OF HYDROCYANIC ACID AS A REMEDIAL AGENT.

BY WILLIAM J. COX, M.R.C.S., ETC.

The merits of Hydrocyanic acid as a remedial agent, although now more generally admitted than heretofore, are not (I venture the opinion) as yet sufficiently appreciated by the bulk of practitioners. Its introduction into the pharmacopœia being in great part due to its efficacy in gastric affections, its use has been hitherto too much restricted to maladies of that class; and its great powers in derangements of the *nervous* and *respiratory* systems, comparatively overlooked and neglected. Add to this, there exists, especially amongst practitioners of the old school, a fear of its frequent employment, a dread, at least, of exhibiting it in any but the smallest (and consequently inefficacious) doses. Many medical men of the rural districts of the present day, (I speak from personal experience) do not even keep it in the surgery: and many others regard it in the same light with strychnia, aconite or atropine; a dangerous and doubtful remedy, *anceps remedium*, to be ventured on only in extreme and peculiar cases; and not adapted for daily use in the practice of physic. I believe Dr Elliotson first pointed out its great power in subduing irritation of the stomach: and his example and precept greatly conduced towards its general employment.

I propose briefly to consider the general and particular actions of this very potent and valuable agent: the principal pathological states in which it is of most decided benefit: and the chief therapeutical indications for its exhibition.

The rationale of the action of hydrocyanic acid on the animal economy is curious and highly interesting in a therapeutical point of view. Of course my remarks on this head will be confined to the consideration of the powers of this agent in a remedial sense. Its action as the most rapid energetic and terrible of all poisons is a question of import for the attention of the medical jurist.

Its action *as a medicine* varies in relation to the dose employed. When given in minute doses, its action appears to be expended on the living membrane of the stomach—which it soothes. If the quantity given be not increased, nor the dose very frequently repeated, no other effect will probably be manifested. But in a larger quantity, it acts as a *sedative*, speedily and powerfully on the medulla spinalis; and affecting the whole reflex apparatus. Hence its great value in derangements of the true spinal system; and the widely-extensive class of spasmodic and convulsive maladies, especially those of infancy. In still larger doses, it affects the cerebral hemispheres and sensorium; inducing giddiness and stupor. This is a point, however, which should never be reached, in our treatment of disease by this remedy.

My limited observation certainly tends to negative the opinion expressed by some continental authorities, that its action as a *narcotic* is at all to be relied on. I should deem it indeed extremely unsafe to administer it with the view of procuring sleep; as in order to have a reasonable chance of fulfilling such an indication, it must be given in large and frequent doses.

*The pulse* is not, on the whole, greatly influenced by the medicinal action of hydrocyanic acid. Given in small doses (in cases where there is no great irritation of the nervous centres) the tone of the pulse will scarcely change. But when a high degree of irritation was present previous to the exhibition of the remedy, its action on the heart and arteries will be more marked; rendering the pulse slower and softer. If the dose be now further increased, the pulse will again become hurried and feeble; whilst nausea and giddiness announce that we have pushed the remedy too far. In cases of poisoning by this acid, there is often observed a singular combination of coma and convulsion; a state of passive stupor and insensibility, alternating as it were, with a violent tetanic action, plainly evincing the simultaneous action of the poison both on the brain itself, and on the medulla spinalis.



It may readily be conceived, considering the strong and decided action of hydrocyanic acid on the cerebro-spinal axis and excito-motory system, that its use is attended with the happiest results in the diseases of infancy. It cannot be doubted but that many of the disorders to which infants are especially liable are mainly dependent on, or associated with, a highly-irritable condition of the spinal cord. And this undue excitability we often find very difficult of controul by ordinary remedies, and producing and maintaining obstinate and dangerous symptoms. These will be more fully noticed when I speak of these maladies in detail. I beg now respectfully to call attention to a point not generally regarded, but which is certainly of great importance. I mean the *strength* of the samples of acid in use amongst British practitioners. Many persons, I have no doubt, will be inclined to question the accuracy of the statements I am about to give. Many of my brethren are sceptical of the merits of this really invaluable remedy; simply because they have been accustomed to use it in a condition on which (from its variable strength) little or no reliance can be placed. They may have given the usual dose again and again: it has produced no effect on the disease; they feel disappointed; fear to increase the dose; and give up the remedy as worthless.

Some time since, my attention was directed to this point, by finding this agent did not, with my fellow practitioners, enjoy that esteem and confidence to which I conceive it to be entitled; and I performed several experiments, and analysed various samples, with a view of ascertaining whether the acid of commerce be of tolerable uniform strength. The conclusions at which I arrived were: That the pharmacopœial acid is so variable in its strength, and generally so much under the prescribed standard, as to be unworthy of confidence; and that we had better use that generally known as Scheele's, or, at all events, ascertain the *real* strength of the samples supplied to us by our druggists, by actual analysis, before using it in practice. Much valuable, and, it may be, irrecoverable time is often lost, whilst dallying with a remedy of uncertain and unascertained power.

Twenty samples of the P.L. acid were first subjected to analysis, with the following results:

No.	Real Acid per Cent.	
1	1.45	} Prescribed strength 2 per cent.
2	1.4	
3	1.2	
4	1.95	
5	0.9	
6	2.05	
7	2.0	
8	1.15	
9	1.5	
10	1.84	
11	2.0	
12	1.4	
13	1.2	
14	1.65	
15	1.4	
16	0.85	
17	1.75	
18	1.70	
19	1.15	
20	1.25	

It is of course well known that its tendency to decomposition is in a direct ratio with its strength; and the college accordingly order a weak preparation, with the laudable intention of securing a commercial acid of uniform strength.

But they have defeated their own object. The great tendency of the stronger samples to become inert, from their elements entering into new combinations, ensures *for them*, from all interested in their preservation, the requisite amount of care. But as regards the *P.L.* acid, every imperfect precautions are taken to guard it from external agents; consequently, although not so liable to decomposition as Scheele's, it is much oftener met with *decomposed and useless*.

Now, as the former is the acid most decidedly in use among us, we cannot be surprised at the want of success at-

tending its administration we so often hear deplored. The stronger and more unstable acid is guarded with more care; and so its purity and original strength are preserved. Again, the change produced by the partial decomposition of the stronger acid is more palpable to the senses. It becomes tinged of a brown colour; finally deposits a dark powder, and exhales ammonia. But the strength of the P.L. acid may become seriously impaired before these changes are perceptible.

The analysis of twenty samples of Scheele's acid was far more satisfactory,—the strength being nearly uniform, and generally quite up to the standard.

The healing art suffers as much from the unsuspected worthlessness of its most important therapeutic agents, as from errors of diagnosis, and what may be termed false experience.

Having premised this much of the remedy itself, I shall next proceed to consider, *seriatim*, the disorders in which it is most serviceable.

Kensall Town, May, 1853.

#### MANCHESTER MEDICO-ETHICAL ASSOCIATION AND THE VACCINATION EXTENSION BILL.

##### MEMORIAL.

*To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.*

The petition of the undersigned members of the Medical Profession, on behalf of a society calling itself the Manchester Medico-Ethical Association,

Humbly sheweth,—That the Vaccination Extension Bill now before your Honourable House is calculated to supply a desideratum for the further protection of the public, and that the principle of compulsory vaccination meets with their entire approbation.

That, nevertheless, some of the provisions of the said Bill are not only defective in themselves, but also bear with considerable hardship on the members of the Medical Profession.

That the appointment of stations, to be not more than one mile from the furthest limit of the districts, would demand from the medical officer, especially in thinly populated districts, a seriously increased consumption of time and labour.

That the desirable mode of vaccinating directly from the arm is already adopted whenever practicable, but to do so in all cases is entirely impossible; that to report every exceptional instance to overseers or guardians of the poor would answer no useful purpose; and that the exercise of the power to vacate the contract under such circumstances would be arbitrary and inexpedient.

That while the Bill enforces vaccination within a given time, and renders the parents or guardians of the child responsible for its omission, it does not enforce the obligation to return for inspection, and for supplying the medical officer with lymph; and it does not regard the certificate of successful vaccination as the only defence against the penalty.

That the onus of transmitting a duplicate of the said certificate to the Registrar of Births and Deaths would, to say the least, be unreasonable, seeing that the medical officer is shut out from all remuneration under the provisions of this Bill.

That to declare expressly, that no medical officer shall be entitled to any fee or remuneration for the additional duties and multiplied certificates imposed upon him by this Bill, is virtually to prohibit any increase of a payment already inadequate; and that a compulsory law will fail to accomplish the end proposed, the success of which is made to depend on the efficiency of ill-paid medical officers.

Your petitioners, therefore, humbly pray your Honourable House to make such alterations in, and amendments of, the Vaccination Extension Bill, as, in your wisdom, you may deem desirable. And your petitioners will ever pray, &c.

J. L. BARDSLEY, President.

J. AIKENHEAD, M.D., } Hon. Secs.

W. C. WILLIAMSON, }





PORTRAIT OF DR CHARLES CLAY.

### Biographical Notices.

#### CHARLES CLAY, M.D.

The subject of the following memoir was born on the 27th of December, 1801, at Arden Mills, in the parish of Stockport, county of Chester, and was the second son of Jos. Clay, Esq., a highly respectable corn-factor. He is, consequently, now in his fifty-second year; his temperance, sobriety, and industry, however, have secured to him an appearance much younger than is usually attached to that age.

In early life he exhibited a marked tendency to the study of medicine by reading every popular treatise on that subject which fell into his hands, and did not hesitate to practise his juvenile acquirements on those around him, and on domestic animals; he ventured still further when opportunities presented. He soon made choice of the medical profession; and from the innate vigour of his intellect, his persevering and insatiable thirst after knowledge, it was remarked that his attainments far exceeded his years. From these, and his partiality to medical pursuits, it was

thought desirable to place him with some respectable medical practitioner. Kinder Wood, Esq., a well-known and highly-intelligent surgeon of Manchester, was selected for that purpose. Under so able and talented a master, it was evident he could scarcely do otherwise than imbibe an ardent love for medical pursuits. Mr Wood was highly popular and successful as an obstetrician, was principal medical officer to the Lying-in Hospital, and first public Lecturer on Midwifery, in connection with the founders of the first medical school of Manchester (viz., Marsden-street School). This respected gentleman soon discovered the great utility of so promising and persevering a pupil, and consequently early initiated him into his own favourite pursuit of practical midwifery. This, with the example of his master, gave the obstetric bias to Dr Clay's future life,—a bias which he still retains in full vigour. From these advantages, thus early enjoyed, he soon became competent to render considerable assistance in the onerous duties of the Lying-in Hospital, as well as assisting Mr Wood in forming a museum,



sketching diagrams, and otherwise aiding him in his duties as a lecturer. Thus his education became eminently practical, which was further confirmed by two years' residence at the Manchester Royal Infirmary; the first occupied by assisting the physicians' clerks in the duties of visiting out-patients, and attending the physicians during their hospital visitations; the second year he attended the general routine of hospital duty, under the direction of the House Surgeon and Apothecary, the latter of whom dying during the time, the duties of that department fell in a great measure to him. About this time also the first medical school was established in Manchester, and he was one of the earliest pupils of its founder, Mr Jordan, in connection with which he attended Blemston's 'Demonstrations,' Mr Wood on 'Midwifery,' Dr Carbutt on 'Physiology,' and the celebrated John Dalton on 'Chemistry.' Before taking leave of this period of his life, it may be remarked that during his time, as apprentice, he had read, and kept extensive notes of his reading, of not less than five hundred volumes. How few young men at the present day have such opportunities, and still fewer take advantage of them when offered.

In 1821 he matriculated at Edinburgh, and attended all the required courses within the walls of that University, under Munro, Hope, Hamilton, Fyfe, &c. He also took advantage of some of the lectures in that city outside the University, as Dewar's, Brooks', and again showed his strong predilection for midwifery. Although a pupil to Hamilton, he became a privileged assistant and pupil to Dr Thatcher, for whom he had the highest esteem and regard; that worthy teacher reciprocated the feeling, and handsomely acknowledged his old pupil in after-life by correspondence and testimonials highly to his advantage.

In 1823 he passed the Royal College of Surgeons, and though prepared by college courses for graduation, he preferred a few years' practice, and with this intention returned to England, bringing with him an increased and ardent love for his profession, a large accumulation of medical and general knowledge, with the highest testimonials of industry and ability. He settled in practice at Ashton-under-Lyne, a few miles from Manchester, and still nearer to the place of his birth, and married the eldest daughter of John Vaudrey, Esq., surgeon, of Bredbury, near Stockport. The populous town and vicinity of Ashton-under-Lyne afforded him a wide field for practice, particularly midwifery and operative surgery (there being no hospital in the neighbourhood), for which he soon became celebrated, and his reputation was acknowledged for many miles round. From his intimate knowledge of the district, embracing parts of three or four counties, he was selected by the first factory inspectors to assist in the first developments of the working of that complicated Act of Parliament.

There are few men living better acquainted with the toil and harassing anxiety of a country surgeon's life than the object of this memoir, in proof of which may be stated, that in fifteen years, including the practice of his pupilage, he had recorded the experience of 7,000 accouchements, and in that time there was scarcely any large operation in surgery that he had not performed many times. Notwithstanding all this toil he found himself poorly remunerated, and resolved upon removing to Manchester. The death of his wife and two children some time previous hastened his intentions; accordingly he in 1839 became a resident in Manchester, and soon after was married again to the daughter of Joseph Boreham, Esq., of Haverhill, Suffolk. In his second marriage he found a wife eminently calculated to assist him in the new field of enterprise he had now entered upon as a writer to the public journals on literary, scientific, and medical subjects. To these his mind naturally reverted, not having full occupation in his professional capacity during his first three years' residence in Manchester. From this period his exertions ceased to be of a local, and assumed that of a public and general character.

His first years in Manchester would have been a serious blank in his existence, but for the varied resources of his mind. The recording of his past professional experience, his partiality to scientific research generally, to geology

and archaeology particularly (on both of which he wrote and published), his fondness for collecting rare books and other objects of *virtu*, in all of which he was ably seconded by his wife—these pursuits cast a ray of cheerfulness over a period of time that with some individuals would have been attended with disastrous consequences. In 1842 he presented himself for an extra-licentiate's examination at the College of Physicians, London, and obtained their license with flattering notices from Sir H. Hallford, Drs Hue, Hume, &c. His past career as an active general practitioner, his long experience, and extensive opportunities afforded him an excellent text-book from which to record his suggestions; he communicated extensively with the journals of the time, all his papers being purely practical, and chiefly of an obstetrical character.

On professional subjects the 'Lancet' was his chief medium of communication. He had, however, in 1823 and 1824 written papers on infantile diseases and the effects of *secale cornut.* in labour in the 'Medico-Chirurgical Magazine' and 'London Medical and Physical Journal'; thereby proving himself one of the earliest introducers of that valuable remedy into practice. At this period, as a resident of Manchester, struggling to give himself a legitimate standing, and having to compete with men of high literary and professional attainments, it was necessary for him to put forth his fullest exertions. He was applied to by the then editor of the 'Medical Times' for aid by contributions, and to assist in reviewing obstetric works, on complying with which his correspondence with the 'Lancet' ceased, and he devoted his support to the 'Medical Times'; and from the frequent, extensive, and valuable nature of his papers—the searching yet fair character of his reviews, assisted by other tried friends—the permanent standing of that journal was largely promoted. T. P. Healy, Esq., the editor, freely and frequently acknowledged his services by letters, presents, &c.

When the British Association paid their visit to Manchester, Dr Clay read two papers before the Medical Section. One on diabetes, in favour of its treatment by the mineral acids; and the other, on a new kind of pessary for prolapsus uteri, showing the extreme absurdity of the old pessaries, and their utter incapability of remedying the evil, with their positive tendency to increase the original mischief. The new instrument was a spiral coil of silver wire, so formed that, when introduced, the uterus would be kept in its proper position; but, at the same time, occupying so little space as to allow the vaginal coats to assume their normal position, and so regain both tone and strength—results altogether impossible by the old instruments.

The greatest objection to this instrument is that it cannot be very generally applied on account of its expense; for even if made of German silver it would amount to twelve or fourteen shillings. It is made by Wood, instrument maker, Manchester, and has been extensively tested, and found, with scarcely an exception, to answer admirably.

In 1839 and '40 Dr Clay's attention was directed to the manner of operating on varicose veins of the legs by Vienna paste, or slow caustic, proposed by Laugier, of Paris, and tested it by at least fifty cases, in every one of which a permanent cure was rapidly effected, not the slightest bad consequence arising from any one of the cases. (Results reported in the 'Lancet,' 1839 and '40.) Notwithstanding the evident advantage of the paste over the destruction by ligature, so slow is the profession to adopt new views (not until they become antiquated elsewhere), that they are still stitching varicose veins, and disputing about the best manner of using the needles and ligatures, in spite of the bad consequences daily arising from their use.

But the great distinguishing feature of Dr Clay's life (and the one of all others that will ensure his name being handed down to futurity), was his being the first English operator who ever attempted the extirpation of the diseased ovary by the large incision, and, *if necessary, from sternum to pubis*. This bold operation, which startled the profession almost from its propriety, had been performed two or three times in America, and generally successfully. Lizars, also, attempted a similar one at Edinburgh; but not meeting



with the success he anticipated, or the co-operation of his professional compeers, the operation was illiberally condemned as improper, and so the matter rested until 1842, when a case occurred in Dr Clay's practice, on which, after carefully weighing every point, *pro* and *con*, he determined to operate after this mode. But for some time he solicited the sanction and presence of some professional friends in vain. Tired out, he determined to operate without their sanction, and fixed a day, when some few of his friends assembled to support him. Drs Radford and Black kindly encouraged him; and it is only justice to say that Dr Radford on this and many subsequent operations was always the kind friend and adviser, for whom he entertains the highest feelings of gratitude and respect. In addition to those named, T. J. Southam, Esq., a retired practitioner; W. C. Vaudrey, Esq., and T. Nursaw, Esq., were present. In a few minutes an immense tumour, of thirty-six pounds weight, was removed. The case recovered; so also a second, and a third, occurring soon after. These cases were recorded in the eleventh volume of the 'Medical Times,' and the following volumes contained the reports of many subsequent operations. The artillery of professional abuse was soon in operation against him. The medical press, with one or two honourable exceptions, teemed with communications on the subject—abuse was the general order of the day. Those who could not or dared not to operate were determined to throw every obloquy on those that could. Dr Clay was not, however, to be borne down by these means. Cases multiplied; his opinion was frequently sought after by many in his own locality and at considerable distances; he steadily and determinedly progressed with the operation. It was some consolation to him to find that there existed some honourable exceptions to the sweeping condemnations poured out against him. Dr Ranking and Mr Braithwaite, in their excellent 'Retrospects,' looked at the question as medical philosophers ought to look, *free from envy or prejudice*. Dr Radford was ever ready to support him. Professor J. Y. Simpson, whose name was legion, boldly came to the rescue. Dr James Blundell, a name that can only be used with the most profound respect and esteem, at once boldly acknowledged the legitimacy of the operation, and wrote a letter of congratulation to Dr Clay, highly characteristic of his kindness of heart and the benevolence of his principles. The following extract speaks for itself:

"DEAR SIR,—My cordial congratulations on your success—not the hap of lucky accident, but the well-earned result of a just mixture of enterprise, science, and exact care. You ask what, among others, I think? What I thought a quarter of a century ago—what I always thought, that truth is eternal—error perishable, but that some truths seen too soon are very annoying both to one's self and others—barbarous—blasphemous, &c. How angry error is when contradicted! To choose these cases well, I think with you is of the utmost importance. Adhesions ought, perhaps, to be made a reserved question. Valuable as these operations are in themselves (and I had almost said they are beyond price), with you again I think that, if possible, they are even more valuable in another, not to say a higher view. They complete the demonstration of the great principle (I have contended for it during twenty years)—they unlock the peritoneum—they unlock the scrous cavities generally, and, to repeat your own remark, a 'few more years and I trust it will appear *abdominal surgery is at present only in its infancy*.' But, then, what an infancy! How full of bloom and promise! With best wishes for further success and new triumphs of our noble art, I am, dear Sir, yours very faithfully,  
JAMES BLUNDELL, M.D."

Again, in another letter, dated October 14, 1843:

"DEAR SIR,—I congratulate you very cordially on the brilliant result of your last cases of ovariectomy. The amount of solid matter, to say nothing of the adhesions, give additional interest to the recovery. Forbes' review I have just read. It ought not to disturb you for a moment. These men are butting their heads against a stone wall; and the grimaces which they make on feeling the solidity of the materials, are as amusing as they are pitiable. Applauded by

all who have honesty and intelligence enough to appreciate your efforts, you may well persevere, for this, to use the reviewer's own citation, is indeed a 'high and holy undertaking.' Yours, &c.,  
JAMES BLUNDELL, M.D."

Professor Simpson of Edinburgh, with that true spirit of generosity and love of science for which he has ever been remarkable, soon availed himself of Dr Clay's experience—sent to him cases for his opinion, was present at his operations—gave him every encouragement to persevere, and entered into an extensive correspondence on a variety of subjects. He was the first to suggest the term *Ovariectomy* which Dr Clay at once adopted. No two men of the present day have worked harder for professional advancement than Professor Simpson and Dr Clay, and it is a pleasure to add, that they are in strict friendship, and in their opinions, with few trifling exceptions, in perfect accordance with each other. In addition to those mentioned, Sir A. Knight of Liverpool, Drs Elkington, Wright of Birmingham, Dr Branson of Sheffield, and many others stood boldly forward in support of Dr Clay. It appeared as though the unjust attempts to put down this operation had the contrary tendency, and cases were sent from all parts for Dr Clay's examination and operation if necessary. At the time of writing this memoir nearly eight hundred cases have been presented to him for diagnosis, for which purpose he has visited many parts of Great Britain.

Some idea may be formed of Dr Clay's extensive correspondence on Ovariectomy, from the mention of the fact, that he has in his possession upwards of two thousand autographs of medical men, who have written to him on the subject, comprising men of the highest standing in Europe and America. In reference to the results of this great operation up to this date, we may observe that forty cases have been already published, since which fifteen others have been operated upon, making in the whole Fifty-five operations, of which there are THIRTY EIGHT RECOVERIES, AND SEVENTEEN DEATHS,—a success that few large operations can boast. Thus, thirty-eight human beings, hopeless of cure, abandoned by the profession, and otherwise doomed to certain death in a short time, have by this operation (by Dr Clay alone) been saved and restored in a healthy condition to society; and though many years have now elapsed, only three of the number have since died from other causes, and even those whilst living enjoyed the best of health, and of the whole number *not one* has suffered from a return of the disease; many of them have since become mothers.

From these fifty-five operations, the tumours removed were very many of them from thirty to forty pounds in weight; one exceeded *seventy-three pounds*. Very few were below twenty pounds, but putting the whole on an average of twenty-five pounds, it follows that not less than eleven hundred weight of diseased structure has been removed by Dr Clay from these cases alone, independently of the fluid contents which had been previously taken from these cases by tapping, and which far exceeded in weight the solid matter removed.

Language is inadequate to describe either the magnitude of the operation, the calm confidence of the females, or the cool, determined yet rapid manipulations of the operator. Possessed of the most sensitive feelings, no man ever proceeded to an operation with greater care,—or we may add actual reluctance,—than Dr Clay; but when at the operating table his firmness and coolness show him prepared to meet and surmount difficulties that few would have dared to approach.

When Liston's 'Operative Surgery' first appeared, it was the subject of general remark, how meagre it appeared as an elementary work. Indeed, its true intent was not for elementary instruction, but to publish remarkable cases in which the author was concerned. If Dr Clay had pursued a similar course, what a volume of curious cases would have been made public.

Dr Clay still gives the preference to the bold large incision, rather than have to enlarge afterwards, or trust the hand where the eye cannot follow; he also condemns statistics, founded on, and including the single cases, *or at most one or two cases* of some operators who start without a



proper knowledge of the present difficulties, or what is of still greater importance *the after-treatment of the case*. He judges it fairer to calculate chances of success on those cases only in the hands of men largely experienced.

In 1848 and 1849, Dr Clay became Editor of the 'British Record of Obstetric Medicine and Surgery,' a Journal replete with original matter of a purely practical character, containing no Medical Politics, and wholly directed to the advancement of Obstetric information. Two other features deserve mention. First, along with the Record is resprinted a number of scarce and valuable works, ancient and modern, in connexion with Obstetrics; these are truly a most valuable collection, and some of them cannot without great difficulty be seen elsewhere. Second, an 'Obstetric Encyclopædia,' an example of which (including all the material for the letter A) is attached. This excellent journal with its adjuncts, not having the booksellers' connexion, fell after two years' existence, but it will always be an important work for reference, and a specimen of the enterprise, perseverance, and industry of its founder.

It is not necessary to particularize more of his works than to observe, that scattered through various Medical Journals are at least one hundred papers, a list of which is printed at the end of his pamphlets on Ox Gall as a remedial agent;—besides many papers read before Scientific Societies, on Literary and Scientific subjects.

In consultation Dr Clay is a thorough investigator of the case before him, a careful prognosticator, and a most apt and successful adviser. Regardless of remuneration he never considers the case in a pecuniary point of view, but devotes his time, money, and energies to its relief. As an operator, we have already spoken of him, and can only add what we have repeatedly heard other competent witnesses declare, that a more skilful one never handled a knife,—an opinion fully attested by the multiplicity, variety, and uniform success which has invariably crowned his efforts. A proof of his industry is exemplified in the patience and enthusiasm he has manifested in the collection of probably the largest obstetric library in the world. He is able to quote from 2,500 authors in his own possession, on that subject alone, and we may add that many of his publications are illustrated with woodcuts and lithographs, many of which are executed by himself. To show that we are only just in this memoir to the deservings of Dr Clay, we have pleasure in recording the following extract from the 'Reminiscences of Foreign Travel,' by Dr Channing, Professor of Midwifery of Boston (America). After speaking of Dr Clay's excellent pessary, he remarks: "In Sept. 1852, I had a letter of introduction from Professor J. Y. Simpson, of Edinburgh, to Dr Clay, of Manchester," and then remarks: "With Dr Clay I passed many hours, in his carriage, in his study, at his table. He showed me some of the public works to which I have alluded, especially those devoted to the highest culture of the operative. He has been a laborer, and a successful one, for his profession. 'The British Record of Obstetric Medicine, Surgery,' &c. &c., to which is annexed a library of rare obstetrical monographs, &c., is among the many works which he has contributed to medical literature. It was continued two years, and is as honorable to the author's industry as it is useful to the profession. It did not receive that patronage which it richly deserved, and which was necessary to its continuance. I regard this as one of the most important additions to my library. Dr Clay's library is rich in the rare and valuable in medicine. He showed me his treasures in this way, and most precious are they. Copies of the earliest works in Midwifery, in endless editions and languages, the history of our art, in permanent and trustworthy records. Dr Clay will have a lasting and honored memory in his operations for the extirpation of diseased ovaries by the large incision. On a fly-leaf at the end of his publication of the results of these operations, he gives me the additional operations to this date, Sept. 15, 1852. That is fifty-five operations in all, of which seventeen died, and thirty-eight recovered.

"The comparative success of Dr Clay's operations I am not able to estimate, as I have not at hand the operations of

others with which to make the comparison. In his large experience in this way, he has had under his care the great variety of forms under which chronic diseases of the ovaries show themselves. He has operated on the least promising; and when his diagnosis, made with all care, has been amended, or set aside by the revelations of the operation, he has nevertheless gone steadily on, except in one remarkable case, in which it was clear that such was the extent of adhesions and size of the tumour, that to have proceeded must have produced fatal hæmorrhage. Dr Clay has operated against a weight of professional opinion, heavy enough to have discouraged any man. Some may think that it would have been better not to have referred to this in his report. But is not the general value of his diagnosis, and that of his operations, always increased by the opinion which asserted beforehand their danger? I have now Dr Clay's work on this subject, with many others, and cheerfully express my admiration at what he has attempted, and my exceeding pleasure at his success."

In closing this memoir, we may remark that Dr Clay's present position, high as it undoubtedly is, is not more than his talents, industry, and perseverance fully and justly sanction; his reputation is widely spread, his practice not confined to any locality, and his correspondence almost universal. No man ever performed a greater number of important operations. The testimonials of esteem and respect paid to him would occupy more space than this memoir could possibly embrace. Whatever honours or rewards await his future career, and it is hoped they are neither few nor far distant, we shall be among the foremost to express our gratification, and to wish him a long and happy life to enjoy them.

## Reviews.

### *A Pathological and Practical Treatise on Epidemic Cholera.* By O'B. MAHONY.

Mr Mahony opens his treatise with a subtle and ingenious theory of the cause of cholera, which he attributes to the inability of the system to eliminate "the spirit of animation," which is a modification by the organic powers—the cerebro-nervous system being the agent—of what he calls "the cosmic forces of nature," but what these forces are is not very clearly described. So far as we can understand, they are something beyond electricity; but we cannot presume to explain with more distinctness a notion described in the words we have quoted. In these days, when vitalism is struggling to react against the iron rule of a purely inductive philosophy, it may be worth while to read this author's work, if only to discover the set of the current. The author, however, seems to us to attribute too much importance to what he calls "law." We give a specimen of the author's theory in the following sentences, which explain (?) his view of the cause of cholera:

"From the foregoing generally it may be permitted to be deduced, that organic existence is, if not created, sustained by law; that certain physical conditions are indispensable for the working of these metaphysical or creative laws, which we may call chemico-electric; that the association of the requisite conditions for organic creation exists in the body of a person affected with cholera, as is proved by the microscopic objects discovered in the characteristic discharges from such a patient, and also that this association exists in the atmosphere and water of an infected locality; that the chief of these requisite conditions seems to be a peculiar state of those 'cosmic forces,' or vital laws, existing through space; that this abnormal condition, thus shown to prevail at specified periods, is, we assume, the exciting cause of the physiological disturbances effected in the bodies of those who, from certain weak states, are incapable of resisting its prostrating power, or whose constitution may be predisposed to yield to this, the epidemic influence."

The author then gives us short chapters on the proximate



and predisposing causes of cholera, on its symptoms and pathological appearances.

In the chapter on treatment there is little that is new, calomel and opium, turpentine and astringents being principally relied on. The treatment recommended, however, is very complex and various, the author being of opinion that the disease should be treated according to the requirements of its several stages and its peculiarities.

#### *The Sophistry of Empiricism.*

This is a very excellent analysis of the arguments adduced by the teachers and promoters of homœopathy, hydropathy, mesmerism, &c., in support of their doctrines and formulas; and as a result of the analysis, it is an admirable exposure of their fallacies. Books of this description have frequently appeared, but this is one of the best. The author is evidently thoroughly acquainted with the improvements in legitimate medicine, as well as with the errors and absurdities of the quacks.

*Remarks on Hysteria in Connection with Hydrophobia and other Convulsive Affections, with a Glance at the Mesmeric Mystery.* By JOHN DALZIEL, M.D.

The author claims to have anticipated Dr M. Hall in his views on convulsive diseases. Dr Dalziel's opinions may be comprised in the three following propositions:

"1st. That the *globus hystericus*, as well as the similar affection of the throat in hydrophobia, occasioned by the idea, &c., of liquids, is a spasmodic stricture of the muscles of the throat (*glottis*), whereby respiration is obstructed.

"2nd. That *obstructed respiration*, whether *suspended* or *impeded*, occasions cerebral congestion, as well as that feeling of *general uneasiness*, designated *sensation of suffocation*, which attends the paroxysmal exacerbation in both the diseases under consideration; and

"3d. That cerebral congestion and the sensation of suffocation, separately or conjointly, may, especially in an irritable habit, occasion *convulsion*."

The operation of *bronchotomy* is recommended as the only rational means of curing hydrophobia. The little pamphlet is well written, and is creditable to the author's ingenuity.

### Correspondence.

#### CHOREA CURED BY GUACO.

*To the Editor of the 'Medical Circular.'*

SIR,—I have just seen, in No. 41 of the 'Circular,' page 285, a report of a case of chorea (signed "E. W. P.") said to have been "cured by guaco." I have searched in vain, in half a dozen works on Materia Medica and Pharmacy, for "guaco" and "tincture of guaco," but could not find them, either synonymic or otherwise. I should like to know what kind of medicine "guaco" is, and its *modus operandi* in chorea, and if anything was done in the above case to remove the "constipation of the bowels, the peculiarly foetid breath, coated tongue," &c. "E. W. P." says he "was obliged to fall back upon the *usual remedies*," as ineffectually as was his use of chloroform, but does not mention in the list given the use of purgatives of any kind.

The late Dr Hamilton was wont to cure chorea with purgatives alone. He removed the cause, gastric and intestinal irritation, and the effects, reflected convulsions, ceased. I shall feel obliged should you insert this note in an early number of your valuable journal, and am, Sir, yours respectfully,

J. THOMSON.

Aberfeldy, May 1853.

Mr ROBERT EDWARDS, a medical student, jumped into the Clyde on Saturday, to rescue John Macfarlane, a calico printer, from drowning, but was grasped so tightly by the man, that they both perished.

### Medical Societies.

#### MEDICAL SOCIETY OF LONDON.

DR FORBES WINSLOW, PRESIDENT.

Mr BULLOCK read a paper on

#### PURULENT INFECTION.

He divided the subject into three parts; the first, including secondary affections, not followed by fatal results; the second, those followed by fatal results; and the third, the pathology and treatment. The first part was divided into two—viz., secondary affections following certain diseases, and those following operations. The principal following diseases were the milder cases of puerperal fever and gonorrhœal rheumatism. The following case was related in illustration:—A man, aged thirty, had been the subject of gonorrhœal discharge for some months, when he was seized with pain in his right elbow and left wrist; ulceration of the cartilages subsequently took place; in six months he recovered with partial ankylosis of the joints, and was then free from discharge. Here was a case of joint affection, of a severe kind, following a purulent discharge from the urethra; here apparently there was no inflammation of veins; here was no introduction of pus into the veins; and yet it bore a strong analogy to cases where one or other was supposed to have been the case. What, then, was to be the explanation of the secondary inflammation in this case? It could not have been merely a coincidence, for gonorrhœal rheumatism was of no very uncommon occurrence, and this appeared but an aggravated form of it. He (Mr Bullock) had been told by Mr Lane that he had often seen an attack of rheumatism follow a collection of matter in a part which the patient had refused to have evacuated; and he had himself often noticed the patients suffering from phagedænic and sloughing sores had suffered severe pain in their joints. He would endeavour to explain the pathology in this way: that there were certain changes going on in the mucous membrane of the urethra, resulting in the secretion of pus. From some cause or other this process of secretion was interfered with; the fibrin, which was about to be formed into pus-globules, underwent a retrograde metamorphosis, and was carried on in the circulation, and consequently caused like actions to go on in the accompanying fluid. This resulted in an effort to get rid of the morbid and contaminating material which was endeavoured to be done by some secreting organ, which either from its structure or function, or some other cause, was predisposed to take on morbid action. Among secondary affections following operations, and not fatal in their results, might be mentioned ulceration of the cartilages of joints, chorea, serous effusions, syncope, vomiting, and rigors. In illustration the following cases were read:—A man, aged forty-six, the subject of a severe stricture of twelve years' duration, had No. 2 gum-elastic catheter passed and retained twenty-four hours, which was followed by ulceration of the cartilages of the shoulder-joint, and the formation of abscesses in its neighbourhood. A girl, aged nine, was operated on for necrosis of the tibia. The operation was followed by phagedæna of the wound, and chorea. A man, aged forty-two, had Holt's dilator used for stricture of the urethra; it was followed by shivering and effusion into the sheaths of the tendons on the dorsum of his hand. The first and last of these three were cases of synovial inflammation following the introduction of instruments along the urethra into the bladder. Here, as in the former cases, was inflammation set up in a distant part, of the same character, after injury to the urethra, where there was a secretion of pus; here the same explanation as before might be given, the constitutional symptoms and long continuance of the affections clearly showing that there was a blood-poison operating and keeping up the action. The other was a case of extreme interest—viz., chorea co-existing with phagedænic ulceration of an incised wound; in this case the amount of morbid material was probably small, and exerted its influence on the nervous system, and was finally eliminated by the natural emunctories of the body. Of secondary



affections followed by fatal results might be mentioned—puerperal fever, purulent depositions in various parts, pericarditis, pleurisy, peritonitis, &c.; and in all the cases the author had seen, there was a marked rapidity of supervention of fatal symptoms, and from the first but small hope of recovery. How great, then, would be the boon, could some conclusion be arrived at as to the *modus operandi* of the exciting cause of this disease. The following cases were then related:—A man, aged sixty-nine, had the operation of lithotripsy performed; the second crushing was followed by purulent deposit in both knee-joints, and death on the fourth day. The post-mortem examination showed coagula in, and a slight thickening of, the prostatic plexus of veins; the iliac veins stained, and the venous system generally gorged with blood; ulceration of the cartilages of both knee-joints, and injection of the synovial membrane of both hips.—A man, aged thirty-eight, was operated on for stone by lithotomy. On the seventh day he had secondary hæmorrhage from a large vessel which had been wounded and tied during the operation; this was followed by inflammation of the right arm, great constitutional disturbance, and death on the fourth day from the occurrence of the hæmorrhage. At the post-mortem examination, the cellular tissue from the wound to behind the rectum was found infiltrated with pus, and a circumscribed abscess in the levator ani muscle; the cellular tissue of the right arm and forearm saturated with sero-purulent fluid.—A man, aged thirty-four, had the operation of perineal section performed for stricture of the urethra; it was followed, on the next day, by rigors, and subsequently by pericarditis and pleurisy, and death on the tenth day. Post-mortem examination showed recent pleurisy, adherent pericardium, purulent deposit in the lungs, and deposits under the capsules of the kidneys; sub-arachnoid effusion, small coagula in, and slight thickening of the prostatic veins, the remainder healthy.—A woman, aged forty-two, was operated on for ruptured perinæum. She had sloughing of the wounds, and died of pleurisy and peritonitis. The uterus was found enlarged and inflamed, and pus oozed from the Fallopian tubes; there was recent peritonitis and pleurisy. Large quantities of opium were given in this case after the operation.—A boy, aged sixteen, had chorea follow an opening made in the urethra through the perinæum, of which he died. The autopsy revealed an abscess between the rectum and bladder, and another behind the pubis, and exposed bone and fibrinous vegetations on the mitral valve.—A boy, aged twelve, was seized, four days after a blow on his left leg, with pericarditis, pleurisy, and pneumonia, and died in less than forty-eight hours. The post-mortem examination showed purulent deposits in the right lung; in the substance of the left ventricle of the heart and in the kidneys recent pleurisy and pericarditis; pus under the periosteum of the tibia and femur.—A woman, aged forty-six, had an abscess in the palm of her right hand, following a wound with a rusty nail. It was opened, but matter subsequently formed at the back of the hand; this was let out only by incision, but the patient died of secondary deposits in her knees. No inflamed veins were detected.—The last set of cases were interesting from the variety of causes producing the affection, and the number of different parts affected with purulent deposition; their inamenable to any kind of treatment. There was also to be noticed the small amount of pain felt by the patient, even when an important organ was affected. Could it be the extreme rapidity with which the vessels are relieved by secretion, thereby lessening the amount of distention of parts, and consequent pressure on nerves?

*Pathology and Treatment.*—By nearly all writers on the subject Mr Bullock said that the greatest prominence had been given to phlebitis, which had been unhesitatingly given as the primary cause of the affection; more difference of opinion had existed as to the mode in which the purulent depositions in various parts take place. Mr H. Lee had been the first to throw any doubt on the importance of phlebitis as the primary cause of the disease, but rather considered it (the phlebitis) to be caused by the irritation of morbid material introduced into the veins. It appeared to

the author that, taking into consideration that there are cases of undoubted "purulent infection" in which there is little or no evidence of inflamed veins, we must look further for the cause of this disease, though it must be acknowledged that phlebitis was a very frequent accompaniment of it, and was caused by it; and moreover he thought there was no doubt that the poisonous matter which lights up the disease, circulated in the veins, and consequently might be an exciting cause of inflammation, but that inflammation of the veins might be only a portion of the general inflammation existing in the part first affected, it being propagated along them to a distance by their continuity of structure. He took the same view of this disease as of typhus or cholera, or any other disease of that kind: that as these were the result of a poisonous matter circulating in the blood, so was this. He was supported in this by the fact that puerperal fever acts very often as any other epidemic disease, and that it (purulent infection) was most prevalent in hospitals and places where large collections of people were. He considered that the fibrin which was about to form pus in a wound or other part, from some cause, either atmospheric or local, did not do so, but was carried on in the circulation and underwent a retrograde metamorphosis; that on reaching some secreting organ there was a tendency to throw off the morbid material; the unhealthy fibrin then took on a progressive metamorphosis, and underwent that degree of development it was about to do originally, and so formed pus; that in the case of joints it was shown by Dr Alderson, in his Lumleian lectures for 1853, that the structure and distribution of the bloodvessels were peculiar, there being a firm and unyielding tissue, which, when the bloodvessels, excited by morbid material circulating in them, became distended, a certain degree of stagnation took place; then was the time for changes to take place, there being already a tendency to form pus; it was done there. In proof of the theory, the small quantity of pus introduced into the veins, and the extent and magnitude of the symptoms produced, were to be looked at; that there must be some process of development going on in order that the morbid material might be distributed over all the vast area of the circulation. The treatment then must be directed to interrupt and destroy the process of morbid development which was taking place, and to check undue action in those parts in which it had unhappily taken place, and to evacuate pus if possible as soon as formed.

A discussion ensued, in which several members took part.

#### THE EDINBURGH VERSION OF PROFESSOR SYMES'S VISIT TO LONDON.

We have had our laugh, and it is but fair our Edinburgh brother should have his. Our figure of a "Northern Light" has dwindled down to the familiar image of a farthing candle in the complimentary sentences of "CHIRURGUS;" but we will not dispute about the superior propriety of either epithet. We commend you for one thing, Mr Editor,—the castigation you have given the "Old Pirate." Put a double knot into your cat, and hit hard; we will do the surgeon's duty, and stand by, watch in hand, to count the stripes and feel the pulse of the recreant. However, speak for yourself:—(ED. MED. CIRCULAR.)

*Medicus.* Then let us return to

THE LONDON HEBDOMADARIES; and tell us, Chirurgus, some of your adventures, when you went to visit the prisoners who were left in possession of the pirates, when we last met together. How did you get in to see them?

*Chirurgus.* Our conversation the other evening about the sad plight of these poor people, and some things respecting them which had come to my knowledge since, made me anxious to ascertain, from my own inspection, whether the



state of matters was really so bad as it had been represented. As to getting in, there was no difficulty, since they are allowed on stated days to receive visits from a few particular friends.

*Chemicus.* Well. I am impatient to know what sort of reception you met with.

*Chirurgus.* Nothing could be more pleasant, apart from the melancholy reflection suggested by the helpless state of so many people obviously intended for better things. I was told that visitors were not allowed to carry a light with them. But thinking that such a rarity might not be unacceptable, I smuggled with me a pound of candles and a tinder-box; and you can have no idea how happy they looked when my luminary began to twinkle.

*Medicus.* Were all the prisoners there?

*Chirurgus.* Some of the old officers, who fought on deck when the good ship was boarded by the pirates, and have ever since been in close custody, were not allowed to appear; and others, as I was told, fearing that the light might hurt their eyes after they had been so long in the dark, had shut themselves up in their cabins. But these weather-beaten, broken-hearted victims of oppression heard very well through the boards what was going on; and the younger men, who only require a feeling of honourable independence to break their galling chains, entered freely and agreeably into conversation,—so much so, indeed, that we exhausted the hour of license, and had to send up a petition to the quarter-deck for extension of leave.

*Editor.* And did you really meet with nothing personally unpleasant?

*Chirurgus.* With nothing that could exactly be called unpleasant. But a rather amusing scene interrupted for an instant our quiet chat about old times. You must know the old pirate chief has a son, whom he has put into the midshipman's berth, and dressed in a uniform made out of his schooner's old sails, and bits of bloody bunting for gold lace. This precious youth having been smuggled in by one of the prisoners, he began to cock his hat at me and look wicked; when all at once a gallant old quarter-master, who had been appointed to keep order on such occasions, came down upon him with such a whack with a rope's end that the mischievous imp was glad to fly up the ladder to the deck with all the speed which the condition of his stern permitted.

*Medicus.* This is all very well. But do you think that any permanent good will result from your expedition; which I assure you was the cause of no little anxiety to your friends here?

*Chirurgus.* As to that I don't know. My pound of candles will of course soon burn out. But I venture to hope that the glimpse of light they have had will create a desire for more, and that visions of freedom, which they have had during my visit, may make their present state of bondage too intolerable for much longer endurance. Indeed I shall not be surprised if the rocket manufactory at Rotherithe, which has never yet been satisfactorily accounted for, should turn out to be connected with some plan for blowing up the old pirate with all his crew.

*Physiologus.* Did you see or hear any thing further of the friendly craft which *Medicus* thought he discerned looming in the distance,—the *resée* with the blue flag, supposed to be the Provincial?

*Chirurgus.* Yes! But she is still in the offing, standing off and on, and making friendly signals which nobody understands. And most people think we need not trust to much assistance from that quarter in effecting the deliverance of our friends from bondage.

SANITARY ARRANGEMENTS OF THE SWEDISH GOVERNMENT.—STOCKHOLM, May 7, 1853.—“St Petersburg and Cronstadt are held to be infected with cholera, and vessels from those ports are subjected to ten days' quarantine, counting from the day of departure. All other Russian ports in the Baltic are held to be suspected of cholera, and vessels coming from them are subject to seven days' quarantine, counting from the day of departure.”

## Obituary.

March 6.—**LAWSON, Esq.**, Surgeon to the Honourable East India Company's Steamer “*Proserpine*,” at Donabew, Bengal.

10.—**ALFRED FOOTE, Esq.**, M.R.C.S. Eng., at sea, on board the “*Columbus*,” after five days' suffering from rheumatic fever, aged thirty-nine. The deceased was formerly in practice at Kew.

20.—**JOSEPH TRAVERS, Esq.**, F.R.C.S., at Mossell Bay, South Africa, aged thirty-seven.

May 21.—**ELIEZER COLVILLE, Esq.**, L.R.C.S. Edin., 1808, at his residence, Ayton, Berwickshire, aged sixty-six. Mr Colville was the Medical Officer of the Parishes of Ayton, and Coldingham, and during the years 1814 to 1818, contributed papers on different subjects to the ‘*Edinburgh Medical and Surgical Journal*.’

26.—**JOHN KIRBY, Esq.**, F.R.C.S. Ireland, LL.D., at Newtown House, Rathfarnham, County Dublin. Mr Kirby was formerly Surgeon to St Peter's and St Bridget's Hospital and Jervis street Infirmary; and for some time past had been Consulting Surgeon to the Coombe-street Lying-in Hospital; Lecturer on Anatomy and Surgery at the Peter-street School of Medicine; Professor of the Practice of Physic to the Royal College of Surgeons, Ireland; Member of the Dublin Surgical Society. He was the author of ‘*Kirby's Surgical Works*,’ and contributed numerous papers on various subjects to the Medical Journals.

27.—**HENRY CARR LUCAS, Esq.**, Staff Assistant Surgeon, at Chatham, late of Her Majesty's 80th Regiment, and formerly of Exeter.

30.—**JOHN PONSFORD, Esq.**, Surgeon (formerly of Moretonhampstead, Devon), at Exeter. The deceased was in practice prior to the act of 1815.

Lately.—**M. LE DOCTEUR LEMERCIER**, at Amiens, aged eighty-four.

The late Mr Stocker, whose decease was noticed in our last, was an M.R.C.S., 1853, and had passed his first examination for M.B. at the University of London, coming out in the first division. He was a young man of considerable talent, and had he lived would no doubt have become an able and useful member of the Profession. His death was occasioned by disease of the heart.

An inquest was held on Friday, the 30th May, before the coroner of Gravesend, relative to a most determined act of suicide, on the part of Mr Henry Blair Robinson, late Surgeon to the “*Hanover*” emigrant ship, bound to Port Philip, with about 250 passengers. The deceased, who was young in the profession, had been a previous voyage to Australia with an emigrant ship. He gave satisfaction to the owners, and was appointed to the “*Hanover*.” Was on board when the ship left the docks (Wednesday) for Gravesend. It appeared that he had been attacked with diarrhoea, and seemed so unwell that the Government emigration officer suggested the attendance of another medical officer on board, or, at least, until the ship reached Plymouth, to see whether his health improved. In the course of the evening he was heard to fall down in his cabin. He was found insensible, and a bottle in the medicine-chest, which had contained sixteen ounces of laudanum, was discovered empty. Mr Russell, a surgeon, went off from the town, and, by means of the stomach pump, eight ounces of laudanum was ejected. The deceased, however, died the same night. The jury returned a verdict “That the deceased died from taking an over-dose of laudanum, but there was not evidence sufficient before the jury to show what state of mind he was in.”

UNIVERSITY OF LONDON.—A deputation from the University of London, consisting of the Chancellor, Vice-Chancellor, Sir James Clark, Sir Stephen L. Hammick, Mr Warburton, and Dr Billing, had an interview with Viscount Palmerston, on Monday, at the Home Office.



## Parliamentary Intelligence.

HOUSE OF COMMONS.—*Friday, June 3.*

### MEDICAL REFORM.

Lord D. STUART asked Lord Palmerston whether it was the intention of the Government to introduce a bill during this session of Parliament for the better regulation of the laws relating to the profession of physic and surgery; whether it was the intention of Her Majesty's Government to introduce a bill empowering Her Majesty to grant a new charter of incorporation to the Royal College of Physicians of London; whether, in conformity with the Pharmacy Act, there had been submitted for approval to the Home Secretary by-laws for the regulation of the Pharmaceutical Society of Great Britain, and whether those by-laws had been approved of; whether there had been forwarded to the Home Secretary the opinion of counsel declaring those by-laws to be illegal and unjust, and contrary to the spirit and intention of the Pharmacy Act of the last Parliament.

Lord PALMERSTON said, in answer to the first question of his noble friend, he had to observe that the present condition of the medical profession in this country was one that required considerable regulation and amendment. It was, in fact, a labyrinth and a chaos owing to the many different sources whence degrees and licences to practise in the different branches of the profession arose. The question was very complicated, and he certainly had no hopes of being able to bring forward a measure which would embrace the whole subject this year. With regard to granting a new charter to the College of Physicians, he hoped to be able to bring in a bill in the course of the present session which should either enable that body to work efficiently, or which should incorporate the charter which was required to be granted. With respect to the Pharmaceutical Society, he had a code of by-laws submitted to him, which was now under consideration. There were persons who objected to that code, and those persons had sent to him a legal opinion on the subject—in fact, the opinion mentioned by his noble friend. But it should be remembered that that opinion was founded upon a case stated by those who objected to the by-laws, and the House must, of course, make some allowance in consideration of that circumstance. He would endeavour to ascertain from an impartial authority whether there was any good foundation for these by-laws or not.

### UNION MEDICAL OFFICERS (IRELAND).

Mr J. FITZGERALD asked the Secretary to the Treasury whether her Majesty's Government had taken into consideration the matter of certain petitions from Poor-law Unions in Ireland, recently presented to the House, seeking to have the medical officers for poor relief in Ireland placed on the same footing as in England, as to the provision made for payment of part of their salaries out of the public revenue; and also, whether it was the intention of Government to comply with the prayer of such petitions, and to make any further provision for the relief of Poor-law Unions in Ireland from the payment of any portion of the educational or other establishment expenses with which they were at present charged?

Mr WILSON said, the memorials referred to by his hon. friend had not been presented to her Majesty's Government. If they had it would then have been the duty of the Treasury to consider the matter. As it was, they were not at present in a position to say anything upon the subject.

LONDON MEDICAL REFORM COMMITTEE.—A meeting was held on Tuesday week at the Freemasons' Tavern, Dr Lankester in the chair. A letter was read from Lord Aberdeen, in which his Lordship stated that Her Majesty's Government were alive to the importance of the question of Medical Reform. It was recommended that all medical men interested in the passing a Medical Reform Bill this session should immediately write and urge upon their parliamentary representatives the importance of being present at a deputation to support the London Committee on this occasion.

## Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 27th ult.:—John Henry Aldridge, Christchurch, Hants; Arden Hulme Beaman, King street, Covent-garden; James Oughton Bradbury, Manchester; Samuel Cardozo, Redruth, Cornwall; Francis Lewis Fitzgerald, Cheltenham; Henry George Hardy, North Shields; George Henry Hope, Seaford, Lancashire; Napoleon Kennett, Shoreditch; Michael Mackereth, Guisborough, Yorkshire; Alfred Malpas Tippetts, Islington; John Harrison Walker, Australia; Hutchins Williams, India.

At the same meeting of the Court, Mr Dugald M'Ewan, a member of the Edinburgh College, passed his examination for Naval Surgeon.

The following gentlemen were admitted members of the College on the 30th ult.:—Robert Charles Croft, Wimbledon, Surrey; Thomas Gillham Hewlett, Hon. East India Comp. Serv.; William Hoar, Portsmouth; Henry Rooke Ley, London; James Rawlings Monday, Olverton, Gloucestershire; John Jones Petters, Anglesey, Wales; Richard Thomas, Llanelly, Carmarthenshire; Frederick John Thomas, Park-terrace, Islington; Augustus Willoughby Thornton, Dublin; James Turle, Richmond Villa, Holloway; George Clarke Wilson, Dublin.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 26th, 1853:—James Earl Moreton, Morton Hall, Cheshire; John Ivy, Catterick, Yorkshire; Robert Anlezark Cunliffe, Garstang, Lancashire; William Hall Ryott, Thirsk, Yorkshire; Richard Carmichael Bourne, Dublin; William Cuthbert Blackett, Durham.

DEATH BY CHLOROFORM IN PARIS.—TRIAL OF THE SURGEON AND HIS ASSISTANT.—M. Triquet and M. Masson gave chloroform, on the 15th of February, 1853, to a young man of twenty-four, previous to the removal of a tumour situated on the cheek: the patient died of the effects of the anæsthetic agent. The practitioners were tried for the so-called offence, and, in spite of the testimony of the leading physicians and surgeons of Paris, were found guilty of homicide by imprudence. The reasons alleged by the judge were, that the operation was performed in a room not sufficiently ventilated, that the prisoners used chloroform without necessity, and that they had not taken any precaution in case an accident should happen. The fine was 2*l*. Messrs. Triquet and Masson have, with the assistance of the Medical Society, appealed to a higher court.

YELLOW FEVER.—WEST INDIES.—By the last advices, yellow fever was prevailing in Kingston. The *La Plata* arrived at Southampton on the 30th ult. On casting anchor in the morning, the vessel was visited by Mr Wiblin, the medical superintendent of quarantine, who elicited, that since the 7th ult., when yellow fever broke out on board, fourteen cases had occurred, three of which terminated fatally. The last case, which occurred on the 24th ult., was that of George Mundon, who died on the 30th. Immediately after the conclusion of the investigation, the mails were landed, but the ship was detained in quarantine till Mr Parrott, the collector of customs, had communicated the facts to the Privy Council Office. In answer to this application, orders were speedily transmitted from London to release the passengers at once, but the ship was detained in quarantine till the afternoon, in order to complete the stipulated six days from the outbreak of the last case, which occurred on the 24th ult. Sir William Pym, the Inspector-General of Quarantine, arrived in the afternoon of the 30th, and went on board *La Plata*, to decide what was to be done with the cases of fever yet remaining. The yellow fever had disappeared in British Guiana, but small-pox in a mild form



**HYDROPHOBIA.**—In January last, a girl named Taylor, twelve years of age, was bitten in the hand by a mad dog. A surgeon not only cauterised the wound, but applied the cupping glasses. Subsequently she took a quantity of medicine, supposed to be a certain preventive or cure. She remained in apparently good health until Sunday fortnight. On the next day she was attacked by spasms and great thirst. She was perfectly sensible when free from the spasmodic attacks, but when they returned the paroxysms were distressing, and she ultimately died from their effects. The wound in the hand was small, and had healed.

**CRIMINAL CHARGE AGAINST A PHYSICIAN.**—Dr Banks, a physician of considerable standing and extensive practice, residing at Louth, in Lincolnshire, and a magistrate for the borough, has been committed for trial at the next Spilsbury Quarter Sessions, for an assault with intent to commit a rape on Emma Lockwood, a girl 16 years of age, the daughter of a respectable tradesman at Tetford, near Horn-castle. It appeared from the depositions, "that John Tatam Banks did, on Wednesday, the 20th April 1853, at his consulting room, in Eastgate, assault Emma Lockwood, with intent, etc.; that the prosecutrix had been his patient for a year past, for an imaginary disease of the womb; that her mother had come with her, and had been sent by the doctor into the town, and during her absence he, under pretence of a medical examination, behaved improperly, and made an attempt, etc., but met with resistance." The magistrates, after some discussion on a point raised by Dr Banks's counsel, Mr Adams, as to whether the offence was merely a common assault, finally decided on committing the doctor to take his trial for the graver offence, and admitted him to bail, himself in 500*l.* and two sureties in 250*l.* each.

## Notices to Correspondents.

**MR JOHNSON.**—In answer to your inquiry whether we "can inform you of the name of the American physician who performed a series of experiments on animals with quinine in large doses, to ascertain its effects?" we can only state that Dr Baldwin, of Montgomery, Alabama, performed experiments of the nature alluded to. Restlessness, vomiting, purging, mania, paralysis, convulsions, &c. were the principal symptoms induced. Dr Baldwin concluded that from fifty to eighty grains would produce death in the adult; but this deduction was made with a reservation of any modification of its operation caused by morbid poison in the system.

**MR JAMES W.**—We are not aware that any of the continental universities now confer degrees without the presence of the candidate.

**A STUDENT (St Bartholomew's).**—Your letter has been lying by for some weeks unanswered, to enable us to inquire into the facts respecting the "bungling operation" for stone to which you have called our attention. We find that you are right in respect of the main details of your communication, but we must not forget that criticism is easier work than operating. The operator is undoubtedly a very skilful surgeon, and although he has this time made a serious mistake, we are unwilling to direct public attention further to the matter.

**AN ASSISTANT.**—By advertisements; or by application to a ship-broker.

**L.S.**—Letter received and handed over to the proper quarter.

**MR BANKS.**—The test cannot be depended on. Taylor's work is the best.

**PROVINCIALIS.**—There will not be a Medical Reform Bill this session. We have predicted this for many weeks past, notwithstanding the repeated assurances to the contrary given by the promoters of the bill. The clause of the proposed bill to which you direct our attention, has not escaped our observation; but there are worse things in the bill than even that. We have not analysed the measure, for the simple reason that we were convinced the labour would be superfluous. However, as the question of Medical Reform must now go forward, we do intend to raise it to due prominence in the 'Circular.' The subject probably is in itself the least inviting of any which we may be required to treat, but now that it is revived, we shall feel it to be our duty to speak decisively upon any future measure that may be offered for the support of the profession. No bill

can pass that is not both just and liberal in its principles; and we are bold enough to say, too, that no bill can pass of which the 'Medical Circular' does not approve, let the other Journals praise the scheme, and abuse us as much as they please.

**A LEGAL PRACTITIONER.**—A similar case to your own recently came under the jurisdiction of one of the Scottish courts, and was decided in favour of the surgeon. Adverse decisions have been given in this country, but as we conceive most unjustly. Try to procure the fee by all means. We think that you are entitled to it, and we would encourage you, as we do all other surgeons, to drag those recreant Assurance Offices into Court, on every occasion that they refuse to pay the fee. If they will not pay from a sense of justice they may from importunity.

**M.R.C.S. (Tower Hamlets).**—Assistant-surgeons in the navy, who have served three years, are provided with cabins under the new regulations; but not their juniors: so that you can now decide for yourself.

**JUNIUS REDIVIVUS.**—We have scored the deserter's back so often that the cutis must be by this time as hard as tapping leather. The 'Lancet' is too truly a professional "tool," without either edge or temper. But for the necessity of our position, we should feel it beneath us to measure blades with such a coarse and awkward opponent.

**AN OLD SUBSCRIBER.**—There is no law requiring it, so far as we know.

**MR WM. TUPPING (Temple).**—Communication received.

**A POOR-LAW MEDICAL OFFICER.**—The Society is defunct. It had some vigour in it at first, and did much good; but, like most other associations of the kind, the spirit could not be sustained more than two or three years. We are obliged to you for your commendations.

**MR ALLPORT.**—We cannot prescribe. Consult a respectable practitioner.

**MR W. M.**—Before your paper can be inserted, it must be considerably altered. It is too long, and too diffuse, and is, moreover, so ill-written, that we doubt if even a "printer's devil" could decipher it. It lies for you at our office.

**NO JANUS.**—The anniversary meeting of the Provincial Association will be held this year at Swansea. The announcement was contained in one of our late numbers.

**A STUDENT.**—Professor Matteucci.

**SCOTUS.**—It is not a legal qualification.

*To the Editor of the 'Medical Circular.'*

**SIR,**—Feeling confident you will be anxious to do justice towards any of our own countrymen who may make any discoveries in medicine, I take the liberty of writing to you on the present occasion.

In your Journal of May 25, is the following—

"According to Bischoff, the action of medicines on the organism is either *electrical* or *electro-chemical*. It is only by reference to the action of *vital electricity* or *nervism* that the startling effects resulting from the administration of hydro-cyanic acid, strychnine, and some other poisons can be accounted for."

I am inclined to think that Bischoff had not stated anything with regard to the electrical action of medicines until *after* the publication of the 'Fallacies of the Faculty,' in which work the "electrical power of medicines" is certainly insisted on at some length.—I remain, Sir, your very obedient servant, A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

**R.B.S.**—You will be required to undergo an examination. The charter will undergo some modification; so soon as it shall be finally agreed on we will make it known.

**A POOR-LAW DOCTOR (Beds).**—Nothing can be done without union. The Irish Dispensary surgeons have recently petitioned the House of Commons to redress their grievances, and especially to be paid a portion of their salaries out of the Consolidated Fund. United action between the Irish and English Union surgeons might be productive of the best results. The Irish are good agitators, and generally receive attention from the Government.

**MEDICUS.**—The Board of Health will be reconstructed next session. The question of quarantine is well worthy of your investigation. Everything connected with it is obscure.

**MR JAMESON.**—1st: No. 2nd: We cannot decide.

**MR R.—T.**—The injury is too trivial to merit such publicity as you propose. We are inclined to regard it as originating in mistake.

**W.P.**—Nothing will be done until next year.



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submit the PATENT RESILIENT BODICE and CORSALETTO DI MEDICI.—The basis principle is the arrangement of elastic materials in the back and sides, each portion having a distinct and separate action in conformity with muscular movement and anatomical structure, the oblique transverse resilient being variable in number, size, and position, as individual configuration may require. The quilted silk or fine flannel under the open transverse work conduces to warmth of the spine, and favours free exhalation from the skin.

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- 6 OZ. and 8 OZ. GREEN, 10s. per Gross.
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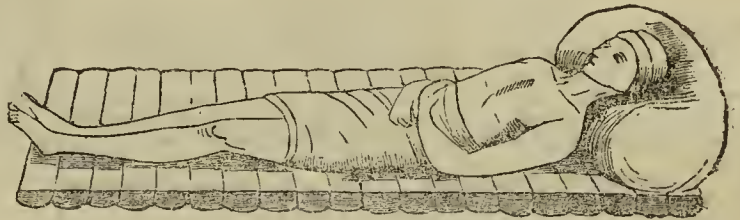
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THE  
MEDICAL CIRCULAR  
AND  
General Medical Advertiser.

No. 24, New Series. }  
No. 50. }

WEDNESDAY, JUNE 15, 1853.

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Medical Benevolent College.—

The COUNCIL have the highest gratification in announcing that his Royal Highness PRINCE ALBERT has been graciously pleased to appoint WEDNESDAY, the 6th JULY, at Four p.m., to lay the FOUNDATION-STONE of the COLLEGE, at EPSOM, when it is hoped that Members of the Profession throughout the country will endeavour to meet his Royal Highness on that auspicious occasion, and that many Ladies may also be induced to honour the Council with their presence.

Gentlemen willing to assist the Council in making the necessary arrangements, by acting as Stewards on the occasion, are requested to forward their names to the Secretary as early as possible.

At a Meeting of the Council, held on the 31st ult., the President, the Earl MANVERS, in the Chair, the following resolution was unanimously agreed to:—

"That on the occasion of his Royal Highness Prince Albert laying the foundation-stone of the College at Epsom, all LADIES presenting the sum of FIVE GUINEAS (instead of the usual sum of Ten Guineas) shall be constituted Life Governors of the College."

As no one will be permitted to witness the ceremony without Tickets, Members of the Profession are informed that Tickets, to admit themselves and their Ladies, may be had on a written application being made to the Secretary at the Office.

A Special Train, for the convenience of the Profession, will leave for Epsom at a Quarter before Two o'clock.

By order of the Council,

HENRY TUDOR DAVIES, Hon. Sec.

4 Hanover square, June 2, 1853.

Medical Benevolent College.—

Notice is hereby given, that the GENERAL MEETING of SUPPORTERS of the COLLEGE, which was convened for the 25th inst., is POSTPONED until AFTER the laying of the Foundation-stone, on the 6th of JULY next. Due notice of the day for holding the Meeting will be given.

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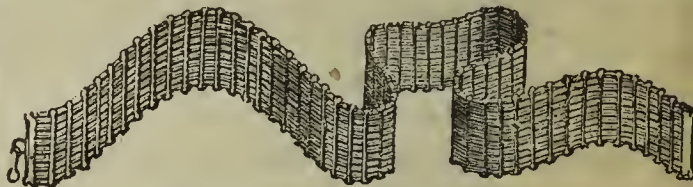
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## The Medical Circular.

WEDNESDAY, JUNE 15, 1853.

### THE NEW CHARTER OF THE COLLEGE OF PHYSICIANS.

OUR readers are aware that we approve of the attempt made by the College of Physicians to conform their institution to the more enlightened spirit and the necessities of the time. That the College have come short of expectation in some points, is true; and we have already pointed out the defects of their proposed Charter; but we are of opinion that, as a whole, their scheme deserves the support of temperate men. There is also great reason to anticipate that those clauses of the Charter most open to objection will be modified, so that the largest possible amount of concurrence may be obtained for the measure. If the College of Physicians do not at once ignore their past history, government, and traditions, and adopt in all its breadth the representative principle, and the dogma of an equality of rights, we cannot be surprised; for corporate bodies are long in learning and slow to act, and the College of Physicians are not likely to become sudden converts to doctrines hitherto repudiated and expelled from their halls. Let us have what we can get. We do not hesitate to say that the College of Physicians have exhibited more liberality than we expected, and deserve credit for the scheme they have propounded. They are not too old to learn, and by the time they have had a little more practice in liberal government, they will be prepared to improve upon their past lessons.

Those gentlemen who are angry with the College because they do not propose to do everything that has been proposed to them, and condemn the Charter in all its clauses, are, in our opinion, guilty of imprudence, and are doing their utmost to postpone practical legislation to an indefinite period. Let efforts be made to modify the Charter as much as possible, but let us also assist the Home Secretary in giving it a legal existence.

Lord Palmerston stated, as may have been observed in our report of the debate in the House of Commons, that although he was not prepared to bring in a bill this session for the regulation of the entire profession, he hoped to be able to carry an act to give legal force to the proposed Charter of the College of Physicians. We think that he manifests equal courage and discretion in this course, and we commend him for his decision. According to our judgment, the medical question is mature for legislative action only up to this point; and Lord Palmerston's determination is exactly in accordance, as our pages will testify for us, with the views we have already expressed.

In carrying out his intentions to this extent, Lord Palmerston will have given us an earnest of future labours in the same field; and we shall look forward with confidence to his adoption of a bill for the reform of our corporations in

the next session of Parliament. In the meantime, let us seriously revise our opinions, and endeavour with forbearance and goodwill to come to some general agreement on the plan and principles of a new measure of medical reform.

### THE IRISH DISPENSARY SURGEONS.

OUR Irish brethren holding Dispensary appointments seem resolved to make an effort to be placed in a more independent position than they now occupy. Several petitions have been recently presented to the House of Commons, praying that a part of the salaries of the Dispensary Surgeons may be paid out of the Consolidated Fund, and the system thus assimilated to that established in this country. So far as our neighbours shall succeed in getting in the sharp end of the wedge, we commend them for their purpose; but they must not be content until they drive it home, or the advantage sought will be highly problematical. By receiving payment from two purses they will be required to serve two masters, and perhaps be ground down by both in turn. Practically, the Boards of Guardians in this country continue to determine the amount of the salaries, and their parsimony is approved by the Poor-Law Board, which is ever anxious to appear before Parliament with an expenditure reduced to the lowest possible point.

The sum now paid out of the Consolidated Fund amounts to about 70,000*l.*, nearly half of which is expended to make up the salaries of schoolmasters and mistresses and other officers, so that the boon to the Union Surgeons of this country is not considerable. However, the practice constitutes a precedent, which may be urged for further grants at a future period. Our conviction is that the entire amount of the salaries paid to the Union and Dispensary Surgeons should come from a national fund, an arrangement which would be an important step towards the enfranchisement of the medical officers from the coarse and degrading tyranny of the local Boards.

Together with payment out of the Consolidated Fund, the appointments should be made permanent; and thus, we apprehend, the Dispensary Surgeons would be placed in as independent and honourable a position as could be desired. The movement now made by the Irish Dispensary Surgeons should be supported by their English brethren; and we have little doubt that if the agitation of this subject be perseveringly followed up by the profession on both sides of the Channel, the time is not distant when the grievances complained of will be redressed. We hope that the English Poor-Law Surgeons will not let this opportunity pass of urging their just claims upon the notice of the Legislature.

### TURNING THE TABLES.

OUR amiable correspondent, Dr Collier, sent us a letter labelled "public," but which he doubtless believed would be too pungent for our digestion, and congratulated himself that we should never venture to exercise the authority of publication which he had given. He was mistaken; we published the



sarcasm, answered it with a little good-humoured banter, and "turned the tables" upon Dr Collier. This was too much for the Doctor's discretion: he grew angry, and determining on revenge, forthwith indited an epistle to our accommodating contemporary the 'Lancet'—thus hoping to give the tables another turn in the opposite direction. The Doctor, after reciting the substance of his note, but *omitting the joke*, of which he seems to be ashamed, therein says, "The journalist waxes wroth, and forthwith *butchers* me, because I don't choose to commit suicide." Now we protest against the cruelty implied in this accusation; we did not *butcher* Dr Collier; we only tickled him with a feather, and pleasantly shampooed his over-irritable skin. Any other man but himself would have delighted in the process; but we fear that it is impossible to please our correspondent.

He goes on to say, however, that he is not an Irishman, that he never was in Ireland; that he was born at Lortney Hall, near Rugely, Staffordshire, of the Colnich Collier stock, &c., all of which assertions we presume to question upon the evidence of his own letter. Dr Collier must surely have made a mistake, or there is no value in internal evidence. He *is* an Irishman, or ought to be one at the least, as the following sentence will demonstrate. Our error, he says, may "be of some practical and mischievous tendency, if the sketch be at any time brought forward as evidence, since there is scarcely one truth in it, *even his (our) view of the personal character*, of which *I am no adequate judge*." This is possibly intended for a joke; we regard it as a bull, a stark, glaring, unmistakeable bull. Pray, Dr Collier, how can you presume to tell us that our view of your personal character is wrong, if you are no judge of it? Surely this is an Hibernicism, and places your nationality beyond dispute. It is possible, however, not to be an Irishman, and yet not to be so good a man. We allow no disparagement of our friends over the water.

We said that you were a wit, and certainly in this letter you have done your best to disprove the allegation: nevertheless, such you were until you were outwitted; and, therefore, we were quite right, up to that time, in our statement. We said that you could be a "sincere friend." Is this not true? We forbear to cite evidence we wot of to testify to its correctness. We said, too, that you were a "clever, courageous, honest man," and the words shall remain, because we must frankly tell you that "you are no judge." You are all we said you were, and shall remain so in spite of yourself. You have written books, and if you did not think them "clever," you must indeed have been very foolish to print them; you have condescended to cross swords with ourselves, and although that act certainly does not show your cleverness, yet beyond doubt it proves your "courage;" and as for your "honesty," no man but yourself dares gainsay it. Let there be no unfriendly recollections of what we have written; we answered joke with joke; but we will consent to be beaten rather than to inflict an unkind wound. In any event, "*aquum mi animum ipse parabo*."

One reflection occurs to us, which we commend to Dr Collier's consideration: does he not think it would have been wiser and more polite to have provided us with the data requested, as all sensible men have hitherto done, than to be obliged to correct errors through the medium of another journal? We apprehend that Dr Collier's example will not be sufficiently admired to induce imitation.

## Mirror OF PERIODICAL LITERATURE.

(From the 'Lancet,' June 4, 1853.)

### THE CONNEXION BETWEEN RHEUMATISM, PERICARDITIS, AND JAUNDICE.

Dr Chuckerbutty, of the Calcutta Medical College Hospital, reports three cases in illustration of the connexion cited above. He thus calls attention to the points he desires to enforce:

"Having now finished the detailed description of these cases, I cannot dismiss the subject without adding a few remarks upon the various points of interest.

"1st. Was the diagnosis with respect to the presence of rheumatism, pericarditis, and jaundice, demonstrable in all the three cases?

"With respect to the presence of rheumatism, the only evidence we have consists in the existence of pain, more or less severe, in different parts of the body, but more especially in the back and limbs, from the very outset of their complaints. But in none of the patients was there any swelling or redness of the joints. Yet, when we take together the pain, such as it was, and the supervention of pericarditis, all our past experience forces us to conclude that there was here rheumatism, although of a mild character.

"As to pericarditis, the following characteristic phenomena were found to be common to all the three cases; viz., acceleration, smallness, feebleness, and intermittence of the pulse; dyspnoea; prominence, increased diameters, and alteration or reversion of the conical form of the præcordial space; presence of friction sound; presence of fluctuation in the præcordial intercostal spaces; changes of the limits of the præcordial dulness on changing the position of the patients; disappearance of all these symptoms, and their return to the healthy condition, under treatment. If we add now to all these the co-existence of rheumatism and fever, we shall have had, I believe, as strong proof of this disease as we can hope for under the existing state of our science.

"Yellowness of the complexion, mucous surfaces, and secretions, and deficiency of colouring matter in the stools, were conclusive evidence with regard to jaundice.

"2ndly. In what order, if any, did these affections develop themselves?

"In reference to the order of their occurrence, in the first case the rheumatism and pericarditis manifested themselves simultaneously,—the jaundice five days later; in the second, too, the rheumatism and pericarditis set in together, although the patient did not refer to the latter until it was found out, four days after his admission, when he confessed he had had pain and tightness in the præcordial region from the very beginning, but which he did not deem necessary to mention before; the jaundice was noticed on the third day of his stay in the hospital; in the third, the rheumatism was noticed first, jaundice on the third day, and pericarditis on the fourth; but, as effusion had taken place, when it was discovered, into the cavity of the pericardium, this affection must have commenced at some antecedent date, perhaps previous to jaundice, and coetaneously with the rheumatism. To the mildness of the earlier symptoms in every one of these instances, must be ascribed the obscurity in which the disease progressed until sufficiently advanced to give rise to marked changes. I am inclined, therefore, to think that the order in which these affections are stated at the head of this communication, was, likewise, the order of their development in, at least, these three cases; and that a time arrives in their course when, although jaundice may be the most marked, apparently, yet the danger threatened by it is far less serious than what is to be apprehended from the hidden lesion in the pericardium.

"3rdly. What were their causes, durations, courses, terminations, and treatment?



"With regard to their causes, prolonged exposure to cold and wet seems to be the only one satisfactorily made out. Whether age or sex has any influence upon them, we are not yet in a position to answer, since the cases referred to were all adult males, (first, aged 25 years; second, 25 years; third, 42 years.) With respect to climate, too, we are in the same predicament; for, although two of the patients were Englishmen, and one a native, they were all residing at the time in the tropics. Abuse of alcoholic liquors is, no doubt, a strong predisponent of these combinations; and, though there is no direct declaration about it from the first patient, yet, from his general habits, and the confessions of the other two, I am almost sure that all three were equally given to this pernicious practice. A curious fact, deserving our attention, is the coincidence of these three cases occurring in one month, (July 5th, 18th, and 24th,) in the middle of the rains. The duration in the first case was twenty three days, in the second seventeen days, and in the third twelve days.

"The course, terminations, and treatment of these cases have been fully related in their description given above. After the diagnosis has been carefully formed, remedies must be employed according to their known therapeutical properties, suiting the circumstances of these combinations, bearing always in mind, that the time for active interference would be very materially abridged should the hepatic congestion, which is the immediate cause of jaundice, pass on to inflammation and suppuration. Bleeding, both general and local, timely performed, is of the greatest efficacy, as was proved by our first case, in which there was a state of intense vascular congestion throughout the body, evidently from the pressure of the pericardial effusion, so much so as to suppress the urine, etc., all which gave way to a single depletion. After this, repeated blisters, purgatives, diaphoretics and alteratives, and mercury with opium, if not contra-indicated, are productive, as in these three cases, of great benefit. When the immediate danger is over, a mild, mercurial—blue pill, or hydrarg. c. eretâ, with taraxacum and opium, or hyoseyamus—will be found to be a proper and eligible combination. Whenever the smallest sign of suppuration shows itself, the use of mercury must be instantly desisted from, and the treatment should consist then in the employment of tonics, purgatives, sudorifics, diuretics, and counter-irritants. Sometimes diarrhoea ensues in the course of these cases; this must not be hastily checked, for it may be a critical discharge. But if it should become dysenteric, as was the case in our first patient, no time must be lost in arresting its progress before the mucous membrane of the large intestine has been irretrievably disorganised, because it often happens that the violence of the inflammation in this structure is so great, that it involves the entire of the large bowel, and ends in its mortification or complete dissolution. If the strength of the patient will bear it, full doses of an opiate may be given, in conjunction with blue pill and ipecacuanha; but, if he is weak, or becomes so in the course of these maladies, more reliance must be placed upon large doses of opium, alone, or mixed with astringents, such as sugar of lead, gallic acid, chalk mixture, chalk powder, kino, catechu, etc., and, if need be, extract of gentian and ipecacuanha. Injury of the other organs—for instance, the brain, lungs, kidneys, etc.,—must be provided against in the usual way; and the early application of a cold lotion, or a blister, or some leeches or cupping, as in our first case, will generally obviate the necessity of using more powerful remedies."

(From the 'Lancet,' June 11th, 1853.)

#### REMITTENT OPHTHALMIA.

Mr Hancock continues his letters on this subject. After some general observations, among which we observe an emphatic condemnation of the practice of forcing open the eyelids to examine the eyes in this disease, Mr Hancock thus treats of the diagnosis:

"The term strumous ophthalmia is one of very extensive signification, when considered in relation to the varied type of disease to which it is applied. Mere congestion of the palpebral conjunctiva, or of the ocular conjunctiva, compli-

cated either with phlyctenular or pustular eruption, inflammation of the sclerotica or of the cornea, ulceration, suppuration, sloughing, or interstitial deposition, between the laminae of the cornea, peculiar affections of the iris, and, in some rarer instances, of the retina, all being more or less accompanied by intolerance of light, have been described by this designation. These several forms, however, do not by any means constitute one and the same disease; they may with more propriety be divided into two classes, the 'remittent' and the 'strumous.' The former (remittent) being the most frequent and simple in character, depending chiefly upon derangement of the digestive organs, and capable of attacking indiscriminately all children in whom such derangement obtains; the latter (strumous) more restricted, frequently excited by the same cause as the latter, but from the onset presenting certain characteristics which mark it as influenced by a strumous condition of the constitution. The latter is by no means of so frequent occurrence as the former, which is confined to the superficial tunics of the eye (at all events at its commencement), and is very frequently accompanied by cutaneous eruptions, whilst the latter, as Jacob has pointed out, begins at once in the deeper-seated parts, and is much more rarely accompanied by such eruptions. The former may exist for a great length of time without producing any permanent effects of a serious nature; the latter, on the contrary, rapidly impairs vision, and tends to disorganisation, the effusion of matter considered by some as tuberculous, thickening, interstitial deposition between the layers of the cornea, and consequent loss of vision.

"Beer and Lawrence recognise two forms of constitution as especially subject to ophthalmia; the one having a pale, bloated countenance, swelling of the upper lip and septum nasi, tumid abdomen, irritable mucous membrane, languid circulation, pale, rough skin, cold extremities, loose, flabby muscles, with torpid mental and bodily functions; the other having delicate integuments, distinct cutaneous vessels, rapid circulation, unnatural colour of cheeks, irritable nervous system, which, together with the circulation, are easily excited; bodily and mental functions quickly performed, with premature development of intellect. Beer likewise informs us, that the intolerance of light is not nearly so considerable in the former class as in the latter; of this, however, I entertain great doubt. I have carefully watched for this point of diagnosis, but I have by no means satisfied myself of its correctness. I believe the intolerance of light is different in the two classes; that in the former, it is what I have elsewhere denominated indirect or palpebral; in the latter direct or retinal; and I believe also that, viewed as distinct classes, whilst the children of the former are afflicted with the phlyctenular form, with or without ulceration of the cornea, succeeded by specks or nebulae, or, in other words, with 'remittent ophthalmia.' Those of the latter, though often attacked by the remittent disease, more frequently suffer from affections of the deeper-seated structures, such as the sclerotica, cornea, iris, or even of the choroid and retina, leading to disorganisation and obliteration of the pupil—interstitial deposit throughout, or in various portions of the cornea, and consequently more general opacity; and, moreover, that we more frequently meet with the disease called aquo capsulitis among the latter than among the former.

"These remarks are intended to apply more especially to the conjunctival inflammation of children, to that large class of diseases described by M'Kenzie as phlyctenular, but which has equally been regarded by that gentleman and others as essentially scrofulous in character. I would distinguish between these affections and those of the deeper-seated tissues; for although children may have inflammation of the sclerotic, cornea, iris, choroid, or retina, without such inflammation being necessarily scrofulous, still, among those who present the more decided type of that condition, as included in the second class of Beer, we have inflammation of these parts, which, from its tendency to disorganisation, to deposition, and the tuberculous character of such deposition, must by all be admitted to be influenced by, if not actually depending upon, that disease. But there is one essential characteristic which distinguishes the super-



ficial phlyctenular or remittent from the deeper-seated or scrofulous ophthalmia, which is, that inflammation in the former commonly terminates in ulceration, in the latter in deposition."

The lecture concludes with an enumeration of the local symptoms of *remittent* ophthalmia.

#### ON THE REMEDIAL EFFECTS OF LEMON-JUICE IN RHEUMATISM, AND ON SOURCES OF FALLACY CONNECTED WITH ITS USE.

The introducer of this remedy, Dr Owen Rees, recalls public attention to its benefits. He says:

"The first rheumatic cases in which I tried this remedy were of the acute kind, and I very soon discovered that the more chronic forms were not so readily relieved by the same treatment. Acute cases were, however, sometimes, though but rarely, obstinate in recovery. These resisted other remedies subsequently administered, and ran the usual course of several weeks; and though they seemed to prove that lemon-juice had done as much good as anything else, they still left unexplained why acute cases quite as severe, nay, far severer, had been relieved in a few days only. It is highly probable that this difference in result may sometimes arise from causes we can scarcely hope to detect, but such instances will probably be rare, and, in most cases, I believe the difficulty is to be cleared away.

"Among the cases admitted from time to time into Guy's Hospital, I have had opportunities of satisfying myself that acute articular rheumatism is frequently complicated by the presence of three conditions which tend to keep up the disease, and so to interfere with the favourable action of lemon-juice. These are,—1stly, Syphilitic rheumatism. 2ndly, Gonorrhœal rheumatism. 3rdly, A pseudo-rheumatic affection occurring in connection with purulent discharges not necessarily gonorrhœal. Over these pathological conditions lemon juice exerts no favourable influence.

"Now not only may the above-mentioned complications interfere with the success of the remedy, but I have seen it exhibited in the last described, where the whole of the rheumatism present might in all probability be correctly attributed to the existence of a purulent discharge from the vagina, and where no remedy whatever produced a favourable influence, till recourse was had to treatment directed to the cure of the discharge.

"From what I have advanced, it will be observed, that I consider lemon-juice the antidote to the true rheumatic diathesis; and that I expect to account for failures in treatment, by detecting either complications, or complete pathological differences.

"I have already given a case illustrative of the latter character, and I wish now in addition to direct attention to two other forms of disease belonging to the same class, which I have seen mistaken for rheumatism, and treated by lemon-juice, without the least benefit being derived. The first of these is the pseudo-rheumatic affection sometimes observed during the course of Bright's disease. Though the pathology of this affection is as yet but imperfectly understood, still the symptoms and progress differ sufficiently from those of true rheumatism to enable us to draw a distinction; and I believe we may now fairly add another distinctive mark in the fact that the disease in question is not benefited as true rheumatism is by the exhibition of lemon-juice. I have seen the remedy here fall into temporary disrepute till the mistake was detected. The other form of disease I would allude to, and which is perhaps characterised by as severe torture as any of those yet treated of, is observed in connexion with spinal deformity. Here the pains are most extreme, and vary in intensity according to the health of the individual. Of course lemon-juice cannot here be expected to benefit the patient, though its credit as a remedy has often suffered owing to its administration in such pseudo-rheumatic cases."

(From the 'Medical Times and Gazette,' June 11th, 1853.)

#### WOUNDS OF BLOODVESSELS OF THE LOWER EXTREMITIES.

This is an interesting lecture by Mr Lawrence, who quotes three cases in illustration of his views, as expressed in the following sentences:—

"When arteries under the calf of the leg are wounded it is difficult to follow the well-founded and generally-received rule of exposing and securing the injured vessels, even under the most favourable circumstances; that is, if we see the case at an early period, when no considerable swelling has occurred, and the natural relations of the surrounding parts are not obscured by ecchymosis. Frequently we do not know what vessel is wounded, nor the precise locality of the mischief. Sooner or later, and often very quickly, the whole limb becomes swollen by extravasation of blood, while all the soft structures may be lacerated, contused, and infiltrated with blood. Exploratory incisions, for discovering the injured vessel, would be undertaken with very little chance of success; in such a state of limb, they might be attended with dangerous loss of blood, and would certainly involve the necessity of extensive and deep incisions in the injured parts. Thus we come to the conclusion, that amputation is necessary in some of these cases, in order to prevent worse consequences."

The cases are deserving of attention.

#### HISTOLOGICAL ANATOMY AND MICROSCOPICAL MANIPULATION.

Dr Boon Hayes describes the histology of white fibrous tissue, yellow, or elastic tissue, adipose tissue, and cartilage, in this lecture, to which we refer the reader for further information.

#### CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

Mr Brodhurst commences a series of articles on Orthopædic surgery. He thus divides his subject:

"1st. Alterations of Function in the Muscular System.

"2nd. Deformities of the Trunk and Extremities, which are produced by Disease of the Osseous and Ligamentous Systems.

"3rd. Contractions of Fasciæ, Skin, and Cicatrices, as well as those arising from Chronic Inflammation within Joints.

"4th. Monstrosities."

A sub-division is thus made:

"Of Alterations of Function in the Muscular System.—The affections of this class, which will have to be considered, are, for the most part, chronic disturbances of function, whether of central or of peripheral origin; occurring generally in the young, though by no means confined to early life, and implicating every portion of the spinal cord from the pons Varolii to the lumbar prominence. But irritation of the medulla is not the sole cause of alteration of function of the muscular system; there is equally impairment of function through idiopathic disease in the muscle itself. Consequently, a twofold division naturally presents itself, with sub-division, as follow:—

"1st. Affections of motility which are dependent on disease of the spinal cord.

"a. Exalted irritability and increased motion; *Hypercinesis*. Diminished motion, or loss of motion; *Acinesis*.

"2nd. Affections of motility which arise through primary morbid action in the muscle itself.

"The following scheme will exhibit something of the argument:—

Muscular Contractions.	Spasmodic.	{ Tonic
	Through opponent paralysis.	{ Clonic.
	Inflammatory.	{ Central.
		{ Peripheral.
		{ Traumatic.
		{ Rheumatic.

Thus, morbid muscular contractions are of two kinds, namely, through derangement of motor influence, and through local alteration of structure."



The author then considers the state of the blood, nerve, and muscle, as causing convulsion, referring to anæmia, exhaustion of nervous influence, change of structure of muscular fibre, &c. The lecture is interesting.

(From the 'Association Medical Journal,' June 3, 1853.)

ON THE ANÆSTHETIC PROPERTIES OF THE LYCOPER-  
DON PROTEUS, OR COMMON PUFFBALL.

This paper was read before the London Medical Society by Mr Richardson, who has made several experiments to ascertain the anæsthetic properties of the common puff-ball, the smoke of which has long been used to stupify bees. We quote two of the experiments:

"My first experiment was made on the 28th of last March. A kitten was placed in a bell-shaped glass vessel, open at bottom and top. Smoke from a piece of the fungus ignited was allowed to rise pretty freely into the bell; but several interruptions occurred, so that thirty-five minutes elapsed before any positive effect took place. By that time, however, the creature was fairly narcotised: a cut in the ear produced no sign of pain. The breathing was reduced to eight respirations per minute, and the temperature of the body was lowered. From time to time, after removal from the bell, I counted the breathing and the heart-beat, and found them gradually increasing in number, and the body becoming warmer. The sleep, however, was profound; and after a period of two hours, no sign of sensibility to pain could be elicited. I laid the animal down by the side of her mother, and in the morning found her skipping about as well as ever.

"My second experiment was performed on a dog. It was placed in a box, in which it had sufficient room to turn round, and in which the atmospheric air could enter freely from the top. The smoke of the fungus was admitted through the bottom of the box, and the animal was fairly narcotised in a quarter of an hour. On removing it on to a table in the narcotised state, a deep puncture was made in the nose: blood of a bright red colour flowed freely, but no sign of pain was given. The symptoms that preceded the narcotism were those of intoxication; the animal turned round several times; power in the legs ceased; and it fell down at last on its side, insensible; the bowels acting involuntarily. For five minutes after the anæsthesia had come on, the respirations numbered forty-eight per minute; but the heart-sounds were steady, and comparatively slow; the first sound corresponding to each inspiration. The body was warm. Five minutes later there was a convulsive fit; but the body was still insensible, and the pulse forty per minute. The pupil was dilated and fixed, but the head was drawn back when a light was brought near to the eye. Three minutes later, the animal was becoming conscious, and wagged its tail when spoken to, but showed no pain when pricked with a knife. At a quarter past nine, it commenced to wince when pinched, and crawled about in a reeling manner. From this time the recovery was rapid; and in ten minutes the creature seemed as well as though nothing had been done to it."

In order to remove the irritating quality of the smoke it was passed through caustic potash with advantage. With respect to the nature of the narcotic principle, Mr Richardson remarks:

"Some one, perhaps, will ask, What is the nature of the narcotic principle contained in the fumes of the fungus? Is it a product or an educt of combustion? On this subject I have no direct information. That several of the fungi do possess a narcotic principle has long been known; but no analysis has as yet thrown much light on the subject. In some countries fungi are used for making intoxicating potions. Our very distinguished countryman, Dr Alfred Taylor, in the second edition of his valuable 'Manual of Medical Jurisprudence,' thus remarks on the fungi:

"Most of the narcotic irritant poisons, just considered, owe their deleterious effects to the presence of an alkaloidal principle similar to morphia, and susceptible of insulation

by complex chemical processes. There is, however, considerable difficulty in extracting these alkaloids from the respective vegetables; and when extracted, the chemical differences among them, in respect to the action of tests, are so slight as to be scarcely appreciable, even in the hands of a practised analyst."

"The few conclusions, therefore, which it is in my power to offer with regard to this subject are very insignificant; and are derived more from physiological observation than from chemical inquiries. However, they had better be stated:

"1. The narcotic principle is given off freely during the combustion of the fungus; and, as it exists in the fumes produced, is highly volatile.

"2. Combustion of the fungus in oxygen gas does not destroy the anæsthetic principle.

"3. The anæsthetic principle is not quickly absorbed or destroyed, either by water, alcohol, or strong alkaline solutions."

(From the 'Dublin Medical Press,' June 1, 1853.)

CASES OF POPLITEAL ANEURISM SUCCESSFULLY TREATED  
BY COMPRESSION.

One of these cases was reported to the Surgical Society of Ireland by Dr Sargint, of Clonmel; the other, of more interest, by Dr Jacob, of Maryborough. We quote the following details of the second case:

"Peter Beale, ætat. 22, from Ballyroan, Queen's County, formerly a private in the 5th Fusiliers, admitted into the infirmary June 14th, 1852. He states that during a march of twenty-three miles over a mountain road in the Mauritius by night, he experienced a strain (his foot turning in a car-track), which was followed in five or six days by a swelling in the right ham, about the size of a pigeon's egg, having a pulsating sensation. He applied to Surgeon Small, of the 12th Regiment, who admitted him to hospital the following day. He was subsequently sent to Port Lewis, where he remained in hospital for nine months.

"Pressure was applied about three inches below Poupart's ligament, for the space of about ten days, by means of a clamp with a small-sized pad, which he states did not remain on the proper place, in consequence of its being too small. A deep slough formed, the cicatrix of which is considerable, an inch and a half by one inch. The instrument was moved to within one inch of Poupart's ligament, where a similar slough formed, in each case in about forty-eight hours. The instrument was left on ten days at each place. Pulsation in the tumour did not diminish during this time, but the size did not increase. There was a good deal of œdema of the leg, which disappeared when the pressure was removed. He returned to England in April, 1851, and remained in hospital in Chatham for about five months. No treatment was adopted until August, when pressure was again applied for thirteen days, two compresses being used, one at the groin by means of an instrument which he states resembled a truss, and another over the upper part of Hunter's canal, with a steel clamp and a screw, both being used at the same time. That over the middle of the thigh caused a deep slough, and that over the groin a superficial one in about three days. When the ulcers healed, he was discharged 1st September, 1851, the tumour having rather increased in size. Early in November he came to the infirmary, but declined to be admitted, the tumour in the ham having at that time attained considerable size.

"June 14. Within the last three weeks it has increased very much, altogether preventing his walking; he complains of severe pain in the tumour and leg; it extends at present from about three or four inches above the knee on the posterior part to the upper part of the middle third of the leg; it measures round the upper part nineteen inches, lower part seventeen inches and a half, length of tumour six inches. The size can be slightly diminished by pressure on the artery in the thigh, but the tumour returns to its original size immediately on its being removed. By auscultation a bruit de soufflet is audible, principally on the



outsides over the head of the fibula, and on the inside behind the head of the tibia. The tumour extends at each side above and around the condyles of the femur. The knee-joint is bent, the leg being at nearly a right angle to the thigh, and cannot be made straight. 17th. Ordered to rest in bed, a bandage being applied from the foot to above the knee.

"July 6th. Has been in much the same condition as at last report; experiences some trifling pain in the tumour, more in the leg and foot. Compression was this day applied at one p.m., by means of a piece of sheet gutta-percha placed on the back of the thigh, and a compress, about four inches long by an inch and a half broad, longitudinally over the artery, at the lower part of Scarpa's space, the pressure being made by means of four or five india-rubber bands passing round the limb outside, the gutta-percha attached to the compress by means of hooks placed at each side, several being inserted to afford an opportunity of increasing the amount of pressure by means of a greater number of bands. The limb was banded from the foot up to the point where the compress was applied, and placed on a pillow lying on the outside. In about a quarter of an hour after, the patient began to complain of pain in the whole limb, which increased in a great degree for about an hour, but afterwards became more moderate. The whole limb became very much congested, livid, and swollen. The saphena vein is of unusual size, which he states became so after pressure was used on a former occasion. Pulsation in tumour became much diminished after the first two hours, at which time the pain was less severe. Eight p.m. Patient much easier, but still complains of pain in the limb, principally along the anterior part of the tibia. Very slight pulsation observable in the tumour. Temperature of limb continues natural."

In the course of treatment pneumonia and diarrhoea set in, necessitating active treatment; and on the 10th of August, eleven days after the attack of pneumonia coming on, we find it reported:—

"The tumour is quite solid; there is a good deal of oedema; tumour feels hot; it is evident that decomposition of blood has taken place in the tumour, which will suppurate and discharge itself through an opening in the ham; pulse 120. App. cataplasma simplex. 11th: Patient had a good night; slept pretty well; limb feels easier since the poultice was applied. 12th: Patient did not rest so well last night; feels the limb more uneasy and painful; there is a blush of redness along the inner surface, with considerable oedema and fluctuation; an opening was made at the posterior inferior part of the tumour, when a quantity of decomposed blood having a fetid smell escaped; another opening was then made where he complained of most pain; a quantity of dark-coloured discharge was evacuated, mixed with grumous blood; felt much easier after the evacuation of the matter, about twenty ounces in quantity; a tent was introduced into each opening:—

"℞ Sulph. quin. gr. i. ad. m. v.

Aquæ, ℥viii.

Ft. mist. sumat ℥i. ter quotidie.

Cont. haust. anodyne tinct. alia.

"13th: This morning an opening was made on the external side a little below the knee; about eight or nine ounces of sanguineous pus were evacuated, also a few ounces passed out through the opening in the ham; the tumour is smaller; tension quite relieved; appetite is improved since yesterday; diarrhoea stopped.

"℞ Sulph. quinin. gr. xxiv.

Pulv. opii, gr. ii.

Ft. pil. xii. sumat i. ter quotidie.

"14th: Patient feels much better; the limb is found to be quite flaccid; a free discharge has commenced from the opening in the ham; a quantity of fibrine has come away, having a laminated appearance; the different layers can be separated from each other; discharge continues of the same character; the opening towards the anterior part of the leg continues to discharge freely when pressure is made on the tumour. 17th: Patient going on very well; discharge

more purulent but diminished in quantity; limb much reduced in size."

From this time the case did well so far as the aneurism was concerned, but phlebitis set up in the opposite limb, which was, however, reduced. The case is one of great interest.

#### CONTENTS OF THE MEDICAL JOURNALS.

**Lancet.**—(No. XXIV. Vol. I. June 11, 1853.)—Mr Henry Hancock's Lectures on Remittent Ophthalmia, or those Diseases of the Eye of Children commonly designated "Strumous Ophthalmia;" delivered at the Royal Westminster Ophthalmic Hospital. Dr G. Owen Rees on the Remedial Effects of Lemon-juice in Rheumatism, and on Sources of Fallacy connected with its Use. Mr W. C. Williamson on the Use of Chloroform in a Case of Infantile Convulsions. Mr George Bottomley's Observations on the late Endemic Fever at Croydon. Mr William Reeves on Irritability of the Bladder, treated by Injections of Nitrate of Silver. Mr J. Bourne's Case of Placental and Shoulder Presentation.—**HOSPITAL REPORTS.**—Cases of Affection of the Knee-joint.—St Bartholomew's Hospital: Acute Idiopathic Inflammation and subsequent Thickening of the Synovial Membrane of the Knee-joint; Rapid Formation of Abscess; Destruction of the Cartilages, and Severe Constitutional Symptoms; Amputation; Present state, satisfactory. Gonorrhoeal Rheumatism localised in the Knee-joint on the right side; Rapid Suppuration and Disorganisation of the Articulation; Hectic; Amputation; Recovery. False Anchylosis of the Knee-joint ten years after an acute Attack of Inflammation in the Articulation; Forceful Extension of the Contracted Limb eight years after the subsidence of Inflammatory Symptoms. Anchylosis of the Knee-joint of twelve years' duration; Constant Pain and Discomfort; Dislocation of the Tibia backwards; Acute Inflammation of the Synovial Membrane of the Knee-joint, twenty-one years before admission: Restoration of the Articulation; several Accidents and Relapses; Partial Anchylosis; no Formation of Purulent Matter.—**REVIEWS.**—Near Sight, Aged Sight, Impaired Vision, and the Means of Assisting Sight. By W. White Cooper, F.R.C.S. Encyclopædia Britannica, Eighth Edition. Edited by Professor Traill. Vol. I. Dissertations. House of Commons: The Medical Profession; Poor-Law Medical Officers (Ireland).—**LEADING ARTICLES.**—The Lunacy Bills: Should Inquiry precede Legislation, or Legislation precede Inquiry? Effects of Overcrowding and other Causes on the Health of the Poor and the Rich. An Eligible Opening for a Medical Practitioner. The Installation Ceremonials at Oxford: Honorary Degrees. Honours awarded by the University of Oxford to Distinguished Medical Men; Dr Forbes Winslow, Dr Richard Bright, and Mr Green. The Coffee and Chicory Question. Report of the Small-Pox and Vaccination Committee of the Epidemiological Society.—**MEDICAL SOCIETIES.**—Royal Medical and Chirurgical Society: On the Use of Two Needles at once in certain Operations on the Eye, especially in those for Capsular Cataract and Artificial Pupil; Analysis of Cases of Injuries of the Head examined after Death in St George's Hospital, from January, 1841, to January, 1851; with Pathological and Surgical Observations. Medical Society of London: Dissection of a portion of the Uterus and Placenta; Tape-worm. St Thomas's Hospital.

**Medical Times and Gazette.**—(No. CLIV. June 11, 1853.)—**ORIGINAL LECTURES.**—Mr W. Lawrence's Clinical Lecture on Wounds of Bloodvessels of the Lower Extremities; delivered at St Bartholomew's Hospital. Dr Boon Hayes's Lectures (IX) on Histological Anatomy and Microscopical Manipulation.—**ORIGINAL COMMUNICATIONS.**—Mr Bernard E. Brodhurst's Contributions to Orthopædic Surgery. (With Engravings.) Mr Blackall Marsack's Interesting Case of Injury to the Head. Supposed Fracture at the Base of the Skull; Recovery.—**HOSPITAL REPORTS.**—University College Hospital: Large Punctured Wound of the Pleura. St Bartholomew's Hospital: Punctured Wound of the Chest; Fracture of the Rib. The London Hospital: Solid Tumour in the Upper Part of the Orbit. Royal Berkshire Hospital: A Case of Uric Acid Calculus, which appeared to have been Dissolved in the Bladder by the Use of Alkaline Remedies; Uric Acid Calculus.—**EDITORIAL ARTICLES.**—The Medical



Reform Question. Diseases of the Skin. Table-Moving. Report on Table-Moving. Parliamentary Intelligence.—**REVIEWS.**—Change of Climate, considered as a Remedy in Dyspeptic, Pulmonary, and other Chronic Affections. By D. J. T. Francis, M.D. Modern Domestic Medicine. By Thomas J. Graham, M.D. A Concise Practical Treatise on Neuralgia; its Various Forms, Pathology, and Treatment. By Edwin Morris, M.D., F.R.C.S.—**PROGRESS OF MEDICAL SCIENCE.**—Selections from Foreign Journals.—**PROVINCIAL CORRESPONDENCE.**—Scotland: Doings in the North.—**REPORTS OF SOCIETIES.**—Pathological Society of London. Medical Society of London. Medical Reform. The Medical Charities Act: Meeting of the Medical Profession of Ireland.

**Association Medical Journal.**—(No. XXIII. June 10, 1853.)—**LEADING ARTICLES.**—The Art of Prescribing, in its relation to General Practice. The Medical Department of the Royal Navy, and the Dismissal of Dr J. F. Henry. The Prospects of Medical Reform.—**ASSOCIATION INTELLIGENCE.**—Medical Benevolent Fund. North Wales Branch: Notice of Annual Meeting. Suffolk Branch: Notice of Annual Meeting. South-Eastern Branch: Notice of Annual Meeting. Metropolitan Counties Branch: Notice of Annual Meeting.—**ORIGINAL COMMUNICATIONS.**—Dr John Snow on the Administration of Chloroform during Parturition. Mr B. W. Richardson on Facts relating to Scarlet Fever.—**PERISCOPIC REVIEW.**—Surgery: Excision of the Knee-joint; Provisional Callus not necessary for Reparation of Fractured Bone; Cyst in the Thyroid Body cured by Injection of Tincture of Iodine: Analysis of Fluid; Chancres successfully treated by the local application of Acetic Acid; Magnesia, a Cure for Warts. Toxicology: The State Poison of the Athenians, used in the Case of Socrates; Fatal Intestinal Hemorrhage produced by Tartar-Emetic; Danger arising from the Use of Copper Chimneys to Gas Lamps.—**REPORT OF SOCIETY.**—Medical Society of London: Tania and its Remedies; by Edwards Crisp, M.D. Physiological Uses of the Ganglionic Nervous System; by J. G. Davey, M.D. New Method of Applying the Tourniquet in Amputation of the Thigh; by Haynes Walton, Esq. Anæsthetic Properties of the Lycopodium Proctus, or Common Puff-Ball; by B. W. Richardson, Esq. Pelvic Abscess; by Tyler Smith, M.D.

**Dublin Medical Press.**—(No. DCCLIII. Vol. XXIX. June 8, 1853.)—**PROCEEDINGS OF SOCIETIES.**—Surgical Society of Ireland: Dr Henry Thompson's Case of Amputation of the Ankle-joint by Syme's Method. Dr McClintock on Poisoning by Arsenite of Copper contained in Comfits. Medical Society of London: On Purulent Infection; Discoloration of the Hair.—**ORIGINAL COMMUNICATIONS.**—Dr Corbett on Chloroform in Midwifery. Mr Andrew Nolan on the Early Operation for Hare-lip. Dr Stephen O'Ryan on Congenital Malformation of the Hand.—**SELECTIONS FROM MEDICAL JOURNALS.**—Water-Cushions for the Regulation of Temperature. Death from Exterior Uterine Hemorrhage. Fomentations of Digitalis in certain kinds of Ascites.—**REVIEWS.**—On Lithotripsy and Lithotomy. By Wm. Coulson, &c.—**LEADING ARTICLES.**—Leader. Medical Life in London. Election at the College of Surgeons: List of Officers Elected for 1853. A Remedy for Quackery.

#### BOOKS RECEIVED FOR REVIEW.

On the Nature and Proximate Cause of Insanity. By Jas. George Davey, M.D. London: John Churchill. 1853.  
A Treatise on Diseases of the Heart. By O'B. Bellingham, M.D. Dublin: Fannin and Co. 1853.  
The Present State and Prospects of Psychological Medicine, with Suggestions for improving the Laws relating to the Care and Treatment of Lunatics. By Joseph Seaton, M.D. London: John Churchill. 1853.

THE EARL OF ROSSE gave his third *soirée* on the 28th ult. It was attended by Prince Albert and a numerous assemblage of *savans*. Dr Scoresby exhibited several ingenious magnetic experiments with his large magnet. The fourth and last *soirée* was held on Saturday.

#### Original Communications.

##### CASE OF FRACTURE OF OS PUBIS,

ACCOMPANIED BY RUPTURE OF BLADDER, AND TERMINATING IN URINO-PURULENT ENLARGEMENT OF ABDOMEN AND THIGH; OPERATION; RECOVERY.

BY ALEXANDER CURRIE, ESQ., M.D.

On 12th October, 1852, J. M'K——, aged 22, sustained a severe injury of the left side of pelvis and os pubis by the fall of a cart, between the fore part of which and the ground he was so firmly pressed, as to be unable to liberate himself. His perilous position was witnessed by a party who happened to be at a short distance off, and who lost no time in extricating him. After having been liberated he walked a few steps, which were performed with great pain and difficulty. It was found necessary to convey him on an easy vehicle to his residence, a short distance from the scene of accident. On the same day I was sent for, and found him confined to bed, experiencing great pain in the injured parts. After a careful examination I discovered a fracture of the left ramus of the pubis, at its junction with that of the ilium; the muscles of the latter being much swelled, discoloured, and painful, particularly when pressed upon. The hypogastric and iliac regions were examined, and found to be attended with a slight degree of pain and tenderness on pressure. When asked if he had any pain or difficulty in making water, as such very often either attended or followed injuries of the spine and pelvis; he replied in the negative. At this stage an opiate was given, leeches applied to pained parts, and followed by fomentation. About 11 o'clock, p.m., I was again sent for, and ascertained that the patient could not make water. The catheter was now introduced with tolerable facility, which took away the urine, deeply tinged with blood. The antiphlogistic treatment was then adopted. Being strongly of opinion that there was a rupture of the bladder, the catheter was often used for the purpose of not only taking away the urine, but of preventing too great a distension of the bladder. This course of treatment was assiduously pursued until the 20th, when he was able to pass urine freely, thus dispensing with the catheter up to the 27th instant, when he again found himself incapable of voiding urine without the catheter. A few days previous to this he experienced a more deep-seated pain than he did at any former stage in the left side of the pelvis, accompanied with a considerable degree of swelling of the lower parts of abdomen and left thigh. I was again sent for, and found his pulse, which was generally (as I had opportunities of ascertaining) of moderate strength and firmness, now small, contracted, and quick. Countenance slightly collapsed—eye sharp and anxious—abdomen and left thigh very much enlarged,—the former as large as it is with parties in the last stage of ascites. In order to arrive at a correct diagnosis respecting this unusual appearance, the patient was subjected to a searching manipulation, whereby, along with the examination of the urine, I was happy to find myself in a position to justify the conclusion, that the abnormal phenomenon was the result of a collection of matter and urine, and that nothing short of immediate evacuation would give the patient a chance of his life. Relatives were made acquainted with the fact, and all gave their hearty concurrence to the performance of any measure calculated to afford either temporary or permanent relief. The patient having been placed on his knees on a pillow, an incision half an inch in length was made midway between the tuber ischii and anus, which gave exit to eight or ten pints of urino-purulent matter. The patient was at this critical stage allowed a generous diet, with a liberal supply of wine. A gum catheter was almost always kept in the bladder—the thigh bandaged from the superior border of the popliteal space (the point to which swelling extended) to the superior third of the thigh. The incision was kept patent till the end of November, during which time the aperture kept discharging matter and urine. By the end of the following



month, an abscess made its appearance immediately over the tuber ischii, and when opened discharged about three ounces of matter with a small piece of carious bone. This aperture rapidly cicatrised; and the patient's health, which kept gradually improving, was, about the end of January, 1853, completely restored, leaving no physical deformity behind.

Bowmore, Islay, May 21, 1853.

## ON THE NATURE AND TREATMENT OF DEFORMITIES.

BY CHARLES VERRAL, ESQ., M.R.C.S.

(No. XI.)

### DEFORMITIES OF THE HIP-JOINT.

Having, at the termination of my last communication, just concluded the subject of mal-positions and contractions of the knee-joint, I now proceed to the consideration of another class of deformities—namely, such as are found involving the articulation of the hip.

Contractions of the hip-joint may be divided into two separate classes,—first, those which follow upon and are caused by scrofulous disease of the articulation; and, secondly, such as arise independently of this morbid action. In touching upon these deformities, therefore, it is my intention to allude, in the first instance, to the latter form, and then to proceed to those which are the result of coxalgia, giving at the same time a brief outline of the more prominent features of that serious malady.

The most common—indeed I might almost say the only—position assumed by deformity or contraction of the hip-joint, is one of partial or complete flexion of the femur upon the pelvis; occasionally, it is true, this flexion is combined with adduction and inward rotation of the thigh—in fact, it is the occasional presence of one or other, or both of these complications, that prevents one from saying that flexion is the only mal-position assumed between the articulation of the lower extremity with the trunk.

Contractions of the hip are, I believe, exclusively of a non-congenital nature; the only case that ever came under my observation which furnished me with the slightest grounds for doubt upon this point occurred at the hospital at Geneva, where an infant of only a few days old was brought, with rigid flexion of the right thigh. I much question, however, whether, even in this instance, the malady had not arisen subsequent to parturition, more especially as it turned out that the child had received a fall, when only two days' old, which, in my mind, would be fully sufficient to originate the affection. Notwithstanding my own opinion, however, I should not omit to state that, according to the statement of the parent, the child's hip was contracted at the moment of birth.

The causes which are found to give rise to this species of deformity—at least that portion which have arisen without the intervention of disease in the articulation—may be said to be the following:—Cerebral, or cerebro-spinal irritation; injuries to the brain or spinal chord; the irritation consequent upon dentition; the presence of worms or other foreign bodies in the alimentary canal; and, not uncommonly, in older patients, it is found to be the result of an attack of acute rheumatism.

As regards the symptoms, what need be said? There is flexion of the thigh upon the trunk to a greater or less extent, with occasionally inward rotation and adduction of the affected limb, and the patient can only get the toe upon the ground. If you attempt to extend and straighten the limb you do so by pulling forward the pelvis, and greatly increasing the natural hollow of the back; in fact, you produce for the moment incurvation of the spine—an effect that is caused by the tension upon the psoas and iliacus muscles.

The treatment of contraction of the hip-joint, unaccompanied with disease of the articulation, is to be conducted either by mechanical means only, or it may be found necessary to have recourse to section of some of the contracted

muscles. The mechanical means to be employed consist of a skeleton frame-work, well secured to the trunk with a firm, strong metallic hoop, passing entirely round the pelvis of the patient. To this metallic hoop is hinged a shaft or leg-piece, which can be firmly attached to the thigh, to be operated upon by means of strong webbing straps. This shaft is influenced by means of a small cog-wheel, whereby, through the medium of the hinge at the pelvis, it is enabled either to be thrown into a state of flexion or extension.

When this instrument is applied, of course the extending power must be very slightly used at first, and gradually increased, so that the patient may be spared any undue pain or suffering.

There are many cases, particularly amongst younger patients, where the deformity may be entirely removed, solely by a steady perseverance in the employment of this apparatus; others there are, however, which will resist the utmost influence that it is capable of exerting,—at least, until the operation of dividing some of the contracted muscular tissues has been performed. In support of the former part of this assertion, I will here briefly detail the principal features of a case that was under my care in the hospital some twelve or fourteen months ago. About the period mentioned, a little boy, of the age of nine or ten years, was brought to the hospital with severe contraction of the right thigh upon the pelvis. When he stood erect upon the sound leg the shaft of the femur of the affected side, instead of being placed perpendicularly beneath the trunk, projected forwards at right angles with it; in addition to this, too, the limb was slightly rotated inwards, and, from long-continued disuse, it was greatly wasted and diminished in size. Upon examination, I found that free motion existed at the hip joint—that is to say, I could readily flex the thigh to its full extent, but found it impossible—even by long-continued and violent efforts—to extend it much beyond the right angle at which it had so long been fixed, owing, in a great measure, to the opposition offered by the excessive rigidity of the tensor vaginæ femoris, and the rectus muscles. The treatment of this case was equally simple and successful. In the first instance, the limb was supported with a bandage throughout its entire extent; the apparatus above-mentioned was then applied, and steadily persevered with; the child's health was improved, and the secretions were carefully regulated; in a very short space of time he began to exhibit symptoms of improvement; and at the expiration of seven months he was perfectly well, with free use and motion of the hitherto disabled joint; and that, too, without having been submitted to the slightest surgical operation whatever.

As an instructive contrast to the above case, I may just allude to another, somewhat similar in its aspect and symptoms, though widely different in its results and treatment. A married man, thirty-five years of age, came to the hospital some months ago, with contraction of both thighs; there was free motion in the hip-joint, but it was impossible to extend the limbs beyond their contracted position. In this, the instrument, a very powerful one, was applied; he speedily benefited to a slight extent, but beyond this point I could never influence the case in the slightest degree, however violent the extension employed, nor did he make progress until the contracted muscles had been divided.

The only muscles that I have found it necessary to operate upon, in connection with this deformity, are the tensor vaginæ and rectus femoris; and their section is performed in the following manner. The patient is to be placed upon his back on the operating table, with his shoulders well supported with pillows: an assistant is then directed to depress the thigh until the anterior margin of the tensor is readily felt; the knife is then to be passed down upon the internal surface of the muscle, until it has reached its entire breadth, when the cutting edge should be turned upon it, and it should be divided. To divide the rectus, the patient continues in the same position; the surgeon then feels for the anterior superior spinous process, and two inches below it he pierces the skin with the point of the knife, which he now carries perpendicularly downwards, through the sartorius as it crosses



the thigh, until it arrives at the inner margin of the rectus inside; he then passes it on till it has extended parallel with the under surface of the muscle, when the blade is carried horizontally beneath it, and it is divided from its deep to its superficial surface.

I have nothing to say upon the subject of the treatment after the operation has been performed. As soon as the punctures are healed, the instrument already described will be resorted to, and the management of the case will be conducted in every respect as in the instance of the deformity without operation.

I now come to speak of that large and important class of cases which arise from, or exist in connection with, scrofulous disease of the hip-joint; and in this instance, the possibility of cure, or the amount of relief that we are enabled to afford will be very mainly influenced by the stage to which the active disease has attained when it first comes under our notice. Cases there are where the morbid action within the joint has long since passed through all its fearful degrees; where, in fact, its ravages have terminated in complete bony ankylosis between the corresponding surfaces of the femur and os innominatum, and where no hope of recovery, or even alleviation, can for a moment be entertained. There are others, again, which have still advanced to a severe stage, and where not the semblance of motion can be detected at the hip-joint, but which still are amenable to treatment—I might almost say susceptible of cure—such as those where adhesions exist between the diseased bones, but where these adhesions are as yet unimpregnated with ossific matter. There is yet a third class, and, to my mind, a far more important one than either of the foregoing; I allude to that wherein is comprehended all those cases that are actually undergoing the active stage of morbus coxæ at the moment they are first brought to us—where, in fact, the contraction or deformity is now taking place, and where the treatment may be characterised as partaking more of a preventive than a curative nature. Firmly believing, as I have already stated, that this latter is one of the most important forms of the malady, I shall, in the first instance, allude to the measures that I am in the habit of adopting for its removal, both in hospital and private practice.

When the patients first come to me with those marked and unmistakeable symptoms of hip disease, I at once give directions that they should be placed in bed, that the hips should be thoroughly washed in warm soap-and-water, and that a gentle but active purgative should be administered. I now cover the diseased hip in its entire extent with lint, pretty thickly spread with an ointment composed of equal parts of the ung. hydrarg., ung. lyttæ and cerat. cetacei.; over this are placed long and wide strips of emp. plumbi; and the whole is covered in with an entire case for the hip, made either of emp. roborens. or emp. picis. co. spread upon the thickest leather. The limb is now carefully bandaged in flannel from the toe to the hip, moderate pressure being exerted over the situation of the diseased articulation. The next point to be gained is effectually to fix the joint, for if but this single precaution is neglected, every measure adopted for the relief of the patient will prove abortive. In order, therefore, to arrest all motion or friction between the inflamed articular surfaces, I employ a long wooden splint, extending from the axilla to below the foot of the diseased side, which is carefully and firmly fixed in its situation by means of a common roller bandage. The health of the patient is now attended to, tonics and other remedies are administered, the secretions are carefully regulated, he is kept cool and free from all excitement, and the splint is removed only upon the most absolute necessity.

By a careful perseverance in this method of treatment, I have no hesitation in saying that eight cases out of every ten shall progress favourably, and this, too, of a disease which, but a very few years ago, was, if one may judge from the number of ankylosed hip-joints that one meets with, next to an incurable malady. There are cases of poor children, not only in many of the metropolitan parishes, but in several of the provinces also, who are now walking about in health and with sound limbs, who have been under my own care in the hospital, and who have been submitted to

treatment in no way differing from that above detailed—a treatment which removes the active disease of the hip-joint, at the same time that it effectually prevents any contraction or malposition of the limb taking place.

Such, then, is the treatment that I can confidently recommend for the relief of incipient contraction of the thigh upon the pelvis, which attends upon hip disease—a contraction resulting purely from the patient's own instinctive effort to maintain the limb in that position, which shall the more effectually relieve him from the pain occasioned by the contact of the diseased surface within the acetabulum.

In reference to those cases of contraction where ankylosis has either commenced or become perfected, I have but little in addition to say. As regards the case of the latter, I have already stated that effectual relief is not to be hoped for; whilst in the instance of the former, the treatment will be similar in every particular to that recommended for the affection as it is found to exist without the intervention of the scrofulous disease.

With these remarks I conclude the subject of deformities of the lower limb, and in my next communication shall proceed to the consideration of distortions of the spine and trunk.

3 Weymouth street, Portland place.

## An Epitome of Toxicology,

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY FOR THIS WORK.)

(Continued from p. 427.)

If the general laws of inorganic chemical combinations and decompositions operated, unmodified, in the living system, it would at once be easy to determine the forms under which poisons pass through the circulation, and the various transformations they undergo, prior to their final elimination by the excretory organs. But such is not the case; and hence, when we attempt to transfer the laws of mineral chymistry to the organic world, we are not unfrequently led into deductions which subsequent observations prove to be erroneous. We are told by chymical writers, that when a solution of sulphate of iron is added to a solution of carbonate of soda, double decomposition ensues, insoluble carbonate of iron is precipitated, and sulphate of soda remains in solution. Such is undoubtedly the case, when this experiment is performed on the lecture table, or in the laboratory; but let the same compounds come into contact with each other in the organism, and what are the results? Let us repeat the previous experiment with the trifling variation of adding a little albumen or serum to the water employed for the solutions. No precipitation occurs now, unless, indeed, we use the re-agents in considerable quantities. The presence of free carbonic acid also prevents the formation of a precipitate in the experiment just referred to. If we substitute the bicarbonate of soda or potassa for the common carbonate, and employ a closed vessel for the mixture; or if we use the carbonate as before, and merely force in a little free carbonic acid, at or before the moment of admixture, the newly-formed carbonate of iron will continue in solution instead of being precipitated, and with ordinary care may be preserved in this state for a considerable length of time. The blood and many of the fluids of the body present precisely similar conditions. In the blood we have, besides albumen, both alkalis and free carbonic acid, as well as other constituents and conditions ready to modify the play of chymical affinities, as they are commonly developed out of the body.

The modifying power of quantity upon the laws of chymical combinations and decompositions, has also been insisted on by several writers, and should be continually borne in mind. When one substance is in enormous excess of the other, it often happens that contact between them, even when they are of the most powerful class, fails to produce the results which the mere theorist might anticipate. Bodies unite in definite proportions, and the precise nature of these



combinations frequently depends on their being presented to each other in the relative quantities required for the given purpose. As a familiar illustration we may mention, that one of the commonest sources of error with the tyro in chymical analysis, is, "missing the proper measure—the right quantity—in the application of re-agents." A certain quantity produces a precipitate (or a certain effect); too little fails to do so—too much does the same, or perhaps re-dissolves it as soon as it is formed. In cases of poisoning, similar conditions generally exist. On the first contact of the poison with the fluids and tissues of the body, it may probably be in considerable excess of the active constituents on which it acts. When absorption takes place it is as frequently the reverse. A small quantity of a poisonous substance enters the circulation, and becomes involved with, relatively, an enormous bulk of blood. The chymistry of its action and transformations becomes at once obscure, and we are thrown almost entirely on careful observations and experiments for our further knowledge of the subject.

The influence of quantity may also be well illustrated by the action of alcohol on the albuminous fluids and tissues. A small quantity of alcohol may be mixed with a large quantity of albumen or serum without producing any material effect; but if the quantity of the former be increased, immediate coagulation ensues. The absorption of spirits from the stomach into the circulation, resembles the first, and may be ascribed to the influence of the mass of blood, producing vast dilution, and hence preventing coagulation.

The degree or extent of the decompositions and change which poisons undergo in the organism, is another condition frequently influenced by quantity. Thus, some substances, taken in certain quantities, are wholly decomposed, or entirely or partly disappear in the system; but if taken in larger quantities, under like circumstances, they appear in the excretions in a double character—partly decomposed, and partly unchanged; or a portion only of the quantity administered is eliminated.

The following Table exhibits the changes which bodies undergo and the forms they assume in passing through the living system, as far as is known from actual observation and experiment and from rational inductions. It embraces the researches of Wöhler, Stehberger, Tiedemann, Gmelin, Magendie, Flandrin, Christison, Coindet, and others, who have investigated the subject. In some cases the forms of the substances given are those in which they have been detected in the blood or solids of the body; in other cases, as they appear in the excretions; and frequently in both. The list embraces not only poisons, but various medicinal and other substances which have been made the subjects of observation.

ALPHABETICAL LIST OF VARIOUS SUBSTANCES, WITH THE CHANGES THEY UNDERGO AND THE FORMS THEY ASSUME IN THE LIVING BODY.

SUBSTANCES.	TRANSFORMATIONS, ETC.
Acetic Acid . .	Forms soluble compounds with the albumen and fibrine of the fluids and tissues; combines with bases, and with oxygen forming carbonic acid.—(See acids.)
Acetate of Lead .	Reacts chemically on the albumen of the secretions and the tissues, forming double albuminates, for the most part insoluble in water and acids; afterwards rendered soluble by the action of the acetic, lactic, and hydrochloric acids, and partly converted into the carbonate, chloride, hydrosulphate, &c.
Acetate of Potassa	Acid undergoes oxidation, and the salt is eliminated, under the form of carbonate of potassa.
Acetate of Soda .	Converted into carbonate of soda, as the last.
Acids (generally)	Combine with the bases; decompose the saline matter of the fluids and tissues, and unite with and decompose the constituents of the organism; in their concentrated form they act as acidifiers, oxidisers, or caustics, losing oxygen and

forming new compounds with the decomposed organic matter; when *dilute* (with the exception of the acetic and phosphoric acids), they form insoluble compounds with the albumen and fibrine with which they come in contact. In the stomach and alimentary canal they react as acids—in the blood, as salts. They are eliminated for the most part in combination.

Acids (vegetable) . . . Combine with the bases, and are eliminated chiefly in combination with alkaline matter; some are wholly decomposed or transformed into others of a simpler constitution, or of a higher degree of oxidation.—(See above.)

Alcohol . . . Abstracts water from albuminous fluids, causing coagulation; and, from the albuminous and fibrinous tissues, producing rigidity and disorganisation; is rapidly diffused over the body from its volatility, aided by the animal heat; it is partly oxidised or burnt, and partly eliminated unchanged.

Alkalis . . . Combine with the acids present in the system; decompose, and combine with the albumen and fibrine of the fluids and organic tissues, forming soluble compounds; precipitate the earthy phosphates; with fatty substances form an emulsion capable of permeating animal membrane; in a concentrated form they destroy the organisation and life of the part, dissolving or saponifying the tissues; eliminated chiefly as carbonates, and as phosphates, hydrochlorates, &c.

Alkaline Salts . . . Chemically combine with the constituents of the fluids and tissues; those, with the organic acids (except the benzoates), appear in the excretions, under the form of carbonates.

Almonds (fixed oil) . . . Partly oxidised in the system, partly eliminated in the excretions unchanged.

Alum . . . Coagulates albumen, serum, milk, and gelatine, forming compounds soluble only in the acetic and hydrochloric acids, from which the alumina is not precipitable by either ammonia or potassa; corrugates, contracts, and hence disorganises (by combination) the tissues and small vessels; partly decomposed in the system, and partly eliminated as an acid sulphate, the precise character of which has not been determined.

Amanita muscaria (narcotic principle of) . . . Passes through the circulation, and appears in the urine, for the most part unchanged.

Ammonia, ammonia water . . . Unites with acids and the constituents of the fluids and tissues in an analogous manner to that of the other alkalis; partly transformed into nitric acid, and eliminated under the forms of nitrate, hydrochlorate, phosphate, carbonate, and urate.

Aniseed (odorous principle) . . . Partly changed, partly eliminated by the respiratory process unchanged.

Antimony . . . Unites with oxygen, and subsequently with the acids and organic constituents of the fluids and tissues, forming albuminates, &c., in a manner undetermined.—(See tartar emetic and metallic salts.)

Arsenic (metallic) . . . Unites with oxygen, forming arsenious acid (white arsenic); if administered so as to prevent combination (as with a large excess of hydrated peroxide of iron) it passes unchanged in the fæces.—(See arsenious acid.)

(To be continued.)



## Biographical Notices.

### JOHN CONOLLY, M.D.

The name of Conolly is never pronounced but with applause, and will be long remembered as that of a man whose unremitting earnest and philanthropic labours have placed humanity under a lasting objection. The ancient Greeks exhibited a generous appreciation of the indispensable services of Physicians, whom they honoured with a place among the gods. While warriors and the founders of civil communities were enrolled among "heroes," the higher rank was reserved for the representatives of our profession;—the benefactors of mankind. There was a philosophic intuition,—a discerning wisdom—in this allocation of dignities, which forcibly testifies, if evidence were wanted, to the highly intellectual character of this great people: but alas! how shall we, though boasting of our refinement and accumulated experience, and eminently enjoying the invaluable blessings of an advanced science, answer to the inquiry,—how we have rewarded those who have most promoted the welfare and happiness of mankind? Which is most gloriously arrayed in national honours,—the warrior or the physician—a Marlborough, a Clive, a Wellington, or a Hunter, a Jenner, a Conolly? Which now are the gods of our idolatry, the destroyer or the preserver, the inciter and the representative of the evil and turbulence of our nature, or the divine exponent of the loving, the beneficent, and the good? Those Hindoos who worship Siva, the Destroyer, do so with a show of reason, for they profess a desire to conciliate his good will, and to avert the calamities which he is ready to inflict: but we have no such plea.

Although the war-god, and the money-demon, divide between them the affections of the larger bulk of the English public, yet the claims of a virtuous and self-denying devotion to the physical and spiritual well-being of the people, do not pass altogether unheeded. Merit of this kind may not be at once acknowledged, but it will gradually work its way into the light, and stand forth in all the loveliness of its hues and beauty of its proportions. It does not make its presence known by the clangor of the market, or the beat of drum, but walks modestly in the path of duty, and attracts observation and esteem by the mere singularity of its virtues.

It is a felicity for unrequited desert that, in the lapse of time, posterity frequently reverses the decisions of a rash and indiscriminating generation; and that virtue challenges her rightful place and has her claim allowed, while the glittering and seductive celebrity of the mere warrior, which dazzled those who lived within its blaze, often pales its beauty or is quenched for ever in oblivion. Alexander was truly a great general, but Aristotle was his master; and if, at any time within these thousand years, it were a question which should be sainted, it is not the royal manslayer that would have received the distinction.

Although we have great faith in the ultimate justice of mankind, yet we would rather that good men should be encouraged in their labours during the period when alone to them encouragement could be of use. The growing fame of a Jenner may inspire many imitators of his zeal, but the word of praise falls silently upon the "dull, cold ear of death." Perhaps this reflection may teach us that we should all learn to live more for the world than for ourselves. A reputation, however great, is never satisfying, but it is a permanent lesson and example for generations to come.

In this view we regard the career and character of Dr Conolly. Admired and honoured now by the learned few, it may be many years yet before his name shall become, what it must be, a household word. The great exertions which he has made to ameliorate the fate of lunatics, to do away for ever with the horrible brutalities to which they were at one time systematically subjected, and to rule them by their affections, are doubtless well known to every reader of this journal. For these things his name will be held in

reputation when many of the brilliant, the powerful, and the worshipped of his day are wrapped in the obscurity of forgetfulness.

Dr J. Conolly was born in Lincolnshire, and educated at the Grammar School of Hedon, in Yorkshire. In 1818, he commenced his medical studies at Edinburgh, where he had the benefit of the instructions of Drs Gregory, Duncan, Alison, &c., and took his degree in 1821. Anxious to get a thorough knowledge of his profession, and to witness the effect of modes of practice different from those pursued in this country, he visited Paris, and studied there, during one winter session. Chichester was the first town in which Dr Conolly seated himself; and after residing there a short time, he repaired to Stratford-upon-Avon, where he practised some years.

Within ten years from the time of his commencing his medical studies, viz., in the year 1828 he was appointed Professor of the Practice of Medicine at the opening of University College, London, a proof that his eminent abilities had already achieved for him distinction in learned circles, and that he was deemed capable of filling the most important medical post in a university whose celebrity was to be made by the talents of its professors. This appointment, therefore, was not merely a great compliment to Dr Conolly, but a just recognition of his ability and acquirements. He held this office, however, only three years, when he retired to Warwick.

From his earliest connexion with the profession Dr Conolly has always paid much attention to the subject of mental disorders: the title of his thesis on graduating being '*De Insaniâ et Melancholiâ*.' In 1830 he published a work on which he had been a long time occupied, entitled '*The Indications of Insanity*,' a treatise exhibiting great sagacity and powers of discrimination, and of the utmost practical value. His views relative to the '*Construction and Government of Lunatic Asylums*' are very minutely detailed in a separate work published under this title in the year 1847.

Although Dr Conolly has not published many elaborate works on the subject of insanity, or on any other professional topic, yet he has been an indefatigable and successful labourer in the field of literature. He was for some years one of the editors of the '*Medical Repository*,' and filled the same office in the staff of the '*British and Foreign Medical Review*,' in both of which publications his opinions on several subjects connected with insanity were set forth.

The most illustrious period of Dr Conolly's life is, however, that of his connexion with the Middlesex Lunatic Asylum at Hanwell. Nine years after he published his work on the '*Indications of Insanity*' he was placed at the head of this important institution, and in the same year the use of mechanical restraints was abolished. A noble opportunity was thus afforded to carry out his principles, and honourably as it used. A mere theorist might have failed in the practical application of his principles, and have been covered with shame; but Dr Conolly's clear judgment and benevolent heart were supported by a firm will, and he and his doctrines passed through the ordeal with a greater glory. Hanwell thenceforward became the model asylum, a sort of wonder in the psychological world, which all men, philosophers or practitioners, interested in the subject, flocked to see. Its wards became the exemplar of the new practice which, despite fears and prejudices, gradually established itself in all the best-conducted asylums in the country. To Dr Conolly, and another gentleman to whom we shall hereafter have an opportunity of referring more at large, Mr Robert Gardiner Hill, of Lincoln, this great reformation is due. Dr Conolly is still the Consulting Physician to the establishment at Hanwell, with which, as long as he lives, his name deserves to be associated.

Last year, when the anniversary meeting of the Provincial Association was held at Oxford, the opportunity was taken by the authorities to confer the highest honour in their gift, that of Doctor of Civil Law on a few of the most distinguished members of the Association, and among these Dr Conolly was selected for the high dignity. No man deserved it more, none in favour of whom the plaudits of the profes-



sion and the public would have more emphatically united. A man without enemies, beloved for his amiability, esteemed for his virtues, honoured for his services, and admired for his genius, every individual in our profession acknowledged the merit of the recipient, and felt proud of his honours. Laurels undeserved are no glory; they encircle but do not conceal the baldness of the wearer; but when a man like Conolly is wreathed with the chaplet, we feel that the bauble, trivial enough in itself, has borrowed a new dignity which makes it precious in our eyes, and a veritable emblem of the worth it is employed to illustrate. Far better is it to shine in our own light than on the reflected rays of another's glory. But enough: Dr Conolly is a true man, as modest as worthy, as humble as highly endowed, and we recommend his example as a type of what we require in a physician. He resides at 16 Queen street, May Fair, and Lawn House, Hanwell. We hope at no distant period to be able to give a portrait of this gentleman,—arrangements being in progress for that purpose.

#### JOHN THOMAS CONQUEST, ESQ., M.D.

It is our intention to publish a portrait and biographical sketch of this distinguished physician on an early opportunity.

#### JOHN HENRY COOK, ESQ.

#### AUGUSTUS COOK, ESQ., M.D.

#### JOHN CHARLES COOKE, ESQ., M.D.

#### ROBERT HUMPHREY COOKE, ESQ.

#### THOMAS C. WEEDEN COOKE, ESQ.

(*Vide* 'London Medical Directory,' 1853.)

#### WILLIAM COOKE, ESQ., M.D.

This gentleman is a highly respectable general practitioner, residing at 39 Trinity square, City. He is favourably known by various literary exertions which he has published from time to time. He is the Editor of an Abridgment of 'Morgagni on the Seats and Causes of Diseases,' with Notes; he is also the author of the 'Pathology and Practical Observations on Indigestion;' a 'Memoir of Sir Wm. Blizard;' and an interesting work, lately published, entitled 'Mind and the Emotions considered in relation to Health and Disease.'

Besides these more important labours, he has contributed to the 'London Medical and Physical Journal,' and to the 'Transactions of the Society of Arts,' papers on a "Substitute for Alcohol in making anatomical Preparations;" which was rewarded by the latter society with a medal. He has also published in the 'London Medical Repository' "Cases and Observations on Hydrocephalus Acutus," besides various other articles that have appeared in the late Medical Journals. We lately quoted from the 'Lancet' a report of several Cases of Hæmorrhoids treated by him with nitric acid; in which great success was obtained.

Dr Cooke became a Member of the College of Surgeons of England in the year 1806, but took his degree at St Andrew's at a later period. He is Treasurer of the Hunterian Society, and was formerly one of the Members of the Committee of the National Association, where his experience and standing were of much value to the cause of the general practitioners.

OXFORD UNIVERSITY.—In the last Convocation it was proposed to grant to the Professor of Chemistry, in addition to 71*l.* 10*s.* 0*d.* voted to the Professor in 1851, the sum of 100*l.* per annum for four years, for the salary of an assistant to teach practical chemistry, the assistant not to receive more than 5*l.* a term from each pupil for instruction in the laboratory. It is understood, that instruction in practical chemistry, in addition to attendance upon general lectures, is essential to any one studying chemistry with a view to an examination for honours.

## Reviews.

### *On a New Method of Managing Fractures.* By JAMES TORRY HESTER.

This brochure is a reprint from the address on surgery delivered before the Provincial Medical and Surgical Association, and which gave so much offence to Mr Symc. With this "pretty quarrel" we have nothing to do. After noticing the means ordinarily in use for the treatment of fractures; and pointing out their defects, the author proceeds to describe a bed which he has invented for the purpose. He says:

"I considered that the best mode of treating fractures of the thigh would be to place the subjects of them on such a bed as would admit of the back being elevated or depressed, without at all interfering with the relative position of the trunk and thigh."

Drawings of the bed are given and briefly described. Mr Hester then says:

"When the fracture is in the upper-third of the bone, I think it desirable that the limb should be at a right angle with the trunk, when, if moderate pressure be made on the outer side of the bone, to antagonize the muscles which tend to abduct it, a straight limb, without any degree of deformity, will be certain to result.

"It will be seen that the part of the bed which supports the thigh is capable of being lengthened or shortened, so as to suit patients of any height; the foot-boards are likewise made moveable. The pelvis being fixed straight in this bed, the knees even with one another, as well as the feet, it is impossible that the fractured limb should come out shortened.

"There is one fracture, namely, of the neck of the thigh, to which my bed is, I think, more than to any other, applicable. And here I protest most strongly against making up one's mind to consider any given case as necessarily incurable, for, with all the rules which have been laid down, no one can say with absolute certainty whether the fracture is within or without the capsule, nor do I think that the impossibility of union, when it is intra-capsular, is by any means established. I do not consider that the means hitherto adopted have afforded a good chance of union, since nothing short of absolute quiet for a great length of time will be sufficient, and if there be a supply of blood adequate to nourish the head of the bone and the detached portion of the neck, I cannot see by what law we are justified in saying that union may not take place. If, on the other hand, the slightest motion be allowed, it cannot be looked for; nor with the fact which I have pointed out, can any mode of treatment be expected to succeed which does not prevent all motion at the hip-joint. Neither in the side position nor on the back, can we possibly expect that a patient will be content to lie without moving for a period of three months, which is the shortest time I should consider safe. In my bed he may sit up or lie down without danger; indeed, when treated on it, the tediousness of a long confinement to bed is quite got rid of, so constantly may he change from the sitting to the recumbent position. If the bone be kept in exact apposition, I cannot see why the periosteum surrounding the neck may not unite (nor does it follow that in all cases it must be entirely torn asunder), and so the head of the bone again derive nourishment from the vessels of the shaft."

Another apparatus for fractures of the leg is also represented. Its use is thus described:

"In making use of it, the knee is first firmly fixed, a pad being placed below the tubercle of the tibia, and another higher up above the head of the fibula, and the foot well strapped to the foot-board, the whole of the limb being supported by bands of webbing, thus the usual pain and inconvenience from pressure on the heel are avoided; extension is then made by means of the screw underneath, and shortening is effectually prevented. Should there be any disposition to ride, one of the bands may be reversed, and the starting bone fixed in its proper situation, the splints are then screwed on to give side support. It will be seen that



it is suspended from rollers, and that it hangs on a centre ring by means of a hook. I originally used a ball and socket joint, but found that the hook and ring afforded quite sufficient motion. The straps being fixed to the under part of the frame allow of the leg being turned, with the whole of the body, to either side, so that my patients with fractured legs have not, for the last year and a half, been compelled to remain in one position."

*Change of Climate considered as a Remedy in Dyspeptic, Pulmonary, and other Chronic Affections; with an Account of the most eligible Places of Residence for Invalids in Spain, Portugal, Algeria, &c.* By D. J. T. Francis, M.D.

This is a valuable contribution to our works on Climate, as it opens up countries which have hitherto been shut against the invalid. Dr Francis speaks of the climate and sanatory capabilities of the various towns in Spain and Portugal from personal experience, having been a resident in these countries for some years. He is of opinion that Spain is superior to Italy as a place of residence for invalids. Madrid, Lisbon, Seville, Malaga, Alicante, Valencia, &c., successively pass under review, and their peculiar excellences are described. Malaga is highly extolled, and is declared to possess the mildest and most equable climate in Europe: great desiderata for the consumptive invalid. If all that Dr Francis says of Malaga be true, Madeira, Nice, and the Italian towns generally must resign their pretensions. The author gives the local topography of each town, and points out the most desirable streets and situations for an invalid to reside. On the whole, it is an admirable guide for the invalid, and is deserving of reference by the profession.

*The Medication of the Larynx and Trachea.* By S. Scott Alison, M.D.

Dr Alison has tried the efficacy of the local application to the larynx and trachea of various medicines, and in this little work describes the results. A long account is given of the application of a solution of the nitrate of silver, of the strength of five grains of the nitrate to the ounce of water. Dr Alison objects to its employment in acute inflammation; in chronic cases he recommends it. When the larynx and glottis have been the seat of inflammation, the lubrication of the parts with olive oil has been found advantageous. The dryness, tightness, and irritation are said to have subsided after the application of the oil by means of a probang. Glycerine, cod-liver oil, mucilage, &c., have been used for the same purpose, but scarcely with the same beneficial effect. Morphia, atropine, conia, &c., have also been tried, but the evidence of their utility is by no means complete; however, it is obvious that considerable benefit might be experienced from this system of medication when judiciously employed.

## Correspondence.

### A FEW OBSERVATIONS ON THE CONTROVERSIES WHICH HAVE LATELY TAKEN PLACE ON PERINEAL SECTION, THE OPERATION FOR THROAT DEAFNESS, ETC.

BY WILLIAM AUG. WOLSELEY, M.D.

It was with feelings of much interest, and I may say, concern, that I read the correspondence on the "Excision of Enlarged Tonsils," in the 'Circular' of June 1. I believe nothing has tended more to damage the profession in the eyes of the public, than the controversies which have of late been carried on by the luminaries of the medical profession.

If men of acknowledged high standing demean themselves by a boyish play at words, dates, and names, what respect can we, who move in a lesser circle, claim for our "noble profession," when its heads are at variance on some of the most vital points of practical surgery? However valuable

any method of cure may be, only let the profession wrangle about it, and the public not only lose confidence in the operation itself, but in its author; he is dragged before them, arraigned, condemned, and sent to "the tomb of all the Capulets." Tardy justice may be done him in the shape of a letter from an old patient, but the verdict has been pronounced. Such is the case with Mr Syme, who, had he lived in olden times, would have been crowned with the highest honours. That gentleman has been, I would almost say, persecuted for his manly defence of an operation which must be considered by all reflecting minds as one among the improvements which have taken place in the practice of Surgery during the last thirty years. Next in order, we find Mr Miller attacking the ligature, and giving the preference to compression, in the treatment of aneurism, but who, after a sharp dissection by Dr Mackenzie, was compelled to admit "that his own personal experience had not as yet been of a satisfactory character." In candour, should Mr Miller have attacked the ligature, when he had nothing to bring forward, from his own personal experience, in favour of compression? Certainly not. He has heard Mr Syme declare over and over again, to his class and the medical profession at large, that the ligature was a safe, expeditious, and painless operation for aneurism, carrying out Mr Miller's motto "that that treatment was the best which cured the disease, tutò, citò, et jucundè."

That controversial writings among eminent men of our profession must do harm is felt and acknowledged, as we may gather from Mr Guthrie's letter to Mr Syme, who says—"Such is also the feeling of the principal people in London, and all are desirous that controversial writing on this point should cease for the present, if it can be so managed."

Third in order comes the controversy between two eminent aurists. I must confess, in my humble opinion, Mr Yearsley has, in a most dignified manner, given a flagellation to his rival, Mr Toynbee. In point of fact, Mr Toynbee is precisely in the position of Mr Miller. To show that the views of Mr Yearsley are not only appreciated in the metropolis, but in other parts of the country, the two following cases will illustrate, as showing the impressions of a country practitioner.

When residing at St Boswell's, in Roxburghshire, I was consulted by a young woman, a milliner, who complained that on the slightest exposure to cold, her throat inflamed, occasioning much suffering, and that she was afraid she was getting deaf. On examination I found the tonsils enlarged. She had gone through various methods of treatment; consequently, readily agreed to my proposal to have the enlarged tonsils removed with the knife. Not having a vulsellum, I fixed the tonsil with a tenaculum hook, and removed it with a blunt-pointed bistoury—first one, and then the other. The improvement was beyond my most sanguine expectations. When I left Roxburghshire she had no return of sore throat although frequently exposed, and her deafness had completely left her.

Case 2.—A few months ago I removed the left tonsil from a girl, 13 years of age, the daughter of a farmer in this island; her parents having become alarmed in case she should "be choked during the night." I inquired after, if she ever complained of being deaf? they said yes, when she caught cold. I have seen them since, and the answer now is, she is never deaf, although exposed to the vicissitudes of weather.

I must beg my readers to observe, that in neither of these cases did I remove the tonsils for deafness, but the result was such as to make the impression upon my mind that the inflammation of the tonsil, and consequent thickening of the surrounding tissues, was the cause of deafness in both cases; and I do not hesitate to aver, that I would on every occasion recommend the removal of a tonsil,—an enlarged tonsil,—in case of deafness, unless contraindicated, so convinced am I that this lesion is of itself sufficient to account for the defect of hearing, probably in the majority of cases.

The following case occurred to me a few weeks ago:—I was consulted by a gardener, who stated that he was



getting deaf in the right ear. On examining the throat I found the tonsil enlarged, but on examining the ear with an instrument I have in my possession (the invention of which, I think, is due to Mr Yearsley), I discovered a small polypus, which I instantly removed with a pair of forceps, and hearing was restored. Had I contented myself with snipping away the tonsil, I should have been disappointed, and brought discredit upon Mr Yearsley's operation.

I believe that throat deafness is caused in these cases, not so much from direct pressure of the tonsil on the Eustachian tube, as from diseased action of the parts, thickening of the tissues, &c.; that the benefit of the operation is the result of the removal of the diseased tissue, and the contraction of the cicatrix pulling open the mouth of the tube, and enabling any viscid mucus to escape.

Rothsay, June 6, 1853.

### MEDICAL DERIVATIONS.

To the Editor of the 'Medical Circular.'

SIR,—I think you have often expressed a wish that the members of the medical profession should at least maintain, if they do not advance, their *status* in the social scale. I freely join in that wish; and to effect the object in view, it is incumbent upon them to possess more learning than is suitable to a shopboy or a peasant, and in using derivative words should show that they are not altogether without some little smattering of the parent language. Is this the case? Some few years ago the term *anæmia* was introduced among us—a very expressive word; but how soon was it altered to *anæmia*! and now, I believe, correspondents of the journals more usually employ the term *anemia*. What mortal on earth would conjecture the source whence the word is derived? Those who make such furious onslaughts upon diphthongs and aspirates should, to be consistent, term a flow of blood an *emorage*. Take another instance. I frequently see eases related under the name of *plegmasia dolens*, instead of *phlegmatia*—substituting the name of an order for that of a genus. We all know, or ought to know, that the order *phlegmasia* comprises several diseases, whereas *phlegmatia* is an individual and distinct disease. I ask if we have any right or can expect to be ranked among the *learned* professions? I am, &c.,

June 6, 1853.

PARVUS.

### Hospital Reports.

#### UNIVERSITY COLLEGE HOSPITAL.

*Partial Dislocation of the Fourth or Fifth Cervical Vertebra.—Reduction.—Recovery.*

(Under the care of Mr STATHAM.)

J. M., a man aged 45, applied at the out-patients' room of University College Hospital, complaining of pain and difficulty in moving the head. During the previous night, about two a.m., he had fallen down stairs in the dark, a height of probably twenty feet in all, alighting on his head, and since that time his condition had been as at present. The head pokes forward from the body, its right side being lower than the left. The patient has great difficulty in accomplishing a nodding motion, and is quite unable to rotate his head; he complains of pain in the right side of the neck, about the position of the transverse process of the fourth or fifth cervical vertebra. There does not appear to be anything unusual in the direction of the spinous processes; the head may be made to rotate to the left shoulder as naturally, but only to a small extent towards the right. With the assistance of Dr Burder, the house-surgeon, Mr Statham at once proceeded to attempt reduction, which was accomplished in the following manner:—The shoulders having been fixed, the head was grasped and the neck extended, while at the same time rotation was accomplished alternately to the left and right sides. After about three efforts, at each of which a loud

jerk, as of the friction of bone on bone, was perceived, it was found that the face could be turned over the right shoulder in a natural manner. Although rotation of the head towards either side could now be effected manually to a normal extent, yet the patient experienced great difficulty in accomplishing the same movements for himself; nodding had, however, become quite easy to him, and he expressed himself as feeling that he "had been set straight," an expression which his improved appearance seemed to fully warrant. Neither before nor during reduction had motion or sensation in the trunk or extremities been in any way interfered with; and for fear of producing any effect of this kind, Mr Statham had been particularly careful to make his application of force moderate and steady.

The man having been admitted as an in-patient, twenty leeches were directed to be applied to the neck, and on the following day, at Mr Quain's suggestion, a stiff collar was employed. No symptoms of an alarming character occurred during the convalescence. A few days after the reduction there was heard, on rotating the head, an obscure erepitation sound, which, from its characters, Mr Statham believed to be due either to the presence of fluid or to the friction of the torn ligamentous substances. The man recovered favourably, and was discharged in perfect health after a short time.

REMARKS.—The fixed and unnatural position of the head, the completeness of the restoration of its ordinary functions after replacement had been effected, and the then entire cessation of all signs of malposition, appear to show that the lesion sustained had been a partial dislocation of the lateral articular surface of one of the vertebrae,—most probably the fourth or fifth. It is impossible to say whether or no a fracture was present also; but if it were, it must have been of a secondary importance to the displacement. That the latter should have occurred on one side only may be explained by supposing that a degree of yielding, corresponding in extent, had, on the opposite side, been distributed among the articular surfaces of many vertebrae, without, in any single one, amounting to a dislocation. It must be noticed that the movements between the first and second vertebrae had been perfect throughout. The alteration in the relative position of the spinous process, which must have existed, was probably overlooked, on account of the dislocation being only partial, and the neck of the patient short and moderately thick. The above diagnosis of the nature of the injury is sustained by reference to a somewhat similar case which occurred in the practice of Dr Schrauth, and is recorded in the seventh volume of 'Rankin's Abstract of the Medical Sciences,' p. 116. In this case an almost complete luxation forwards of the right transverse apophysis of the fourth cervical vertebra was successfully reduced on the seventh day after the accident which had occasioned it.

We cannot leave the subject of injuries to the vertebrae without mentioning the case of a man who has just left one of Mr Stanley's wards in St Bartholomew's Hospital, in which there is every reason to believe that recovery has resulted after fracture, with considerable displacement of two or more of those bones.

#### ST BARTHOLOMEW'S HOSPITAL.

*Probable Fracture with Displacement of the Tenth and Eleventh Dorsal Vertebrae.—Recovery.*

(Under the care of Mr STANLEY.)

Robert Marshall, aged 32, a tall, thin man, was admitted at half-past five in the afternoon of February 5. About an hour previously, while walking in the street, he had been knocked down by a bale of wool weighing about two hundred weight, which had accidentally fallen from a warehouse on the third story. He was in an almost upright position when struck over the head and back of the neck, and was thrown forwards with great violence. The bystanders who came to his assistance having lifted up the bale, found him bent forward, with his head between his knees, and quite insensible. After the lapse of a short time, however, consciousness returned, and when carried into the hospital he



was perfectly aware of all that was going forward. On admission he could move his legs, and also feel to a certain extent, but complained much of a sensation of numbness and tingling in them. There was considerable tenderness over the abdomen. All attempts at examination of the injured region were carefully avoided, and the man having been gently lifted into bed, he was laid flat on his back, and a large poultice applied over the abdomen.

On the following day it was noticed that, although the motor and sensory functions were almost perfect in the lower extremities, yet, over the buttocks and upper part of the thighs there was complete anæsthesia. The sharpest pinching possible over these regions was borne without the slightest indication of its being perceived. During the first two days there was complete retention of urine, and the catheter had to be employed. The bowels also were very costive, and only excited to act by severe opening medicine, when the motions passed involuntarily. The man had no headache whatever, but, on account of pain in the legs and back, he slept very badly for some weeks. At the expiration of a month sensation began to return in the buttocks and thighs, and after another week he had so far recovered as to be able to move himself in bed, and sit up for short periods. Previous to this he had not been allowed to subject himself to any kind of movement, and his bed had not once been made. On carefully examining the back, five weeks after the accident, it was discovered that there was some degree of posterior curvature in the lower dorsal region, and that the spinous processes of the tenth and eleventh dorsal vertebrae were missing from their due position, where a decided hollow existed. A prominence of bone could, however, be distinctly felt, about an inch to the left of the middle line, and on the opposite side of the spine, about an inch lower down, was another prominence, which had no corresponding part either above or below it. There was a slight diffused tenderness about the part; but pressure over the centre, exactly where the spinous processes were deficient, gave acute pain, and the patient shrank away instinctively as if the cord itself had been pressed. It seemed thus pretty certain that not only had the laminae of the vertebrae suffered fracture, but that considerable displacement had resulted. Mr Stanley took occasion to comment on the extremely satisfactory progress which the patient had made, expressing his conviction that such cases were much better left to nature, the patient being kept quiet on his back, than interfered with in order to make out an accurate diagnosis. Of what use could it have been to have known of the existence of fracture at first, since the treatment would still have been precisely the same; while there could be little doubt but that the manipulations necessary to the obtaining of exact knowledge would have risked the infliction of further injury to the cord and its tunics.

The man was directed still to confine himself to the recumbent posture almost entirely, though allowed occasionally to sit up. He continued to gain strength in his lower extremities, and gradually lost the degree of tenderness and discomfort which he had previously felt in his back. Sensation in the buttocks was by degrees completely restored.

Having for some weeks been in the habit of walking about the ward, and also out of doors, without any inconvenience, he was allowed to return home in the beginning of May, Mr Stanley cautioning him to be extremely careful not to expose himself to injury or any undue excitement.

Apart from the fact of recovery, after so severe an injury, the following features in the above case appear to deserve especial notice:

1. The slight and transient degree in which, despite the fracture and displacement of the vertebrae, the nervous functions of the lower extremities, and also of the pelvic viscera, were interfered with; thus seeming to show that no great injury to the structure of the cord itself had resulted.

2. The complete anæsthesia of the integument covering the buttocks and upper parts of the thighs. From the fact of the non-implication of other parts, this probably was due rather to injury to the trunks of the nerves supplying those regions, either by laceration, stretching, or compression, by

effused blood, than to any affection of the spinal centre itself.

3. The nature of the accident; the fracture having resulted from extreme and sudden bending forwards of the spine, attended probably with some degree of wrenching to one or the other side. As compared with direct violence, this kind of injury was doubtless much more likely to produce fracture of the laminae, without contusion or laceration of the cord.

To continue the subject of injuries to the spine, the case of which we have next to speak is interesting, as showing the non-necessity for active measures in the treatment of some cases in which loss of function in certain nerves or nervous centres has resulted from concussion; and the one which follows it appears to carry the same teaching yet further.

## Medical Societies.

### MEDICAL SOCIETY OF LONDON.

Dr Forbes Winslow, the President, occupied the Chair.

#### TREATMENT OF ANEURISM BY INJECTING A SOLUTION OF THE PERCHLORIDE OF IRON INTO THE SAC.

At a recent meeting of the London Medical Society, Mr GAY read the following account of a case lately communicated to the Société de Chirurgie by Baron Larrey, and sent to Mr Gay by Dr Costello, the able author of the 'Cyclopædia of Surgery.' In the month of January, Dr Pravaz, of Lyons, made known to the Académie des Sciences a new mode of effecting the coagulation of blood by mixing with it a concentrated solution of the perchloride of iron, and at the same time suggested the employment of this agent for the cure of aneurism, by injecting it into the sac. M. Delonchamps, an army surgeon at Lyons, accordingly made trial of it, and with the happiest results, as the following narrative will show:—A blacksmith, of Le Mans, aged twenty-six, met with a blow over the left eyebrow; and this was followed by an aneurism of the supra-orbital branch of the ophthalmic artery, which gradually reached the size of a pigeon's egg. Pressure on the tumour, by means of a pad and spring, was kept up for twenty-five days and nights, but without any benefit; and as the patient refused the treatment by electro-puncture, and other remedies did not appear to be very suitable to the case, M. Delonchamps determined on injecting the solution of the perchloride of iron. On the 4th of February, an oblique puncture was made through the walls of the sac, and the vessel being compressed above and below the aneurismal sac, a few drops of the concentrated solution were injected into it by means of a small glass syringe, with a fine and pointed nozzle. A few drops of blood followed the withdrawal of the instrument, but without jet. A few more drops of the solution were then injected, and it became at once evident that it had produced the desired effect, for in that portion of the sac into which the syringe had been introduced, the blood became rapidly firm, and pulsation ceased; in the remaining portion of the sac, however, no change whatever took place. This was owing to the fact, that a firm plug of coagulum had formed in the orifice of the syringe during the operation, which strong pressure on the piston could not dislodge, and had prevented the escape of a quantity of the solution sufficient to coagulate the whole of the blood within the sac. The patient suffered no pain from the operation, nor did he desist from his usual work. On the 6th February, the success having been only partial, ten or twelve drops more of the solution were injected; but, in order to prevent the formation of a plug within the syringe, as before, it was smeared with grease prior to its being used. A sharp, burning pain followed, and the fluid contents of the tumour could be felt to be undergoing the process of solidification. Not a drop of blood escaped this time on the withdrawal of the syringe, and pulsation entirely ceased. On the 7th, the patient suffered much pain, and could not sleep; the tumour also had acquired double its previous size, and felt hot and throbbing. This arose from inflammatory engorgement, which readily yielded to cold



lotions, &c., so that the patient was able to resume his work again on the 8th. A slight oozing of pus through the puncture took place, and continued for seven or eight days. The tumour, after this, gradually lessened in size, and, by the 15th of March, the cure was so far advanced, that its situation could scarcely be recognised. Mr Gay expressed his opinion, that the treatment above pursued was deserving of every attention from the profession. It would, however, at first, be desirable to confine its application to cases of smaller aneurism. The affinity of perchloride of iron for the fibrin of the blood is so strong, that coagulation commences as soon as they come into mutual contact, and the clot is so firm, that no fear need be entertained of any portion of it being washed away by the circulating current. The foregoing, and other experiments that have been made, show that this agent is the most valuable styptic we possess.

#### DISSECTION OF THE UTERUS AND PLACENTA.

Dr WINN exhibited a dissection of a portion of the uterus and placenta, which he had removed from the body of a woman who had died undelivered at the close of the last month of gestation. For the very rare opportunity of making the dissection, Dr Winn expressed his obligations to Mr Edward Snell. Dr Winn, with the aid of Dr Gull (for whose valuable assistance he felt greatly indebted), had made a careful microscopic examination of the tissues, which went far to establish the correctness of the views of Goodsir and other modern observers, and, to a great extent, the theory of the immortal Hunter, with regard to the placental circulation. Under a power magnifying 270 times, the following facts were clearly manifested:—1st. That the falciform duplicatures of the membranes of the uterine sinuses contained, not only parallel, but transverse muscular striæ, indicating a high degree of contractile energy. As these bodies are situated at the opening of the sinuses, they must exert a powerful influence in arresting the flow of blood when the placenta is separated from the uterus. 2nd. That many of the delicate filaments which are seen passing from the placenta to the uterus, when these bodies are gently separated, are composed of looped capillaries, enclosed in a fine nucleated membrane. This membrane is probably a continuation of the chorion. These loops form, as it were, villi, which project, but do not open into the sinuses, and they correspond exactly with the description given of them by Goodsir. 3rd. That the tissue of the placenta contained numerous oil globules, showing that the organ had fulfilled its destiny, was, in fact, effete, and about to be thrown off in the same manner as a ripe seed-vessel is separated from the parent-plant. Dr Winn, in conclusion, stated, that the placental circulation was a difficult question, and had given rise to a variety of conflicting opinions; he, however, considered that modern research had established many facts, and that it could now be safely inferred that the maternal blood entered the placental cells by the curling arteries of the uterus, and that, into these cells, the placental tufts projected. From the cells the blood is returned by the uterine veins, without having left the maternal vessels. The foetal tufts are, therefore, merely bathed in the blood of the sinuses, and the blood of the foetus is purified by a sort of action similar to that which takes place in the branchiæ of fishes.

#### PATHOLOGICAL SOCIETY OF LONDON.

Dr Babington, F.R.S., the President, occupied the Chair.

##### ENORMOUSLY DILATED STOMACH.

Dr MILLER exhibited for Mr Humby a specimen of an enormously distended stomach, and related the following particulars respecting the patient from whom it was taken: A lady, 48 years of age, was seized with vomiting on the night of the 6th of March, which continued till the following morning. The fluid ejected was enormous in quantity, amounting to five wash-hand basins-full. The abdomen was lax and soft, and no pain was communicated by pressure. On the following day, Dr Moore, under whose care the lady had previously been, saw the case in conjunction with Mr Humby. The vomiting had somewhat subsided; the tongue was dry; the bowels had been relieved by enemata; the

abdomen was somewhat depressed; gurgling was perceptible in the epigastric region; and an unusual hardness was felt in the right hypochondrium. On the 10th of March, four days from the seizure, the severe vomiting had ceased, and it was then found that the whole of the left side of the abdomen, as far forwards as a line drawn from the ensiform cartilage to the right anterior spinous process of the ilium, was largely swollen and quite tympanitic. The pulse was regular, and had acquired increased frequency. On the 11th, the tumour, instead of being tympanitic, was dull on percussion, and fluctuated. The patient was seen by Dr Watson on the 14th, and that gentleman, after adverting to the difficulties which the case presented, said, he thought the abdominal swelling was caused by a stomach preternaturally distended and containing fluid, and he thought it probable that some mechanical obstruction of the bowels existed. On the 10th, she was seen by Dr Bright, who formed a different opinion to Dr Watson respecting the nature of the disease. On the 17th she expired. On examining the body, the stomach was found to be excessively enlarged, and to occupy the locality in which the abdominal tumour presented itself. The muscular fibres had in many places become fairly separated; so that the submucous and subperitoneal coats were in contact. The cavity of the organ was capable of holding ten pints and a-half of fluid. The small intestines, contracted to a very small size, were completely pushed down into the cavity of the pelvis. There was no appearance whatever of malignant disease. Abundant specimens of the sarcina ventriculi were discovered by Dr Miller in the fluid ejected from the stomach. The chief features of interest in the case appear to have been the absence of abdominal pain, and the extreme difficulty of forming a correct diagnosis respecting the disease.

#### ARREST OF BONE IN THE ŒSOPHAGUS, AND CONSEQUENT DISEASE OF THE SPINAL MARROW, WITH ULCERATION OF AN INTERVERTEBRAL CARTILAGE,

Exhibited by Dr J. W. OGLE, who gave the following account of the case:—

The patient, a man fifty years old, got the fragment of a mutton bone impacted in the œsophagus. This was disgorged spontaneously some time afterwards, and its removal was followed by much cough, difficulty of swallowing, and discharge of purulent matter. This discharge continued, and weakened him considerably. Under appropriate treatment, however, he began to amend, when he suddenly became unable to move his arms, or to feed himself. This took place about five weeks after the accident. Subsequently he ceased to exercise any command over his sphincters, and lost all power of movement in the lower limbs. He had also increased dysphagia. He experienced, however, no loss of sensation in any part of his body until a few days before his death. His mental powers remained unimpaired to the last. On *post-mortem* examination, the œsophagus was found, at one point, to be greatly constricted for about an inch and a half; there was, however, no aperture in its wall. There was a large collection of pus between the œsophagus and the vertebral column; and the intervertebral cartilage, between the fourth and fifth cervical vertebrae, was perforated by an ulcerated aperture, which passed backwards into the spinal canal. Opposite to the ulceration in the intervertebral cartilage, the dura mater and other membranes of the chord were much thickened, and adherent to each other, as well as to the bones and spinal chord in the neighbourhood. The dura mater, for some distance, was covered by recent soft fibrin; opposite to the bodies of the fourth and fifth cervical vertebrae the spinal cord was soft, and almost diffuent; and a similar condition of its structure prevailed in the lower part of the dorsal region. Within the cranium the dura mater was found in parts to be adherent to the bone, and the arachnoid was also thickened and opaque, and much limpid fluid was effused beneath it. The cerebral substance itself was somewhat soft. In the thorax, recent fibrin was found in the pleural cavities, and the lower portions of the lungs were hepatised. The heart and abdominal viscera were healthy.



## MEDICAL LIFE IN LONDON.

## THE MUSEUMS.

The history of calculous formations is not a little amusing. Scheele described uric acid in 1776: whether he was snubbed at his Medico-Chirurgical Society among the northern Vikings, like Sympson, neither history nor tradition acquaints us. Paracelsus was the only man who had distinct ideas as to what really a calculus might be. He thought the components of all calculi were deposited from the urine, as lecs from wine; he called calculous matter and gravel-tartar as causing pain only equal to the infernal regions. Van Helmont, a little of a Quekett in his way, burned and microscopified a calculus at Amsterdam fifty years after; the smoke was so horrible, however, and the stench, that he said he had brought, he feared, both hell and Pluto on earth, and in this way quite corroborated the former definition, but went no farther.

In this state of matters, one can understand Sir Hans Sloane's curious account of the rough coat of the mulberry calculus in the present collection—a deposit from the urine in a state of active ebullition from the heat of fever!

Wollaston was the first, perhaps, who reduced to order this heap of abject nonsense; and in the Philosophical Transactions for 1797, phosphate of lime calculus and the mulberry variety were first accurately described; cystine, containing such a curious amount of sulphur, he discovered after. The classification at the College of Surgeons is very good; the chemical composition of the nucleus, as we alluded to before, at Guy's, forms the first series or large division; each series again subdivided, as the calculus consists of two, three, or more layers. In the subdivisions, arbitrary marks as to the successive deposits are followed. Out of 649 calculi, uric acid forms the nucleus in not less than 278; urate of ammonia, 201. It is somewhat comforting, indeed, in practice to know that 11-15ths of all the calculi in all our museums, or about two-thirds, originate and essentially consist of uric acid. About one-half of the 649 calculi in the museum at the College, moreover, are also homogeneous; none of the specimens have more of tartarus about them than this; none seem to have been deposited either as hot lava or sedimentary rocks, but a good many wear an appearance of having been partially dissolved by medicines. A 184, for instance, is a curious flat oval stone, taken from the bladder of Mr Hay, with marks of solution about it. He took three ounces of pulverized egg-shells every day for five years, together with a quarter of a pound of soap for as many more, varying this melancholy repast of late with a pint of lime-water. The stone comes, like a great many more, from the British Museum, and with several of Sir Hans Sloane's should have been sent to the Dublin College of Surgeons by the founder of our great English collection.

As two-thirds of the calculi are formed of urates, one-third consists for the most part of oxalates and phosphates: but the phosphates, every one is aware, are never followed by any other deposit, and chiefly form the outside thin covering of other calculi. Of 649 calculi, however, we find 95 oxalate of lime. Amongst the practical hints afforded by a glance through the museum is the very obvious one, that the transition from the uric acid to the oxalic acid diathesis is much less common than from oxalic acid to uric acid. The mulberry calculus, as every hospital surgeon must have diagnosed, is known by the great pain attending it: operation, also, is anxiously sought. One immense stone (A c 7) weighs seventeen ounces, and was taken out of the bladder by Cheselden; it seems three huge uric acid calculi cemented together by mixed phosphates. A c 24 is a calculus an inch and a half long by an inch broad, extracted from the female urethra by dilatation; near it are eleven calculi removed from the same bladder.

One of the next divisions is of much practical importance: the nucleus, urate of ammonia. They are usually very small, peculiar to early life; their formation, according to Prout, depending on nervous irritation. The decrepitation of this calculus under the blow-pipe is very characteristic. All this part of the museum is rich in specimens

of Sir Hans Sloane's and from the British Museum. One curious old legendary bequest (B o 3) is contained in a silver box; it consists of a calculus of the crackling urate of ammonia, marked—"Deliverance sent from God to Francis Goodman, 26th September, 1687." This, at least, shows us the enormous time our museums in London have been in process of incubation.

The oxalate of lime, or mulberry calculi, familiar to every surgeon, next follow; known of course by their peculiar rounded figure, dark colour, rough surface, and uneven texture. Some studded with sharp crystals. The little "hemp-seed" calculi, so well known, belong to this series. The museum contains one unique specimen: several thousand "hemp-seed" grains taken from the kidney of a lad, reduced to an enormous dilated sac or cyst from obliteration of the ureter. It is a curious and not uninteresting fact, that large concretions of oxalates are sometimes found in the intestinal canal of herbivorous animals; the dark colour of such calculi possibly depending on effused blood from irritation.

C 7 is a rather characteristic specimen of mulberry calculus, with an entertaining manuscript of Sir Hans Sloane's, "cut out of the bladder of a sailor," says your north countryman, "in 1717, a lusty, strong, hardy fellow. There is a nucleus about which the incrustations were successively formed; the urine seems to have been in ebullition when the whole, especially when the tubercles, were forming. None but a fellow so hardy could have borne such principles in him, or endured the cutting it out," &c. &c. Bravo, Sir Hans! But why did you not send your collection to Dublin? What "principles" you would have had to have been a little more Irish! We may all profit, however, by Sir Hans Sloane's zeal and industry. Our British Museum would never have been what it is at present but for him: the winged bulls of Nineveh never have seen the light, or the Elgin marbles found themselves in England. A similar epoch opens perhaps now on Ireland.—*Dub. Med. Press.*

## Obituary.

November 5, 1852.—SAMUEL MOODY GRIFFITH, Esq., Surgeon Honourable East India Company's service, Bengal, died off Madras, aged fifty-two. Mr Griffith was a grandson of Dr Andrew Paterson, formerly of Margam, Glamorganshire. He was a valuable relative, a true and kind friend, and his death is sincerely mourned by many.

May 8, 1853.—ROBERT BRIEN, M.D., St Andrew's, 1812; M.R.C.S. Eng., 1820; at his residence, 26 St Mary's road, Islington. We hope in a future number to furnish a few particulars relative to this much esteemed gentleman.

28.—CHARLES STEPHEN WESTCOTT, Esq., M.R.C.S. Eng., 1822; L.S.A., 1821; at Kinson, near Wimborne, Dorset, aged fifty-three. The deceased was formerly in practice at Ringwood, and was the son of the late Mr Westcott, of the same place. He enjoyed a good share of popularity amongst the farmers, at and near Ringwood; but about twelve months since, resigned his practice in favour of Mr Dyer, Jun. It is supposed that his health greatly suffered from intemperance, but the immediate cause of his death, which took place after a few days' confinement in bed, was a carbuncle in the back.

29.—WILLIAM FREDERICK GOODGER, Esq., M.R.C.S. Eng., 1813; at his residence, 5 Ladbrooke place, Notting Hill. Mr Goodger, who had for some time retired from practice, was for twenty-one years Resident Surgeon and Apothecary to St Marylebone Infirmary.

30.—SAMUEL WRIGHT, M.D., Edin., 1840; at his residence, Waterloo street, Birmingham, of consumption, aged thirty-six. Dr Wright, when apprenticed, early in life, to his brother, at Nottingham, showed clear indications of unusual talent, but while subsequently prosecuting his medical studies in the University of Edinburgh he achieved an extraordinary distinction. While a student he twice obtained the annual prize of the Harveian Society for a Medical Essay—and was also elected Senior President of the



Royal Medical Society. In 1840 he took his Degree as Dr of Medicine. Dr Wright selected as the subject for his Thesis the popular drug "Mercury." So important were his researches that he obtained one of the gold medals of the University, and the strongly expressed encomia of some of the authorities. It is to be regretted that this Essay has not been published, since, from its frequent quotation by the learned Professor Christison, there can be no doubt of its great merit. But there is reason to believe that this and other writings were only waiting revision and fuller development at the hands of the lamented author before being given to the world. It was during this period of his life that Dr Wright commenced those researches on the "Saliva" which have been and will ever form the main basis of his reputation. These were first published under the title of a "Treatise on the Physiology and Pathology of the Saliva," but since that time they have been translated into several European languages. In this country they have received the sanction and approbation of all writers who have since handled the subject. Numerous other obscure and contested points occupied the attention of the Doctor. His last literary production was an Essay on Death in its relations to *burning*. It was suggested by the celebrated case of alleged matricide thrice tried at the Shropshire Assizes three years ago, and in which Doctor Wright was engaged as a medical witness. It is very characteristic of the author, and abounds with acute suggestions and learned quotation. The original experiments described therein will scarcely fail to render this contribution to Medico-legal Science of great value to future investigators. Very soon after taking his degree, Dr Wright commenced practice in Birmingham. The immediate cause of his settlement in this town was a vacancy in the office of Physician to the General Dispensary, for which he was the successful candidate. He held this appointment for more than ten years. Valuable testimonials of his great abilities were received by him at a later portion of his life, among which we can only mention the Diploma of Membership in the Imperial Society of Physicians of Vienna, and the Corresponding Membership of the Medical Society of Genoa. On Dr Sandys' retirement from the Queen's Hospital about seven years ago, Dr Wright was appointed Physician to that Institution—an office which his death renders vacant. Here his career of usefulness was widely extended. Not merely was the number of persons augmented who obtained the benefit of his advice, but he had now the privilege and duty of teaching the Students of Queen's College and Hospital those lessons in the Medical art which he had himself so well acquired. His eloquence, his power of luminous statement, and his singularly extensive reading on subjects that interested him, combined to make him an efficient and popular teacher. Amongst the students no one of his predecessors or colleagues enjoyed a greater popularity. The warm temperament of the Doctor occasionally induced him to speak out too boldly his opinions of men and things, and such expressions were sometimes seized and turned to his disadvantage; but to the students and to the poor patients committed to his charge, his tones were ever those of friendship and kindly sympathy.

June 6.—ARTHUR STILLWELL, M.D., at Moorcroft House, Hillingdon.

8.—J. GORDON BAILEY, M.D.; Graduate of the University and King's College, Aberdeen, 1850; M.R.C.S. Eng., 1846; Licentiate Accoucheur, Dublin, 1844; at his residence, 4 Penton street, Pentonville, from the effects of prussic acid. The deceased was a Lecturer on Midwifery and the Diseases of Women and Children, at the Hunterian School of Medicine; and also a Fellow of the Medical Society of London. He contributed several papers to the 'Medical Times.'—1. "On the Influence of Locality in Modifying Disease," 1847; 2. "Remarks on Fungus Hematodes," 1848; 3. "Sketch of the Cholera at Drouet's Establishment, Tooting," 1839; 4. "Acute Synovitis in an Infant during Dentition," 1850. An inquest was held on the body on Thursday afternoon, and a verdict was returned of "Suicide from taking prussic acid while in a state of temporary derangement."

## Medical News.

ROYAL COLLEGE OF LONDON.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners, on the 3rd inst.:—Robert Bianchi, London; Edward Lodge Byers, Milford Haven; Alfred Godley Crewe, Breadsall, Derbyshire; Nicholas Hardcastle, Newcastle-on-Tyne; George Jobling, Morpeth; Henry Joseph Kelly, Frognal-house, Hampstead; William Powell, Dudley, Worcestershire; Edwin Sercombe, Somers-place, Hyde-park; Samuel Woodall, Dudley, Worcestershire;

The following gentlemen were admitted members of the College on the 6th inst.:—Joshua Edward Adkins, East Stonehouse, Devon; James Beatty, Oldbury, Worcestershire; Charles Hooper, Buntingford, Herts; Philip Giffard Martel, Guernsey; John Netten Radcliffe, Leeds; Alfred Whittle, Liverpool.

LICENTIATES IN MIDWIFERY.—The following gentlemen were admitted Licentiates in Midwifery of the Royal College of Surgeons, on the 8th inst.:—John Hutchinson Baylis, Lower Kennington-lane; Diploma of Membership dated May, 20, 1839.—Samuel Cardozo, Redruth; May 27, 1853.—Robt. Chas. Croft, Wimbledon; May 30, 1853.—Robert Dempster, Brighton; April 8, 1853.—Maurice Griffith Evans, Blaenafon; April 8, 1853.—Major Greenwood, St Pancras; Dec. 10, 1852.—Nicholas Hardcastle, Newcastle-on-Tyne; June 3, 1853.—Geo. Henry Hope, Seaforth, Liverpool; May 27, 1853.—W. Leshley, Gloster street, Portman-square; July 31, 1843.—John Maule Sutton, Greenwich; Jan. 1, 1851.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 2, 1853:—John Magir Cardell, St Columb, Cornwall; Henry Leach, Trinity-square, Southwark; Rowland Smith, Boxted, Suffolk; John Maule Sutton, Greenwich; Robert Westcott, Middlesex; George Edward Young, Gosberton, Lincolnshire.

MEDICAL REFORM.—On Friday, the 3rd instant, a deputation from the Medical Reform Committee, consisting of Dr Lankester, Dr Mackenzie, Dr Dalston Jones, Mr Lord, Mr Wall, Mr T. G. Traquair, Mr Woollaston, Mr W. Powell, Dr Murphy, Dr Ogier Ward, Mr Reginald Read, Mr Charles Clarke, and many other members of the medical profession, waited upon Lord Palmerston at the Home Office, to request his lordship to promote the passing into law of the proposed Bill for the Better Regulation of the Medical Profession, prepared by the Provincial Medical and Surgical Association. Lord Palmerston, having listened attentively to the statements of the deputation, said he had understood from some quarters that perfect unanimity existed in the profession, and from others that there were many objections to the present system. It was, therefore, evident that the question was one of a complicated nature, and the details were new to him. The question, however, should receive his attentive consideration, and he should be glad to be favoured with a copy of the bill to assist him, as the subject was doubtless one of an important and pressing nature. The deputation then withdrew.

HOSPITAL FOR DISEASES OF THE SKIN.—The Anniversary Festival of the Hospital for Diseases of the Skin took place at the London Tavern, on Tuesday the 31st ult. The Prussian Minister, his Excellency the Chevalier Bunsen, most ably presided. The number of patients had much exceeded the preceding year, and the accommodation for them had been increased. The Institution had been visited by a great number of Medical Practitioners, and numerous pupils were attending the practice. The contributions to the funds of the charity were announced by the Secretary, and amounted to upwards of 1,500*l*.

MEDICAL BENEVOLENT COLLEGE.—H.R.H. Prince Albert has consented to lay the foundation stone of the new Medical Benevolent College at Epsom, on Wednesday, the 6th of July.



DR FORBES WINSLOW.—The degree of D.C.L. has been conferred upon Dr Forbes Winslow by the University of Oxford, at the last Installation.

QUACKERY.—INSOLVENT DEBTORS' COURT.—Before Mr Commissioner Phillips, in re Thomas Holloway.—Mr Nichols applied in this case for a re-vesting order, and to remove the schedule from the file of the court, all the debts having been satisfied, with the exception of 23*l*. 13*s*. due to creditors who could not now be found, and that amount was paid into court. Mr Commissioner Phillips made the order as prayed. The insolvent, who took the benefit of the Act in August 1841, is the well-known "Professor" of the Strand, and manufacturer of Holloway's Pills and Ointment.—'Times,' June 14, 1853.—(It is not all gold that glitters!)

BROMPTON COUNTY COURT.—EXTRAORDINARY MEDICAL CASE.—This action, brought to recover the trifling sum of 15*s*., is, perhaps, without a parallel, and elicited facts of a most amusing nature, peculiarly interesting to young ladies and the medical profession. The plaintiff, Mr Gay, is a surgeon, and the defendant, Mr Paine, is an unmarried gentleman. Mr Gay said he had supplied the defendant with a mixture and a box of pills, and had attended him six times, for which visits he charged half-a-crown each. He had not charged for the mixture. Mr Delamere, the defendant's solicitor, said that his client resided with a gentleman at Brompton, who had a family of beautiful daughters. Mr Gay, who was a single man, was anxious to obtain an introduction to the young ladies, with a view to choose a wife. With this object he sought the services of Mr Paine, who, very foolishly, pretended to be ill, and accordingly the professional services of Mr Gay were sought to alleviate the sufferings of the patient. Mr Paine, on being called, stated that Mr Gay informed him of his wish to pay his attentions to a nice young lady, as he was sick of being single (laughter), and he entreated witness to introduce him to one. (Laughter.) He mentioned and recommended the young ladies at his house; but how to get an introduction was, for some time, a poser to them. (Laughter.) It could only be carried out by stratagem; and it was devised by plaintiff and himself that he (defendant) should fall ill (roars of laughter), and write a letter to Mr Gay to visit him. (Prolonged merriment.) He felt unwell (laughter), and wrote the note proposed by Mr Gay. "Dear Sir,—I want to see you immediately. I am alarmingly ill. Yours, &c.—Postscript. Only myself and the Misses—at home, my boy." (Shouts of merriment.) Mr Gay came immediately. There was nothing whatever the matter with him (laughter), and he never took the stuff that was sent, but threw it to the dogs. (Renewed laughter.) As to the six visits the plaintiff had charged him for it was a downright do. At any rate, five out of the six visits were paid to the young ladies, and Mr Gay had the modesty and impudence to charge him half-a-crown for each of the wooing visits. (Shouts of laughter.) Besides that, he was invited to dinner each time. He never had any rash, saving the rashness of introducing the plaintiff to his friends.—The Judge (Adolphus): I think, if it be a joke, it ought to be followed out. (Laughter.) Fifteen shillings is, perhaps, too much to pay for it. My judgment will be for ten shillings, and that is not too much for a rich joke like this. (Loud laughter.)

OXFORD.—THE FIELDING HERBARIUM.—In an address to the members of the University, by Dr Daubeny, delivered on the 20th of May, at the commencement of Act Term, and on the completion of the arrangements for receiving the Fielding Herbarium, the Professor states, that by the aggregate of the treasures comprised in the Herbarium, consisting, as it does, of one of the most extensive and valuable collections of dried plants that exist in Europe, accompanied by a very valuable library of botanical works, the botanical student at Oxford is offered opportunities of information—being also in the proximity of a botanic garden—such as scarcely any other place can afford. Thanks, too, to the assiduous care of Mr and Mrs Fielding, in mounting and arranging the plants, the whole collection is in beautiful preservation and easy of reference.

FEMALE PHYSICIANS.—In connexion with the novelty of educating women for the profession of medicine, is that of conferring degrees on them. One of the last official acts of the Female Medical College of Pennsylvania was to confer the honorary degree of M.D. on Miss Harriet K. Hunt, of Boston. This lady is no every-day body. She demands her rights, and is determined to have them too. While paying taxes into the treasurer's office in this city last season, Dr Hunt handed over the money, under a protest that must have made the treasurer's ears tingle. Female physicians seem to be on the increase among us, and establishing circles of good practice, in spite of the jeers, innuendoes, and ridicule of us lords of creation. Believing they have certain privileges in common with the other sex in a civilised country, they begin to knock at the doors of close medical corporations, and demand to be received as fellows in good fellowship. They persist in the declaration that they are regulars to the letter, and the only boon they ask of the organised fraternity of physicians, is to be thus recognised—be eligible to office—and, in short, allowed to participate in the ups and downs incident to such relations. What the medical societies and schools will do with their claims, is beginning to perplex the wise ones. It is not a matter to be laughed down as readily as was at first anticipated. The serious inroads made by female physicians in obstetrical business, one of the essential branches of income to a majority of well-established practitioners, makes it natural enough to inquire what course it is best to pursue? All the female medical colleges have charters from the same sources from which our own emanate, and the law is no respecter of persons, whether dressed in tights or bloomers, in affairs purely scientific and intellectual. State societies, doubtless, have it in their power either to admit them, if they can show that they are properly educated, or reject them *sans ceremonie*. If the institutions are closed against their admission, then the public sympathy will assuredly be a shield for their protection, and we shall be denounced as a band of jealous monopolists. With regard to the question of what the ladies themselves claim in this matter, Miss Dr Hunt omits no opportunity of answering it; and those who have a curiosity to know the arguments she ingeniously advances in support of the claims of the sisterhood to a medical position, may have the whole by simply making the request.—'Boston Medical Journal.'

THE LUNACY BILLS IN THE HOUSE OF COMMONS.—On the motion of Mr Walpole, the three bills on this subject which have lately been passed by the House of Lords, were read a first time on the 12th May. We have again to express our earnest hope that measures so important in their consequences will not be hurried through the House of Commons without affording an opportunity for deliberation and discussion. The entire system and bearing of our lunacy legislation requires revision. The proposal to consolidate the existing statutes, without having duly and laboriously considered how far those statutes are deserving of permanence, is a most unstatesman-like proceeding. On every ground of justice, expediency, and common sense, revision should precede consolidation.

ROYAL SOCIETY.—At the annual meeting, June 2, Dr Apjohn was elected a Fellow.

### Notices to Correspondents.

DR D.—T.—The extra licentiates will not be compelled to become members of the College under the proposed new charter; but if they desire to do so they will be required to comply with the conditions adverted to; unless, as there is a probability, there should be a modification of the charter in this respect.

MR WILSON.—Your letter has been received, and handed to the publisher. The matter to which it refers shall be attended to. The publisher will supply you with a cloth case if you require one.

SIMPLEX OFFICIIS.—Whether you do it, or whether you leave it undone, you are equally liable to censure for omission of duty in both cases. Make, however, all the reparation that you can.



**PHILO.**—Events have proved that we were right in the views we took on the several medical questions. Neither the 'Lancet' nor the 'Medical Times and Gazette' seemed to have any clear notion of the actual state of affairs. The former lauded the bill; the latter, hesitated dislike; but neither appeared to have any practical acquaintance with the mechanism of public business, or any distinct idea of the mode in which the principles of the Association could be embodied in the most comprehensive and satisfactory manner. For example, our contemporary, the 'Medical Times and Gazette,' complained that the "general practitioners" were not duly represented in the Council of Health;—but is this all? We should like to know how the general practitioners are to be represented in that body? What is the journalists' plan? It is not enough to talk and write about the general practitioners; but what will you do for them; and how will you do it? It is not our practice to deal with principles we are not prepared to realise. Mere profession we do not admire, and it is not, moreover, necessary for us, in order to acquire confidence, to expatiate on general doctrines. We like action, definiteness of purpose, and an unmistakeable practical enunciation of opinion. Nothing else ever leads to good. As for the 'Lancet,' it knows nothing of the present state of medical politics, and is ignorant of all it once knew. It has learned nothing, and forgotten everything—even its pledges: which is, perhaps, convenient. The shameful abandonment of the general practitioners by that journal, ought to expose it to universal indignation. We know not which deserves most to be despised—its ignorance, or its treachery.

**A CONSTANT READER** (Isle of Guernsey).—You ask "how large, and where, the blister is to be applied for the gleet and gonorrhoea?" Answer,—On the organ, and as large as circumstances permit: the same size evidently not suiting all cases. For further particulars we advise you to apply to Mr Milton, the introducer of this agreeable mode of treatment: who has also recommended scalding with hot water, on the homœopathic principle we presume, —*similia similibus curantur*.

**CON AMORE**—Directs our attention to Wakley's attacks on Sir James Graham's bills. We are quite aware of the ex-member's tergiversations, and shall not forget them, if, at any time, it would answer any useful purpose to refresh our memory. We believe that Wakley would rather be remembered with contempt, than wholly forgotten, but we shall endeavour not to gratify this morbid vanity.

**SURDUS, AND M.R.C.S.**—Our correspondent writes to us approving of the "triumphant answer" which Mr Yearsley has given to Mr Toynbee, and briefly detailing his own case, which he says is "invariably aggravated whenever he suffers from sore throat," to which he is liable. The morbid growths should be excised, and then his liability to sore throat would cease.

**ENQUIRER.**—The experiments were made by Majendie. With respect to Flourens' mutilations of the brain, there are many physiologists who reject the inferences derived from them, considering that the phenomena observed under the circumstances cannot correctly guide us to a knowledge of the living functions. It is a fine field for investigation.

**MR JAMES THOMAS.**—1st: Yes. 2nd: We do not think they will, having already refused. 3rd: The consent of the company must be obtained before legal proceedings are taken.

**INDOCTUS.**—Consult "Bernard's" new treatise on the sugar-secreting functions of the liver, in which the most recent inquiries on this interesting subject are to be found.

**MR J. NOBLE.**—The subscription to the 'Circular' is 16s. per annum, if paid in advance; 17s. 4d. if otherwise. Exactly half the price of the other journals.

**A HOMŒOPATH.**—Your letter has neither wit nor science; and would do harm even to your own cause, which cannot be much worse.

**MR R. JONES.**—Communication received. You are partly right.

**AMICUS.**—We thank you for your kind approbation. The publisher will attend to your letter.

**MR BOLTON.**—By Post-office Order payable to Thomas Rolfe, Branch Post-office, Charing cross.

**DR H.**—The communication on the subject has appeared.

**MR BLUIT.**—Communication received and answered.

*To the Editor of the 'Medical Circular.'*

**SIR,**—The following brief statement of a violation of the instructions of the Poor-law Board will, I trust elicit your indignant comments, and be considered to justify all that you have written on the ignorance and incompetence of the Boards of Guardians, and the scandalous apathy of the Poor-law Board. One of the Poor-law surgeons of this Union recently died, having been previously ill for more than two years, his duty being performed during that time by his assistant,—a member of the College of Surgeons alone, and, therefore, not competent so to act by the instructions of the General Board. All the surgeons of the neighbourhood forbore, to their great credit, to compete for the office during the long illness of the Union surgeon, but, on his death, the office being open to competition, though never advertised by the Board of Guardians, I, with another surgeon, both of us duly qualified by the instructions of the Board, and residents within the Union,—myself, even within the district, applied for the vacancy; but, to our surprise, the appointment was given to the unqualified assistant, who is at this moment occupying the office in violation of the instructions of the Poor-law Board, and practising contrary to the express law of the land! The Board of Guardians say that they have no *responsibility* in the matter, that devolving on the Poor-law Board, who can refuse, if they like, to confirm the appointment. This is the second time the Board of Guardians have made an illegal appointment, and the Poor-law Board have stultified themselves by confirming it. The worst phase of these cases is this, that those members of our profession who comply with the requirements of the law, at great expense, and loss of time, are defrauded of their just rights, and ridicule is cast upon all our public institutions. Hoping that the importance of this case will be received as an excuse for my occupation of so much of your space,—

I remain, Sir, your admiring reader, &c.,

M.R.C.S. ENG., AND L.A.C.

[On the supposition that our correspondent has correctly stated the case, we think that both the Board of Guardians and the Poor-law Board equally deserve censure. In making a new appointment the requisitions of the law ought certainly to have been observed. It might be worth while to memorialise the Poor-law Board, or even the Home Secretary.]

*To the Editor of the 'Medical Circular.'*

**SIR,**—As you are giving the quacks a good purgation, if you can mix up anything for the man whose circular I have enclosed, you will have the thanks of the medical practitioners of this county. The party who distributes the circular has the impudence to leave one at the doors of medical men.—I remain, Sir, yours obediently, **MEDICUS** (A Subscriber and admirer of the 'Medical Circular').

Norfolk, June 6, 1853.

[The bill enclosed by our correspondent publishes the merits of the botanical medicines of a certain Mr M. Smith, practical botanist, of Norwich, but who conducts a peripatetic consultation practice in all the great towns of Norfolk and the adjacent counties. The man Smith promises to cure scrofula, cancer, scurvy, leprosy, white swellings, and we know not what besides "by his peculiar (yet simple) mode of treatment," and attests his own assertions with the certificates of a sufficient number of credulous divines, who appear to be as simple as the mode of treatment they extol. The Scotch consider these worthies to be guilty of fraud, and punish them as they deserve, so that, ere long, there will not be a quack in all Scotland. Could not our law against procuring money by false pretences touch these vagabonds?]

**DAVUS.**—You have lost your claim by lapse of time; but even if this were not the case you could not compel the master to pay, unless you could prove by witnesses, or by a written document, that he required you to attend. You cannot assume an authority of the kind from his knowledge of your attendance.

**M.D. AND M.R.C.S.**—The fee is one guinea, but two are sometimes paid. An extra sum can be also demanded for distance.

**M.R.C.S. (Finsbury).**—The kouso can be obtained from any of the leading chemists. It is said to be more efficacious than any other remedy for the expulsion of worms.

**R.C.**—1st: No. 2nd: No. 3rd: No.

**MR J. T.**—1st: Yes. 2nd: We are not sure.



## Royal College of Physicians, De-

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THE  
MEDICAL CIRCULAR  
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General Medical Advertiser.

No. 26, New Series. } WEDNESDAY, JUNE 29, 1853. {THREEPENCE  
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To Life Assurers.—A List of all the principal Offices, their Tables, Names of Secretaries, Medical Officers, and every information required by Assurers will be found indexed and alphabetically arranged in the "LONDON and PROVINCIAL MEDICAL DIRECTORY for 1853." Office, 128, Strand.

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### Bass's East India Pale Ale.—That

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## The Medical Circular.

WEDNESDAY, JUNE 29, 1853.

### TO OUR SUBSCRIBERS.

WITH this number closes our half-yearly volume for the present year; and a few sentences, passing its principal contents in review, may not be inappropriate. With the commencement of this Volume the "Medical Circular" became a *Weekly Journal*, and we have the satisfaction to state that the change was honoured with the continued confidence and support of our old subscribers and by the accession of a large number of new ones. During this half-year we have added to the original matter contained in this Journal several new departments. Reports of cases treated in the Public Hospitals, and of debates in the Medical Societies, have regularly appeared. Interesting and valuable articles, entitled the "Anatomy of Quackery" and an "Epitome of Toxicology," have also been commenced, and are still in progress; and to these and other departments, of scarcely less importance, we have added Editorial Articles, in which all professional topics engaging public attention, and deserving of comment, have been examined and discussed.

We have always endeavoured, to the best of our judgment, to elicit truth and expose error; to encourage useful enterprises, and to direct the course of professional opinion towards beneficial and practicable objects. This determination will guide us in all our future exertions, and nothing will give us more pleasure than to find that our opinions and conduct meet with the approval of our readers.

Several new features will be added to the Journal during the coming half-year. We have made arrangements for the publication of a translation from the French of a valuable work on Deaf-Dumbness, by M. E. Hubert-Valleux, M.D.; also of a Mirror of the Foreign Medical Journals—a duty which will be confided to a gentleman well versed in Continental literature. Other interesting subjects are in contemplation, and will appear as opportunities offer.

The permanent enlargement of the size of the "MEDICAL CIRCULAR," and the frequency of its publication, enable us to vary the character and to increase the quantity of our matter; and we trust that, while it will be our constant aim to make this Journal more worthy of the support it has received, our readers will encourage our efforts, by helping us to extend the limits of its circulation and its usefulness.

### THE RECENT DISTRIBUTION OF MEDALS AT THE SOCIETY OF ARTS.

In our Forty-ninth Number it was our pleasing duty to record the well-merited distinctions lately bestowed

by the University of Oxford on some eminent members of the Medical Profession; and in a leading article we bore testimony to the merits of the recipients. It were well if all corporate bodies exercised the same wise discrimination and judgment in the distribution of their honours as the Chancellor of the University, and that thus we might be saved the pain of censure and condemnation.

Under the head of "Medical News" will be found the following announcement, copied from the "Association Journal:"

"MR. TOYNBEE, F.R.S.—At a general meeting of the Society of Arts, held on Friday, June 10, his Royal Highness Prince Albert, President, in the chair, the Society's Medal was awarded to Mr. Toynbee, F.R.S., aural surgeon to St. Mary's Hospital, for the invention of 'the artificial membrana tympani in cases of deafness dependent upon perforation or destruction of the natural organ.'"

No word of congratulation is appended by the editor, nor do we believe that any one friend of Mr. Toynbee, who knows the real facts of the pretended improvement, will rejoice in his achievement. We can understand with what fear and trembling Mr. Toynbee advanced to receive from the hands of the Prince the Medal which the jury had awarded. Well might he dread lest any present should have discovered the piracy, and should give utterance to his thoughts.

It is patent to all the world that to Mr. Yearsley, those unfortunately afflicted with deafness arising from destruction of the membrana tympani are indebted for a most valuable discovery. Even the Parisian quack had the honesty to advertise that he cured his patients "after the method of Mr. Yearsley." The remedy he at first and still employs for the relief of these unfortunate persons was cotton-wool, wetted in water, so adjusted at the bottom of the meatus, as to afford the support to the contents of the tympanum of which they had been deprived by the partial or entire loss of the membrane. He has shown, and pledged his professional reputation to the fact, that any agent less simple than cotton cannot be borne by the patient without inconvenience and some risk. But, should any more innocent appliance be found, still the great honour of the discovery would attach to Mr. Yearsley, who introduced the principle of the treatment, and reduced it to a system. Had Mr. Toynbee, at any time, like every other member of the Profession, including every aural surgeon, borne testimony to the remarkable and valuable fact enunciated by Mr. Yearsley, or had he, in bringing his variation of Mr. Yearsley's plan of procedure before the Society of Arts, honestly acknowledged the source of the idea which had led to his investigation and pretended improvement, we should have had less to censure in his conduct, and only be left to lament that his observation in practice is not sufficiently acute, or that he is so wilfully blind as not to see that his artificial membrana tympani, pretty and taking as it is in theory, is altogether inapplicable in practice. Bold and courageous, indeed, and insensible to pain, must that patient be who can consent



to bear a piece of gutta-pereha, however thin, stuck at the end of a silver wire, and passed down the sensitive passage of the ear, in contact with a diseased and ulcerated tympanum! Innocent and simple as is the cotton remedy of Mr. Yearsley, he has the candour to tell us that patients at first are frequently unable to bear its presence. We say emphatically that the theory of Mr. Toynbee, by which he hopes to cover and conceal his piracy, is as unsound as the statement he has advanced respecting the application of his remedy is incorrect; and that, wherever it may appear desirable, the patient will derive infinitely more comfort and advantage from the use of the cotton than from the application of this puerile invention. We should like to know what kind of investigation was made by the jury who awarded this medal,—upon what grounds they decided to grant it. None but medical men could form a correct judgment of the matter,—and, if medical men, who are they? What their number? What their standing in the profession? It will be our duty to inquire, and to show them the error they have in this instance committed, in order that they may be guarded against a repetition, otherwise we shall hear of any medical pretender who chooses to wear the garb of science the better to conceal his quackeries, coming forward as a competitor for prizes which are only intended for the true and honest labourers in the field of science. We shall not be at all surprised to hear of some ingenious oculist carrying off one of the Society's medals for the invention of a chrysaline lens to replace the one clouded by a cataract!

There is nothing of which the Profession ought to be more jealous than the distribution of unmerited public honours among the members of their fraternity.

#### THE MEDICAL BENEVOLENT COLLEGE.

WE desire to call the attention of our readers to the grand ceremony of laying the foundation-stone of the MEDICAL BENEVOLENT COLLEGE, which will take place at Epsom, on Wednesday, the 6th of July, at four o'clock p.m., under the auspices of his Royal Highness Prince Albert. There will doubtless be a large gathering of the friends of the institution at this important festival, and we trust that the subscription list that day will prove the earnest and cordial interest taken in its success by the wealthier members of our profession.

**TESTIMONIAL.**—The inhabitants of Isleworth, desirous of testifying their appreciation of the eminent services of Horatio Grosvenor Day, Esq., surgeon, during many years of office as churchwarden, as well as for his uniform and constant exertions in promoting their general and individual welfare, invited that gentleman to dine with them on Wednesday week, at the Norththumberland Arms Inn. After the usual loyal toasts had been given, the chairman, in the name of his fellow-parishioners, begged Mr. Day's acceptance of a portrait of himself, an excellent likeness, and a magnificent candelabrum, containing a vase for flowers in the centre, which was universally admired.

## Mirror OF PERIODICAL LITERATURE.

(From the "Dublin Quarterly Journal of Medical Science," May, 1853.)

### OBSERVATIONS UPON CHRONIC RHEUMATIC ARTHRITIS OF THE SHOULDER JOINT.

Dr. Smith, of the Richmond Hospital, has published an article in this number of the "Dublin Quarterly," on Chronic Rheumatic Arthritis, a form of disease to which he is known to have given great attention. After citing various recorded cases, and disposing of the opinion that they could not be owing to a rupture of the tendons of the biceps, he observes:—

"The correctness of this opinion certainly admits of being questioned, and I am inclined to believe that in the cases under consideration, the cause has been mistaken for the effect. I do not mean to say that the accidental rupture or displacement of the tendon of the biceps in a healthy shoulder-joint would not be followed by the elevation of the head of the humerus, but I suspect that in cases of partial luxation upwards, resulting from the rheumatic disease in question, the sequence of events is different from that described by authors.

"I believe that in these cases, the elevation of the head of the humerus occurs at a comparatively early period of the disease, and is a gradual process, and that the displacement is not in any instance sudden, as might be expected to happen were it consequent upon the rupture or dislocation of the tendon. It is difficult to say in what it originates, but it is probably to be ascribed to the spastic contraction of the muscles, and their increased irritability under the influence of the rheumatic inflammation.

"From the moment when the shoulders (from the cause which I have suggested) begin to be elevated, the tendon of the biceps is put upon the stretch, and pressed against by the head of the humerus, which unceasingly tends to pass still further upwards. When the latter has come into contact with the under surfaces of the acromion, and coraco-acromial arch, the effects of compression, as far as the tendon is concerned, have then reached their utmost limits. In the earlier periods of such cases, the tendon will be found in one or other of two conditions, either displaced from its natural situation, and running over the inner instead of the upper surface of the head of the humerus, or else maintaining its normal position, but presenting alterations of form and structure, which will be found to vary, according to the length of time during which it has been subjected to pressure. At first it becomes flattened and increased in breadth, but at a later period its fibres are separated from one another, and its under surface acquires a corroded appearance. The process of absorption goes on throughout the whole extent of the compressed portion, until at length a complete solution of continuity takes place; and should an opportunity of examining the interior of the joint be afforded at this period, the lower extremity of the tendon will be found to have become adherent either to the capsular ligament or to the bicipital groove, or perhaps to both, while the upper will be seen hanging loose in the articulation. At a still later period, the whole of this superior fragment, in almost every instance, totally disappears."

With respect to displacement of the acromion process occasionally observed in these cases, Dr. Smith remarks:—

"Among all the numerous and varied phenomena which occur during the progress of chronic rheumatic arthritis of the shoulder, there is none more remarkable, nor one for which it is more difficult to offer any satisfactory explanation, than the detachment of the extremity of the acromion process. It is most frequently to be noticed in the advanced stages of the disease, but I have more than once seen it at a period prior to the destruction of the tendon of the biceps; it is in many instances symmetrical,



and in general occurs where in early life the epiphysis joined the remainder of the process. I have, however, in one instance found the entire of the acromion thus separated from the spine of the scapula. It may co-exist either with hypertrophy or atrophy of the acromion; it may occur with or without perforation of the capsular ligament; or with absorption in some instances, and displacement in others, of the tendon of the biceps, or finally in cases where the tendon is perfect as to structure and normal as to position."

The result of Dr. Smith's analysis are thus summed up:—

"A long and careful consideration of the subjects discussed in the preceding pages leads me to believe, that the occurrence of partial dislocation of the head of the humerus upwards, as an immediate result of rupture or displacement of the tendon of the biceps muscle from accidental violence, has not been anatomically demonstrated; that all the cases accompanied by dissections, that have hitherto been published, as examples of the luxation in question, resulting from injuries to the tendon, have, in reality, been instances of the effects of chronic rheumatic arthritis; and that the morbid conditions, which in them have been regarded as affording the clearest evidence of the joint, having at some former period suffered from external violence, are among the most constant effects of this disease. 'Notwithstanding all these lesions, namely, the total disappearance of the articular part of the tendon of the biceps; the perforation of the superior part of the capsular ligament by the head of humerus and the separation into two portions of the acromion process,—we feel convinced that all these phenomena combined should by no means be considered as proof of any accident having occurred to produce them; but, on the contrary, should be looked upon as the usual results of chronic rheumatic arthritis of the shoulder.'"

(From the "Lancet," June 25, 1853.)

#### CASE OF OVARIAN DISEASE SUCCESSFULLY TREATED.

The following case is reported by Mr. Irwin, assistant-surgeon 27th Regiment:—

"A widow lady, aged twenty-seven years, with four children, who had spent several years in India, and suffered occasionally from the climate, felt uneasiness and swelling, with some pain in the lower part of the abdomen, for some months preceding December last, for which she consulted an eminent Dublin physician. No improvement resulting, and the symptoms having suddenly assumed an alarming character, I was hastily summoned on the morning of the 16th December, and found the patient in considerable pain and distress. Countenance pale and anxious; extremities cold; pulse small and hard; had several paroxysms of bearing-down pain, attended with fits like hysteria and afterwards syncope, during the preceding night. Bowels had been kept regularly open for some time by castor-oil; catamenia for months scanty and irregular; urine generally heavy and depositing largely. On examination, two tumours presented themselves in the right hypogastric region; one, the size of the fist, impinging on the mesial line; the other, the size of a pigeon's egg, lying towards the left side; both being very tender and moveable, the smaller remarkably so. The diagnosis was inflammation of right ovary and uterus, with incipient peritonitis. Leeches to the tumours, and the bleeding kept up by fomentations and the spongio-piline applied hot, hyoseyamus and camphor, bicarbonate of potassium and compound spirit of ammonia, with hot applications to the feet, soon afforded relief; the pulse rising in volume and becoming softer, the pain and other distressing symptoms diminishing. There was a marked improvement the following day, with a manifest change in the bulk of the tumours, their size been lessened to about

the half. On the second day, some return of the pain and uneasiness having been experienced, the leeches were re-applied with a like effect. When the constitutional disturbance had abated, she was ordered the following: iodide of potassium, twenty-four grains; bicarbonate of potassa, half a drachm; camphor mixture, eight ounces; mixture—an ounce twice a day; strong tincture of iodine over the tumours every second day, and a flannel belt around the loins; warm flannel hosiery, &c. Flatulence with occasional faintness being experienced, she took the following: compound infusing of orange peel, eight ounces; syrup of orange peel, half an ounce; compound tincture of cardamoms, half an ounce; compound spirit of ammonia, three drachms; mix: two table-spoonfuls once or twice a day.

"On the 3rd of January, 1853, she commenced taking syrup of iodide of iron in twenty-drop doses thrice a day, an hour after meals, continuing the topical application of iodine.

"The case being of a serious nature, I thought it prudent to have the assistance and advice of my skilful and esteemed friend, Dr. Churchill, who agreed in my hopeful prognosis, and sanctioned a continuance of the remedies, as they seemed slowly yet steadily reducing the tumours.

"On the 18th January, having been exposed to cold the day before, the patient was suddenly seized with shivering, succeeded by high fever and profuse perspiration, which lasted nearly three days, leaving her exceedingly weak, but free of the tumours. She was then ordered citrate of iron and quinine twice a day in effervescence, as prepared by the Messrs. Bewley, and the saccharated carbonate of iron in full doses, for some days, in anticipation of the catamenia; cold douche-bath to the loins every morning; regular and moderate exercise. The next monthly period was succeeded, after the interval of a day, by a dark, foetid discharge, but whether having a connexion with the recent resolution of the tumours I am unable to say. Her health and spirits steadily improved, and she now feels better than for years past.

"I should mention that this lady had been the subject of a severe attack of peritonitis while at Edinburgh, on a visit from India, two years ago, considered to depend upon a multilocular tumour of the ovary by Professor Simpson and Dr. George Bell, and requiring the most active treatment; but the diagnosis was somewhat obscured, as the bowels had been neglected, and there was faecal accumulation for some time. For these particulars I am indebted to the kindness of Dr. Bell, who took an anxious and friendly interest in the case. I am inclined to think that early and judicious treatment of cases such as the preceding would obviate, in many instances, such formidable and fatal cases as frequently occur."

(From the "Medical Times and Gazette," June 18, 1853.)

#### A CASE OF SARCINA VENTRICULI OF MANY YEARS' DURATION.

This case was treated by the hyposulphite of soda, with respect to which the author, Dr. Neale, remarks:—

"In the preceding case, the remarkable influence of the hyposulphite over this singular disease is well seen, the patient having been purposely treated with other remedies previous to commencing the hyposulphite. During the 3—4 weeks, or 27 days, he was taking the sulphur or carb. ammonia, from which he derived benefit, he calculated that he vomited 27 pints; while, during 10—11 weeks, or 74 days, since taking the hyposulphite, he calculated that he only vomited little more than 13—14 pints, 12½ of which were ejected within the first 9 days. He has taken about 4oz. of the drug at present. The nature of some of the microscopical objects noticed in the ejecta must be decided by more mature observation, and the deficiencies in the report of the case generally excused, on account of the impossibility of devoting sufficient time and attention to it, in a wide country practice."

The case is minutely reported and deserves study.

\* *Cyclopædia of Anatomy, loc. cit.*



(June 25, 1853.)

## THE PHYSIOLOGICAL DEMONSTRATION OF THE TISSUES.

THE TEETH.—Dr. Boon Hayes thus describes the structure of these organs:—

"In the first place, observe the pulpal cavity, which is to the tooth what the medullary cavity is to bone, and which originates in the same way. Into it pass an artery, vein, and nerve; and these ramify upon the pulpal surface, the artery carrying blood to the dentinal tubuli, whence the *liquor sanguinis* (not blood corpuscles) proceeds, to the nourishment of this apparently inorganic mass.

"In the teeth of some animals, this cavity seems to send off diverticula between the dentinal tubuli, as if for the purpose of supplying them with more vascularity. On to the walls of the pulpal cavity the dentinal tubes open, and thence radiate to the enamel superiorly, and the crusta petrosa inferiorly.

"I think it would not be difficult to prove that caries of teeth more frequently proceeds from inflammation commencing in this cavity than from any other cause. But I shall refer to this at another period.

"The dentine, or ivory of teeth, is their essential component; it consists of tubes which lie, for the most part, in a parallel direction, and intertubular substance. When examined with a high power, and by transmitted light, the tubuli appear dark.

"Now, these tubuli are very, very much more minute in diameter than the blood-globule; hence the *liquor sanguinis* alone can permeate them for their nourishment; so that teeth are in the same condition as bone in this respect. The dentinal tubes, of course, appear dark, and the lighter and apparently broader masses are the real substance of the dentine. In this, and especially near the layer closest to the enamel, dentinal cells are sometimes seen, which may probably be analogous to the lacunæ of bone. If you examine the dentinal curvatures you will see that they are of two kinds: one set, in bold and evident curves; another set, not so evident, but which, with a little patience and high magnifying power, you may see, curves upon the curves already demonstrated. The former are called the 'primary,' the latter the secondary 'curves' of the dentinal tubuli (like a biserrated leaf in botanical description). From the tubuli minute branchlets are given off on the sides; and towards the end the tubes terminate, either in cells, or by anastomosis, or by looping back upon themselves.

"The Cementum, or 'crusta petrosa,' at first envelopes the whole tooth, but soon gets worn off the crown, as far down as the neck. It is, compared with the other two structures, very soft, and, examined with the microscope, more closely resembles bone than any of them; in fact, it is continuous with the bone of the jaw in some animals, thus proving its identity. It contains lacunæ and canaliculi, which are easily demonstrable; and, when there is a large mass of it, something like Haversian canals.

"There is, then, a great analogy between tooth and bone. In the crusta petrosa absolute likeness, and in the dentine (the constant tissue of the teeth),—analogies too striking to be overlooked,—viz., the tubuli analogous to the canaliculi; intertubular cells, analogous to the lacunæ; and intertubular substance, analogous to the laminae of bone. In the enamel the greatest departure is observable, but not wider than its peculiar function suggests; and it must be remembered, first, that it is the least constant tissue of tooth; and, secondly, that its chemical composition is very much the same as that of other parts of tooth, all of which clearly resemble bone composition.

"Lastly, the analogy is completed in a review of the mode of tooth development. Thus, upon a mucous papilla, a large quantity of gelatinous matter is observable, in which certain cells appear; the gelatinous matter exactly resembles the incipient cartilage in which ossification commences. This papilla is supplied with an artery, which nourishes its cells, and these gradually so develop, that the older ones are pushed outwards, and form the dentine."

## CONTENTS OF THE MEDICAL JOURNALS.

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**Medical Times and Gazette.**—(No. CLVI. June 25, 1853.)—ORIGINAL LECTURES.—Illustrations of Clinical Medicine and Pathology. By George Burrows, M.D., F.R.S., and W. Senhouse Kirkes, M.D. Histological Anatomy and Microscopical Manipulation. By Dr. Boon Hayes. Lecture X. (With Engravings.)—ORIGINAL COMMUNICATIONS.—Some General Observations on Fatty Degeneration. By William Frederick Barlow, M.R.C.S. Detained Coagulum Removed Fourteen Days after Delivery, by an Experienced Accoucheur, and Mistaken for a Portion of Retained Placenta, with other Peculiarities, and some Remarks upon the Formation of Tough Coagula, etc. By William Pretty, Esq.—EDITORIAL ARTICLES.—Clinical Medicine. Conveyance of Fever Patients in Public Vehicles. Parliamentary Intelligence. Medical Reform. Faculty of Physicians and Surgeons of Glasgow. Charing-cross Hospital.—REVIEWS.—Memorandums made in Ireland in the Autumn of 1852. By J. Forbes, M.D., F.R.S. A Naturalist's Rambles on the Devonshire Coast. By P. H. Gosse, A.L.S. Observations on the Medicinal Springs of Harrogate. By George Kennion, M.D.—HOSPITAL REPORTS.—Royal Medical and Chirurgical Society: Perforating Ulcer of the Oesophagus; The Blood and the Blood-vessels in Inflammation; Primary and Secondary Fibrinous Deposits. With Title and Ind x.

**Association Medical Journal.**—(No. XXV. June 24, 1853.)—LEADING ARTICLES.—Assurance Offices and Sanitary Reform. Sunday—at Home or Abroad? The Irish Medical Association.—ORIGINAL COMMUNICATIONS.—Two Cases of Sudden Death from Hemorrhage from Ulceration of the Aorta. By Charles Cowdell, M.D. Sugar of Milk as an Article of Food in Consumption and other Pulmonary Diseases. By James Turnbull, M.D. Ready Mode of applying the Douche, and of administering Injections of Water. By J. Ingham Ikin, Esq.—BIBLIOGRAPHICAL NOTICES.—Nelson: Diseases of the Skin. Hubert-Valleroux: Des Sourds-



Muets. Marshall: Vaccination in Relation to Public Health. Callen: The Climate of Sidmouth. Gosse: Naturalist's Rambles on the Devonshire Coast. Stevens: Nature and Treatment of Asiatic Cholera. Cholera, Pathological and Practical Treatise on.—PERISCOPIC REVIEW.—Materia Medica, Pharmacy, and Therapeutics: Stringfellow's Galvanic Battery; The Preservation of Leeches. Practice of Medicine and Pathology.—Pleuro-pneumonia in Cattle: Inoculation; Treatment of Typhoid Fever by the Internal Use of Tincture of Iodine; Empirical Treatment of Cholera in Canada; Croton Oil in Dropsy; Treatment of Tenia by Pumpkin-seeds.—HOSPITAL REPORTS.—Royal Medical and Chirurgical Society: Further Researches on the Pathology of Phlegmasia Dolens. By Robert Lee, M.D., F.R.S. Use of two Needles at once in Certain Operations on the Eye, especially in those for Capsular Cataract and Artificial Pupil. By William Bowman, Esq. Analysis of the Cases of Injuries of the Head Examined after Death, in St. George's Hospital, from January 1841 to January 1851; with Pathological and Surgical Observations. By Prescott Hewett, Esq. Birmingham Pathological Society: Duration of Human Life viewed in Relation to Moral Causes. By H. L. Smith, Esq.—ASSOCIATION INTELLIGENCE.—Twenty-first Anniversary Meeting. Anniversary Branch Meetings already announced. Monmouthshire and South Wales Branch: Notice of Annual Meeting. The Constitution, Laws, and Finances of the Association: Committee of Inquiry to be Proposed at Swansea.

**Dublin Medical Press.**—(No. DCCLV. Vol. XXIX. June 22. 1853.)—ORIGINAL COMMUNICATIONS.—Three Cases of Poisoning with Lucifer Matches. By C. Trenerry, Esq., Surgeon of the Civil Hospital, Gibraltar, &c., &c. Two Cases of Rupture of the Uterus. By Edmund P. Sharkey, M.B., of Ballinasloe.—HOSPITAL REPORTS.—Royal Medical and Chirurgical Society: On the Use of Two Needles at once in certain Operations on the Eye. Analysis of Cases of Injuries of the Head. Medical Society of London: Tenia and its Remedies. Use of the Ganglionic System. New Method of Applying the Tourniquet in Amputation of the Thigh.—Pelvic Abscess.—SELECTIONS FROM MEDICAL JOURNALS.—Case of Protracted Fœtation. Chloroform in Infantile Convulsions. On Iodide of Sodium. On a Cause of Deafness not hitherto described.—LEADING ARTICLES.—Voting by Proxy at Municipal Elections. The Irish Medical Association. The Veracity of the Medical Press. Medical Advertising.—Meteorological Tables.

#### BOOKS RECEIVED FOR REVIEW.

On the Application and Effect of Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections. By Richard Moore Lawrance, M.A., M.D., &c. London: Henry Renshaw.  
Plain Advice on the Management and Diet of Infants, with Observations on the Symptoms of the Diseases to which they are Liable. By William Pearce, M.R.C.S.E. and L.S.A. London: Grant and Griffith.  
A Medical and Topographical Sketch of the Thermal Springs of Teplitz. By T. L. Richter, M.D. Leipsig: Meissen and Riesa.

### The Anatomy of Quackery.

#### QUACK MEDICINES,

#### THEIR HISTORY, COMPOSITION, AND QUALITIES.

#### NO. XXII.

##### KEATING'S COUGH LOZENGES.

There is not a word in the English language so frequently misapplied as *chemist*. A chemist is a man who *understands and practises chemistry*. To him belongs the investigation of the composition of all material bodies, and their relations with each other. The art and science of analysis, in its widest applications, are peculiarly his own. He plunges into the inmost recesses of the great laboratory of nature, and divulges the startling secrets of her wonderful works. The air becomes the facile agent of his will; the sea, at his command, is subdued, and yields its hidden treasure. Fire becomes his slave and minister;

and even the stubborn rock and sterile earth, by his magic powers, are converted into mines of wealth and fields glowing with luxuriant harvest. His enterprise is bounded only by the visual universe,—the utility of his researches only by the welfare of mankind. His course is onward, progressive; and his pathway, like some magic staircase, stretching towards the grand arena of universal knowledge, yields him fresh light at every step. Difficulty only incites his efforts, whilst every revelation snatched by his skill from the abyss of darkness, with him tends only to the same end. To him, even time and distance are annihilated, and, "girdling the earth" with "winged words," will shortly become his pastime. Such is the chemist. Such is the man who deservedly ranks high in the estimation of every philanthropist and lover of science. But the word *chemist*! To whom is it now commonly applied? or, rather, who has, Vandal-like, seized on it, and applied it to himself? Is it the physician? No! Is it the surgeon? No! Is it the general practitioner? No! although there are numbers among each of these classes who *are* scientific practical chemists, genuine chemists, as brother Jonathan would say. Who is it, then, who has arrogated to himself the title of chemist? Who is it, then, who in his shop-windows, on his sign-boards, in his show-bills and circulars, proclaims himself to the public that he *is* a chemist? The answer is, that this chemist is a *druggist*. And what is a druggist? Dr. Johnson defines a druggist to be, "a person who sells physical drugs;" and, we may add, in many cases, everything else he possibly can, from soap for the "unwashed" to cheese and bottled wine and ale for the "ungodly." Then he does a little medical advice for the simpletons who choose to seek it, technically termed "counter practice," probably from being "counter" to the benefit of those who seek it. Thus, on the one side he encroaches on the physician, on the other on the grocer and tavern-keeper. But is he a chemist? Is he a surgeon? Is he a physician? Certainly not. He knows just as much about anatomy, surgery, pathology, medicine, and chemistry as he does about the interior of the Kremlin, or the secret arrangement of one of Hobb's patent locks. What are the consequences? Why, the prescribing druggist, or rather druggist-quack, like a clumsy and obstinate workman "tinkering" a valuable chronometer, continues his jobbing until he spoils the delicate machinery, when he tells his distracted dupe that he "had better get a doctor." The "doctor" at length is sought, but, alas! in a vast number of instances, only when human help is useless.

Another variety of the druggist-quack is found in those who devote their attention to the "patent medicine business" as well as that of drugs. Sometimes this is confined to the mere sale of the more commonly advertised nostrums. At other times the parties are wholesale compounders of "antibilious pills," "cough lozenges," "heal-alls," "universal ointments," &c., &c. But in general the two classes are combined, or are so thoroughly blended with other matters, that as confused a mixture is produced as that which forms a sailor's dinner on "banyan-day." Comment is useless.

These remarks have been called forth by a recent visit we paid to Mr. Thomas Keating, of No. 79, St. Paul's-churchyard, who dignifies himself with the title of "pharmaceutical chemist," and is the proprietor of the notorious nostrum, the name of which figures at the head of this paper, and to which we shall presently more particularly allude. How far it may gratify the bad temper or personal ill-feelings of Mr. Keating towards the medical profession, on whose patronage he chiefly depends, to villify or denounce the members of that profession in terms unsuited to "ears polite," we cannot pretend to judge, but we *do* say, that whilst men of such known talents, integrity, and knowledge of pharmacy as Bullock, Hooper, and others, continue the contemporaries of Mr. Thomas Keating, he would be wise to imitate their excellent example. He has no right to censure persons whose conduct his "little world of knowledge" is unable either to appreciate or judge.



He commits an act of gross indiscretion and injustice when he asperses the character of professional men, merely because he is the compounder and vendor of nostrums which he sets up in opposition to the regular practitioner. If he desires to continue to receive the patronage of the faculty in the legitimate department of his trade, he must show them that he *deserves* it. Brutish incivility and ingratitude never yet *made* a fortune, but have *lost* many. We strongly recommend Mr. Thomas Keating, if he is anxious that the remainder of his career be more satisfactory and successful than the past, to take a lesson from those who have sprung up around him during the last few years, and to learn to treat with civility and respect the members of the medical profession.

Of "Keating's Cough Lozenges" we can have little to say, after our notice of "Locock's Wafers," at pages 107 and 126 of the present volume. Mr. Keating gives his *own* account of their value, which is certainly a rather enticing one. They are recommended in "asthma, consumption, and all pulmonary diseases,"—may be "safely administered to females of the most delicate frames and to young children." Of course, like all other quack medicines, they "are made from the prescription of an eminent physician," and are accompanied with the usual number of testimonials. Pulmonary affections of "*twenty years' standing*" are trifles before "Keating's Cough Lozenges," such is their miraculous power.

The composition of these lozenges greatly resembles that of several of a similar character, which have been long before the public. Extract of liquorice, sugar, and gum, medicated with ipecacuanha and squills, and probably a little lactucarium, we believe, are all that they consist of. There is plenty of them for the money, but they are rather roughly made.\*

\* The following is probably the form:—℞. Powdered lactucarium, 2 drachms; ipecacuanha, 1 drachm; squills  $\frac{1}{2}$  or  $\frac{3}{4}$  drachm; extract of liquorice,  $1\frac{1}{2}$  or 2 oz.; sugar, 6 ounces; mucilage of tragacanth, q. s. Mix, and divide into twenty-grain lozenges. There are 42 lozenges in each 1s. 1 $\frac{1}{2}$ d. box, averaging about 20 grains each. They are "put up" in oval wooden boxes, and enveloped in tin foil, to keep off the effects of moisture. The directions are:—"One or two, taken at bed-time, will allay

Before closing this paper, we beg to assure the retail druggists of the empire, and those calling themselves "pharmaceutical chemists" in particular, that we have no desire either to undervalue their position or their qualifications. We regard them as most useful, valuable, and respectable members of society, so long as they confine themselves to their legitimate occupations and pursuits. It is only when they assume the vocation of the physician or the nostrum-monger—when they usurp the position and functions of the medical man on the one hand, or degrade themselves by the trade of quackery on the other, or villify the profession it is both their duty and interest to support, that we think they sin against their own respectability and the public good. The druggist may be thoroughly acquainted with the taste, smell, and appearance of every article of the materia medica; he may have the entire pharmacopœia at his "finger-ends;" he may even know the doses, the botanical names and the commoner chemical properties of the articles he dispenses, *without* being a chemist or acquainted with the nature and treatment of diseases. The mere preparation of extracts, pills, and tinctures, of lotions, ointments, and mixtures, or the sale of plaisters, pickles, and perfumery, will not give a man a knowledge of anatomy, surgery, physic, or diseases. Happily, through the exertions of certain individuals, the character and qualifications of the druggists of England have been greatly improved of late years, and these favourable symptoms are still progressive. We trust these gentlemen will not flinch from the noble career they have entered on. To Mr. Jacob Bell and others all praise is due. We hope soon to find such a change effected, that the druggists of England will no longer be "sneered at" by their Continental brethren, but be fully competent to all the duties of preparing, compounding, and dispensing the articles they sell, and that the prescribing druggist, or druggist-quack, will be a thing which will no longer exist.  
(To be continued.)

the irritation in the throat, and prevent the cough from disturbing the patient during the night; and one also eight or ten times in the day, when the cough is troublesome, will afford great relief.

## MEDICAL BIOGRAPHY.

THE great interest which has been excited in the Profession and among a large section of the community by the publication of the Portraits and Biographical Sketches of Members of the Medical Profession in this Journal, leaves no doubt that their *re-publication*, in a separate form, will receive considerable support, not only from those who are individually interested, but from their numerous connexions, who naturally take pride in seeing a faithful record of the attainments, the status, and the good deeds of those for whom they feel affection or friendship. This laudable feeling is associated with a higher pleasure when such Biographies tend to the advancement and instruction of mankind, which must be especially the case with those which relate to persons engaged in a noble and eminently useful profession. The first Volume will include the Biographical Sketches of Members of the Profession, which have already appeared in the "Medical Circular," in addition to many others now waiting their turn, agreeably to the alphabetical arrangement of the "London and Provincial Medical Directory."

Further particulars of this important and most interesting Work will appear in a future Number.

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## Biographical Notices.

### BRANSBY BLAKE COOPER, ESQ.

We have done many things for which we hope to be forgiven, and perhaps we shall now add one more to the list; but there is an iron necessity constraining us to indite the life of Mr. Bransby Cooper. Why we should deem it incumbent on us to be apologetic at the very commencement of our notice, may not appear evident to every reader; yet the reason does not lie very deep. Mr. Cooper is a worthy man, a clever surgeon, and a respected teacher; but he has had the misfortune to be first calumniated, and, after twenty years or more, panegyrised, by one of our contemporaries; and has therefore attained a conspicuity which, among its other privileges, numbers that of being the object of a certain freedom of expression which we should not think it suitable to employ in the case of a less distinguished man. We wish to do Mr. B. Cooper entire justice, and especially in those things in which he has been most injured; yet, probably, this very attempt may not quite satisfy either him or his traducers. Nevertheless, we will undertake the task, for our chief duty is to satisfy the public.

We understand that Mr. Cooper is at this moment labouring under severe illness, which we trust will be speedily removed, that the public may enjoy the advantage of those abilities and that experience which have been so long and beneficially employed in the relief of human suffering. We trust that no observations of ours may add to his pain, and that he will approve our design, though it may, perchance, be but indifferently executed.

Mr. Bransby Cooper was the fourth of twelve children, and the eldest son of the Rev. Samuel Lovick Cooper, the elder brother of the illustrious Sir Astley Cooper, and the grandson of Dr. Cooper, for many years vicar of Great Yarmouth. He was born in this town, on September 2nd, 1792. He spent here his early boyhood, until his father was inducted to the living of Shottesham, in Norfolk, in the year 1800. During the following year young Bransby was sent to the Grammar School of Bungay, in Suffolk, conducted by the Rev. Robert Page, and subsequently concluded his preliminary education at the Grammar School of Great Yarmouth, under the instruction of its principal, Mr. Nicholls.

It is said that Bransby was a lively boy, not indifferent to study, but certainly fond of play, and distinguished for a propensity to such juvenile tricks as give ascendancy to the character in a school-room. While at this academy the desire provoked him to enter the navy,—a way of life agreeable to his adventitious temper. At that time Nelson's deeds and glory were the talk in all men's mouths; Norfolk was especially proud of its hero. Norfolk boys of spirit found no difficulty in fancying themselves young Nelsons, and eagerly sighed for the opportunity of displaying their martial capabilities. In obedience to his wish, his father procured the interest of Admiral Russell, then port-admiral at Yarmouth, and the embryo hero was sent to sea as a midshipman, in the *Stately*, a 64-gun ship, having been placed under the especial care and instruction of the first lieutenant, afterwards Admiral Fisher. Alas! that the smallest casualties of life should be suffered to defeat the noblest aspirations of the human heart! The loyal Bransby panted to be a hero, but the fates denied his ambition. The midshipman had not then studied physiology, nor considered that human courage depended, to a considerable extent, on the state of the stomach. Bransby was horribly sea-sick; a rocking in the Texel, while watching the Dutch fleet, gave no opportunity to the refractory organ to accommodate itself to its new circumstances, and its owner gladly abandoned his heroic aspirations, and consented to go to school again, to be subjected to the discipline of the Rev. Mr. Spurdens, of North Walsham, in Norfolk, where he remained two years.

About this time young Cooper visited his uncle, Mr. Astley Cooper, who was then rising rapidly to the zenith of his reputation, and conceived the desire to follow in his uncle's footsteps. For this purpose he repaired to the Norwich Hospital, and, under the especial guidance of Dr. Rigby and Mr. Colman, whose pupil he was, pursued his new studies. Martineau was at this time the "bright particular star" of the Norwich Hospital; and Mr. Bransby Cooper reverts with pleasure to the invaluable surgical instruction he received from that accomplished operator. It has happened, curiously enough, that Mr. Cooper's reputation has been most bitterly attacked with relation to the treatment of those maladies in which, from the commencement of his career, he received the best practical instruction, and to which he may be supposed to have given the most attention! What does this show, but that criticism was leagued with malice, to blight the career of a well-informed and promising surgeon? But of this more anon.

After the expiration of two years, in the month of October, 1811, Mr. Cooper came to London, with the view of continuing his studies under the eye of his uncle, who had now undertaken the entire charge and responsibility of his professional education. For this purpose he was placed in the house of Mr. Hodgson, then residing in King-street, Cheapside. This gentleman subsequently removed to Birmingham, where he achieved the highest distinction as a surgeon, and has lately returned to the metropolis, to occupy a wider field.

Mr. Cooper informs us, in his biography of Sir Astley, that at this time he entertained a high and a just admiration of his uncle's surpassing powers; that he cultivated his approbation with delight, and that he laid in ambush, as it were, and placed himself in his path, in order to catch an approving glance of the great man's eye. This fetishism was not without its advantages. The surest way of gaining Sir Astley's esteem and confidence was to work, and Mr. Cooper became a diligent pupil. His assiduity and cleverness were not lost upon Sir Astley, who returned him his affection, and gave him wise counsel and friendly aid.

At the expiration of the second session, Sir Astley, who seemed to be resolved that his favourite nephew should occupy every field where practical instruction in surgery might be acquired, instead of allowing him to go to the College for examination, caused him to join the army; and he was forthwith sent, in the year 1812, as assistant-surgeon in the Royal Artillery, to the Peninsula, where our troops were then vigorously engaged. He was present at the battles of Vittoria, the Pyrenees, Nivelle, Orthez, the siege of St. Sebastian, and the battle of Toulouse. In 1814 he repaired, on a secret expedition, to Quebec, whence he returned in the following year.

Disappointment seems, however, to have caused him some annoyance on his return. During his absence his brother Henry had been bound apprentice to his uncle; and, whether from pique, a want of confidence in his own abilities, or a just belief that the superior advantages now enjoyed by his brother might cast a shadow over his own career, we cannot determine, but Mr. Cooper resolved to abandon surgery, and take his degree as a physician, with the intention of adopting that branch of the profession. He repaired to Edinburgh, attended the classes of Gregory, Hope, Duncan, &c.; acted as clinical clerk to Dr. Rutherford, and dissected under the eye of Dr. Gordon. He was chosen president of the Royal Medical Society of Edinburgh. The singularity of the young surgeon's career was now marked by an act in admirable accordance with his past eccentricities. He married. During the vacation in 1816, and when in his twenty-fourth year, he was united to Miss Keeling, daughter of John Keeling, Esq., of Broxbourne, Herts. This was doubtless an agreeable interlude between severer occupations. He shortly after revisited Edinburgh, but, in consequence of the unexpected death of his brother Henry, returned to London, and resumed his professional studies.



at Guy's and St. Thomas's Hospitals. He now prepared the dissections for Sir Astley Cooper's and Mr. Green's anatomical lectures; and he soon after, in conjunction with Mr. South, became demonstrator of anatomy. As Sir Astley was now gradually retiring from the labour of teaching, and yielding his place, first to one and then to another of his colleagues, Mr. Bransby Cooper was soon appointed to deliver a portion of the anatomical lectures, while Mr. Green and Mr. Key assisted his uncle in the surgical course.

As Mr. Bransby Cooper's appointment was made by Sir Astley, without consulting the opinion of his colleagues, the recalcitrant surgical staff and many of the governors disputed his authority, and the board was embroiled in an angry controversy. At this time Sir Astley had a class of 400 pupils, and held the reputation of the school in his own keeping; but the governors felt that there was an important principle at stake, and were determined to clip the wings of their celebrated but too presumptuous chief-surgeon. These discussions afterwards grew intolerable to all parties, the union between the hospitals was repealed, and Sir Astley, assisted by Mr. Harrison, the treasurer of Guy's, established a new school in connection with this hospital. So rapidly were the buildings carried on for the accommodation of the classes, that they were fit for occupancy at the opening of the session in the following October. Since the division, St. Thomas's Hospital has lost much of its renown, and it will be some time before it recovers its *prestige* as a medical school.

In the new school Mr. B. Cooper took the chair of Anatomy. There can be no doubt that his uncle's conduct in this affair was the source of all his future troubles, and caused a strong prejudice against him in the profession. Sir Astley was above obloquy; but the nephew was still humble enough to be made a victim. Cowardice shrunk from the loftier antagonist to strike the weaker agent.

Mr. Cooper did not present himself for examination at the College of Surgeons until after he had been three years a demonstrator of anatomy at St. Thomas's Hospital, and had already published his treatise on the "Ligaments," in which, by the way, he has been accused of making more ligaments than nature has formed—a fault, if any, on the side of minuteness of investigation. As an anatomist he has always maintained a high place; and we may remark that his work on Anatomy was the first illustrated with wood-cuts that was published in this country.

He had now moved into the house occupied by his uncle in New-street, Spring-gardens, where he continues to reside. Whilst an inmate under his uncle's roof he assisted him in the preparation of his various works, and wrote the whole of the manuscript on "Fractures and Dislocations," as well as that on "Diseases of the Breast." He also kept the notes of the cases, and saw a large number of his uncle's patients. This was an admirable opportunity for gaining practical experience, acquiring literary facility, training into habits of industry and concentration of purpose, and establishing the foundation of an extensive and lucrative practice.

These prospects were brilliant: a professional Eden was opening upon the vision of the young surgeon, but a serpent was lurking in ambush to embitter his hopes and cross his destiny. About this time the libellous report of his celebrated operation for lithotomy appeared in the "Lancet."

In our memoir of Mr. Wakley, we adverted to the action for libel instituted in consequence of those slanders. The scrupulous editor of the "Lancet" defended his accusations in open court, to the best of his ability; he quibbled about legal forms and precedents, made bad speeches, and repented of his ineptitude and mistakes in worse articles;—he endeavoured to convince with stale jokes, and what he lost by his jokes he tried to compensate by invective. But all his artifices availed him nothing: he was beaten disgracefully; and Mr. Cooper was led by his

friends triumphantly out of court. We have no doubt, however, that Wakley's persecution hurt Mr. Cooper's repute, and partially damaged his professional success. No man goes into a court of law and comes out unscathed. The world is an ungenerous judge, and, when a man's reputation is under trial, *will* believe that calumny had some footing wherefrom to hurl its envenomed shafts. Virtue herself would wear a dubious blush under a searching cross-examination.

The trial was a fine opportunity for the journalists, and they made the most of it. On one side were ranged the assailants, and on the other the defenders, in this great action. Everybody thought that the competency of Mr. Bransby Cooper as a hospital surgeon was the real question at issue; but that was a mistake. There have been many worse blunders committed since that time in the operating theatres of our public hospitals, but it is no longer the *interest* of the "Lancet" to expose them; and, instead of censures and calumnies, we read nothing but reports of cases *judiciously* selected, and panegyrics daintily turned. What we or other journalists might refrain to do from kindness, this journal omits from the sordid instinct of *interest*; and for a time, in order to satiate the exigencies of this passion, Mr. Cooper was offered up.

Does any one believe that, when our contemporary made a late reparation for the injuries done to Mr. Cooper, by publishing his life, that the conductors of the journal were really penitent for past transgressions? Not a whit: the journal had adopted new tactics, and Mr. Cooper was made an illustrious example of its ingenious diplomacy. So much, then, for the scandalous persecution and the scarcely less scandalous eulogy of which Mr. Cooper has been at different times the object. It is due to him that we should justify his surgical competency, by declaring our opinion that he was victimised to sell a paper which would otherwise have made a deserved victim of its owner.

At this time of day Mr. Cooper can afford to smile at the vilification he suffered when he commenced his career. He has outlived scandal; and the wounds which once disfigured his reputation have healed without a scar. How immeasurably higher in public esteem does the injured man stand above his calumniators! The memory of a malicious persecution clings to a man's character like the poisoned shirt of Nessus; but the persecuted, for his suffering's sake, has acquired new titles to the esteem of all generous minds.

We observe that in the Memoir of Bransby Cooper published in the "Lancet," very slight reference is made to this "passage of arms" in earlier life. The editor doubtless remembered the aphorism of Hobbes, the philosopher of Malmesbury, who said, "If you swallow a pill whole it may do you good, but if you masticate it, it will perhaps disagree with your stomach." Mr. Wakley did not like to masticate the pill; it was too bitter and nauseous, so he gulped it. The only allusion to the affair is contained in the following sentence:—

"It was about this period that a litigation arose between Mr. Bransby Cooper and the "Lancet," the circumstances of which are too well known to require repetition; and the absence of animosity on the one part, and a kindly feeling on the other, preclude the necessity of dwelling on a subject which must be *equally painful to both parties*, and affords no interest to the public at large."

This is amusing. The editor of the "Lancet" regards Mr. Cooper, the man whom above all others he did his utmost to ruin as a surgeon, with a "kindly feeling;" and we are required to conclude that the attacks upon that gentleman were the result of rashness or inadvertence, the remembrance of which is now "equally painful" to the accuser as to the accused. Very likely, and certainly so it ought to be; but we have no faith in a repentance strained through such a select phraseology.

Wakley, at the time of his attacks, without doubt enter-



tained feelings of dislike to Cooper, in consequence of the latter's undisguised support of the "Gazette," which had been established by the hospital surgeons as an antidote to the poison the "Lancet" was the means of disseminating. Cooper was then a young man, with a free and open soul, and manfully avowed the cause he espoused. He was, we need not hesitate to conclude, supported in the course he took by the discreet but unequivocal encouragement of his uncle, to whom he was under deep obligations. Wakley marked him for his own; and poor Cooper, like a falcon in his "pride of place," "was by a mousing owl hawked at and killed."

Bransby himself was not without cause of complaint. He had been lifted, by his uncle's influence and Mr. Harrison's "*kind selection*," as he ingenuously and gratefully confesses, in his dedication of his work on "Fracture of the Neck of the Thigh-Bone," over the head of Calloway, to the important post of Surgeon to Guy's Hospital—an undue exercise of patronage, that awakened the jealousy of his compeers, incited the animosity of the press, and moved the sorrow of the profession. The malignant attacks of the journals were not easily quieted. It was too good a piece of carrion to abandon until it was picked to the bone. The press at that time lived upon such offal. Cooper's name was therefore the subject of attack; and the young man, not without spirit, and well backed by his friends, did all he could, when the opportunity arrived, to turn the fire upon his assailants. Who would not, if he had the courage, do the same in like circumstances?

The *fact* of the nomination cannot, however, be passed over without condemnation. Sir Astley Cooper, who had, in a sense, created the school, thought, no doubt, like the Duke of Newcastle, that "he had a right to do what he liked with his own." Many of the officers were surgeons of his making, and ought to be content to be the puppets of his will. Sir Astley was wrong; he owed something to himself and to the public, if he owed nothing to them. In truth, Sir Astley and Mr. Harrison were the two great offenders in this affair; and Bransby, holding in view the abuse that was subsequently heaped upon him, should be regarded as "more sinned against than sinning." He wished to be a hospital surgeon; had very indifferent notions probably about etiquette and precedence; and, being accustomed to submit himself to his uncle's will with becoming deference, passively submitted to be guided by his superior judgment and harder decision. The offence, at any rate, has been bitterly expiated. Had Mr. Cooper been a less worthy man, he would never have raised his head after the blows he received. Had he been a less courageous one, and not stood at bay, he would have been hunted out of the profession.

As a demonstrator of anatomy Mr. Cooper attained considerable success; he was a good anatomist, and an industrious teacher. His demonstrations were clear and elaborate; and he was learned in ligaments and the obscure lore of the dissecting-room. A man cannot, however, remain for ever satisfied with demonstrating the origin and insertion of muscles, and the distribution of nerves and arteries. However necessary it may be that the alphabet should be taught, yet the teaching it is not of all occupations the most grateful or distinguished. Bransby Cooper sighed to be a lecturer, and, as we have shown, lecturer he was made. In this capacity he did not shine. Whether a prejudice had been created against his abilities, or that he laboured under a real deficiency, we will not determine, but certainly he soon became the object of ridicule and censure. These acrimonious denunciations could scarcely have been deserved, and might have been foregone; for assuredly there have been worse lecturers before and since. Anybody who has ever witnessed Liston's painful throes during the laborious parturition of his thoughts, will conclude with us, that, if he was tolerated, every other lecturer in London must be entitled to praise. It might be very easy to do better—it would be exceedingly difficult to do worse. Sir Astley declared, in evidence on the trial to which we have already referred, that

the pupils were pleased with his nephew's prelections; if so, he must have been a passable lecturer, at least; for pupils, although not very discriminating judges of oratorical style, will not be satisfied with incoherence and stupidity.

When Mr. Cooper trusted to himself, he sometimes succeeded. He had what the "Lancet" has since, in the way of reparation, called "*happy elocutionary powers*;" that is to say, he was fluent, and had a fair command of language. He certainly improved as a lecturer, and his faults were not so much those of manner as of mental formation. The powers of selection, combination, and arrangement he does not seem to have enjoyed in an eminent degree; but a man may want these, and yet be a good practical surgeon and an interesting detailer of facts and expounder of established doctrines. Originality he may not have, but good sense and knowledge may still put forth claims to our respect.

In the year 1827 Lady Cooper died, and Sir Astley resolved to retire from practice. This determination, as may be supposed, exerted an important influence on the position of his nephew; and we find that during the year of his uncle's retirement, Mr. Cooper's income was raised to 4000*l.* Sir Astley, however, was unhappy. Green fields and duck-ponds could not enchain his affections; seclusion was exile; and he resolved to return to the scene of his former labours. Mr. Cooper's fortunes once more fell to zero, and he acutely felt, for once, the misfortune of being the nephew of a great man. His income that year fell to 1000*l.*; and he was surrounded with an establishment which that sum could with difficulty support.

However, Sir Astley, after his return, rarely operated; and cases requiring the knife were usually entrusted to Mr. Bransby Cooper and Mr. Key. Thus, in due time, Mr. Cooper established a reputation for himself, and he has gradually become a favourite among the profession and the public. He is prompt and sure in diagnosis, firm in his opinions, and a cool and excellent operator. His qualifications are undoubted, and he merits the high esteem in which he is held by his professional brethren. Perhaps there is not another surgeon in this metropolis who has performed a larger number of capital operations than the subject of this notice,—a proof that the calumny with which he was pursued in early life did not diminish his confidence in his own ability, nor permanently lower him in public estimation.

Mr. Cooper is a fellow of the Royal Society, and became a fellow of the College of Surgeons on the grant of the charter in 1843, and was elected one of the council in 1848. He has published a large number of papers in the "Guy's Hospital Reports," which it is unnecessary for us to detail *seriatim*; and, in addition to his work on the Ligaments, and his treatise on Anatomy, already referred to, he has published "*Surgical Essays*," a bundle of valuable observations on the growth and re-formation of bone, on fractures in general, on dislocations, and on wounds and injuries of the abdomen. He has shown his veneration for his uncle's memory by editing his biography,—a work of much merit, and containing a large quantity of materials—some of which are trifling, and many that are valuable, and might be made subservient to a comprehensive philosophical history of the great surgeon's career, and of the state of science in his time. He has also edited an octavo edition of the large work on Fractures and Dislocations, beautifully illustrated by Bagg.

Mr. Cooper is in manner rather curt and brusque, off-hand, frank, and sincere. He carries the air of the camp about him, and looks as if he could be "sudden in quarrel." He is, however, a kind and amiable man, much beloved and esteemed. He is a favourite with the pupils and his hospital patients—with whose sufferings he sympathises, and to whose jokes he is not above responding. His appearance is not striking; his head—would that the phrenologists were all transported for forging false doctrines—is not large, nor marked by any denotements of



eminent intellectual powers. His perceptive organs are best developed; and these, perhaps, have chiefly characterised his surgical career. His features are sharp; complexion indifferent; his hair stiff and wiry; his figure is well-proportioned, and something above the middle height.—These characteristics combined, complete Mr. Bransby Cooper.

We sincerely trust that his present illness may be soon relieved, and that he will be restored to his family, his friends, and his patients, in the full enjoyment of his bodily health and mental energies.

## Correspondence.

### THE GREAT MEETING OF IRISH DISPENSARY SURGEONS.

*To the Editor of the "Medical Circular."*

SIR,—Having done myself the honour of addressing you last January on the subject of payment to the medical officers of the poor in England from the Consolidated Fund, with the view to bring the system under the notice of my professional brethren in Ireland, I now beg leave to inform you that I have succeeded in my expectations to the fullest extent. Not only has the subject been taken up warmly by the profession all over Ireland, but a petition, prepared by me, on the subject, for Boards of Guardians, has (chiefly through the instrumentality of Dr. Thomas Mackesy, of Waterford, a gentleman wholly unconnected with Poor-law institutions, but having the general interest of the profession at heart), been adopted by almost every Board in Ireland; and "The Medical Press" of the 15th instant will have informed you that, at a most numerous and highly-influential meeting of the profession in Ireland, held in the Board-room of the Royal College of Surgeons in Dublin, on the 7th, a resolution, submitted to the meeting by the writer, on the subject, was unanimously adopted, as well as a memorial to his Excellency, soliciting his aid and co-operation in furtherance of our views; and let me add, that, having the honour of being one of a deputation to the Poor-law Commissioners from the meeting above referred to, I can state that the project has their sanction and approval, so that it now rests with the profession themselves whether that project will succeed or not. But, Mr. Editor, why do I trouble *you* with these details?

1stly. Because you were the first who gave me the information in reference to the English system, which induced me to submit it to my professional brethren in Ireland. 2ndly. Because I find that you very generously devote much of your valuable space to a discussion of the subject, editorially and otherwise, for which we in Ireland should feel grateful; and, lastly, Because I find, by reference to your observations on it, that you have suggested a plan of co-operation between the English and Irish Poor-law surgeons, which, if adopted and properly organised, cannot fail to be ultimately successful.

I entirely agree with you that, neither in England nor in Ireland, should the Poor-law surgeon feel content with merely introducing the sharp end of the wedge; and that, until it is driven home, he never will be in a position of independence; nor can I conceive why, if in England a portion of the medical officer's salary is paid out of the Consolidated Fund, the whole should not. The same argument that is applicable for half the salary, should, in my mind, be equally cogent for the whole. And again, if we Irish be an integral portion of the British Empire, I cannot conceive why equal justice should not be rendered to the inhabitants of both or each division of the empire. The only obstacle in my mind to that "consummation most devoutly to be wished," is the absence of that harmony and union amongst ourselves which a community of interests so imperatively demand, and which should

always subsist between the two sections of the profession resident in the two countries.

"Nunquam sera est," &c.,

is an old adage, truly applicable in the present instance. Let those, therefore, now interested in a combined and simultaneous move on the subject of this letter, take counsel together, and, after due deliberation, communicate with their brethren in each country the result of their deliberations, the steps necessary to be adopted towards the end in view, and the manner in which, and the parties by whom, those steps should be carried out.

We, in Ireland, have just formed an association,—The Irish Medical Association. "The Medical Press" will inform you who are its officers; and I am satisfied that any communication or suggestion coming from our English brethren to that body, and directed to its secretary, Dr. Maunsell, Dublin College of Surgeons, will receive the earliest and best attention of the association. I, myself, as far as my humble efforts can go, will not fail to forward the end in view, which, perhaps, could be best effected by a deputation of Irish and English surgeons to the Home Secretary, or to the Lords of the Treasury, to whom memorials should be sent from all parts of the country. The said deputation should be invested with full powers of negotiation from their brethren on each side of the Channel, on the subjects to be laid before his lordship.

As I know I have already occupied too much of your valuable space, I will for the present content myself with the above rather imperfect sketch of my views of associating my professional brethren in the two countries for their common good and mutual interests. Should I find those views abetted, I may again, and with your permission, return to them. Meanwhile, I have the honour to be,

Your obedient servant,

D. F. HYNES,

Medical Officer of the Ballendreen Dispensary, Gortamon;  
Member of the late Medical Charities Committee; and  
Vice-President of the Irish Medical Association.

Seamount-house, Kinvara, Ireland, June 17, 1853.

[It is with great pleasure we find that the information we have been able to give on the subject of medical relief to the sick poor, has been productive of such important results in the sister country. We encourage our Irish brethren to persevere with their efforts for redress, for we have a conviction of their ultimate success. If they refrain from urging too many objects at one time, and confine themselves, for example, to procuring payment from the Consolidated Fund, we do not apprehend that the government would offer a very stern resistance. It will gratify us to lend every assistance in our power towards the attainment of this object; and, in the event of any deputation coming to this country to urge the matter on the notice of the government, our offices, if required, shall be at their service.—ED. MEDICAL CIRCULAR.]

## Obituary.

June 3.—WILLIAM B. COWARD, Esq., surgeon, at his residence, near Tiverton, Devon.

June 6.—THOMAS NURSHARD, Esq., M.R.C.S., Eng. 1829; L.S.A. 1825 (late of Broughton Manchester), after a long and protracted illness, at his residence, Hope-cottage, Hope-mold, Flintshire. Mr. Nurshard had formerly held the office of Resident Medical Officer of the Manchester Royal Infirmary and House of Recovery, Manchester, and for some time past had been the medical officer of the Wrexham Union, and medical referee to several assurance societies.

June 16.—RICHARD WING, Esq., M.R.C.S., Eng. 1804; at Burrow-on-the-Hill, Leicestershire. Mr. Wing had, for some time past, retired from practice.

June 18.—John Gibson, Esq., surgeon; at Dalston, of consumption, aged 28.

June 21.—W. H. TRINNEY, Esq., the Resident Medical



Officer of the Bloomsbury Dispensary, from fever, caught in the discharge of his duties. He was greatly respected, and had fulfilled the duties of his office thoroughly and conscientiously.

## Medical News.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 17th inst.:—Charles Thick Eves, Cheltenham; William Faulkner, Drury-lane; James Godwin, Romsey, Hants; Richard Chapman Lofthouse, Bradford, Yorkshire; James Lovell, Canterbury; Ambrose Newbold, Carnew, Wicklow; Arthur Oakes, Birmingham; William John Palmer, Red Lion-square; Edmund Taylor, Manchester; Edward Vernon, Kensington; Nicholas Conlethus Whyte, Robertstown, Kildare. At the same meeting of the Court Mr. G. L. King passed his examination as Naval Assistant.

**NEW FELLOWS.**—The following gentlemen have just been elected Fellows of the College:—W. A. Anderson, Brompton-row; T. M. Ashton, Ormskirk, Lancashire; J. Barker, Coleshill, Warwickshire; W. F. Barlow, Westminster Hospital; F. C. Beard, Welbeck-street; T. Blassou, Billingham, Lincolnshire; L. Bramley, Halifax; E. L. Bryan, Hoxton; T. R. College, Cheltenham; A. Crabb, Poole; A. Cumming, Chatham; R. Dent, Hon. East India Company's Service; K. Ellison, Liverpool; J. M. C. Faircloth, Northampton; C. W. G. Guthrie, Pall-mall East; S. Harris, Reading; W. Harris, Worthing; G. T. Hester, Oxford; T. G. Julius, Richmond; J. C. Langmore, Oxford-terrace; J. Mash, Northampton; E. C. May, Tottenham, High-cross; J. L. Minshule, Liverpool; J. Monal, Army; H. G. Potter, Newcastle-upon-Tyne; J. Pughe, Aberdovy; T. Radford, Maida-hill; J. Rigby, Chorley, Lancashire; J. Skevington, Ashbourne, Derbyshire; C. R. Vachell, Cardiff; W. Walker, St. John-street-road; R. Wells, Bennenden, Kent; W. C. Wilkinson, Spalding, Lincolnshire. At the same time Messrs. R. T. Lodge, of Liverpool, and G. Wolstenholm, of Bolton, Licentiates of the Faculty of Glasgow, were admitted *ad eundem* Members of the College. Their diplomas bore date respectfully May 1, 1843, and November 17, 1837. The above Fellows are now eligible to take part in the forthcoming elections into the College Council.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, June 16, 1853. James Henry Brooks, Henley-on-Thames, Oxon; George Romaine Goff, Headingley, Yorkshire; David Haigh Lomas, Manchester; Malin Sharnan, Birmingham; Samuel Stacy, Skipton; Joseph Hutchinson Stone, Wentworth, Yorkshire.

**UNIVERSITY OF LONDON.**—A deputation from University College and a deputation from the Graduates' Committee of the University of London had interviews, on the 17th inst., with Lord Palmerston, at the Home-office, on the subject of the College of Physicians Bill. The deputation from the College consisted of F. J. Wood, LL.D. (Council); W. Sharpey, M.D., Professor and Dean of Medical Faculty; Francis Boott, M.D. (Council); Mr. John Wood, Chairman of the Board of Inland Revenue (Council); and Mr. Atkinson, secretary. The deputation of the Graduates' Committee consisted of F. J. Wood, LL.D.; J. R. Quain, LL.B.; J. Storrar, M.D.; W. F. Mackenzie, M.D.; T. S. Beck, M.D.; C. J. Foster, LL.D., hon. secretary; Robert Barnes, M.D., hon. secretary; and W. Shaen, M.A., secretary. The deputations were accompanied by Mr. Cheetham, M.P.; Mr. A. Pellatt, M.P.; Mr. Hadfield, M.P.; Mr. Milligan, M.P.; and Mr. F. Crossley, M.P.

**SALE OF THE LIBRARY OF THE LATE DR. PEREIRA.**—The sale of the miscellaneous and professional works of the late Dr. Jonathan Pereira, recently took place at the auction-rooms of Messrs. Sotheby and Wilkinson. The property consisted of a large collection of valuable works on the medical and physical sciences, of microscopes, polariscopes, etc. The attendance at the auction was very large, consisting in great part of the pupils of this physician, and the price realised by some of the books was very high.

**MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.**—Dr. Gordon, Treasurer of the Belfast branch of the above society, has received the following subscriptions, &c., for 1853, viz.:—Dr. Hunter, Bryansford, 1*l.* 1*s.*; Dr. T. H. Purdon, Belfast 10*l.* (donation); Dr. Deverell, Dromore, 1*l.* 1*s.*; Surgeon Graham, do. 10*s.*; Dr. Dickson, do. 10*s.*; Dr. Thomas Thompson, Belfast, 1*l.* 1*s.*; Dr. Robt. Stewart, District Hospital for the Insane, do. 1*l.* 1*s.*; Dr. Shiels, Bangor, 7*s.* 6*d.*; Dr. Drennan, Belfast, 1*l.* 1*s.*; Dr. M'Gee, Mayor of Belfast, 1*l.* 1*s.*; Surgeon M'Harg, Lisburn, 10*s.*; Dr. M'Gowan, Carrickfergus, 1*l.* 1*s.*; Dr. Young, Ballymena, 1*l.*; Surgeon Patrick, do. 1*l.*; Dr. Ross, do. 10*s.*; Surgeon Black, do. 10*s.*; Dr. Kidd, do. 10*s.*; J. G. Young, Esq. A. B. Collegiate School, Belfast 1*l.* 1*s.*; Dr. Stephenson, do. 1*l.* 1*s.*; Dr. C. D. Purdon, do. 2*l.*; Dr. G. Forsythe, Carrickfergus, 1*l.* 1*s.*; Dr. J. W. Bryson, Belfast, 1*l.* 1*s.*; Surgeon Bruce, Antrim, 1*l.* 1*s.*; Dr. Hay, Connor, 5*s.*; Dr. Patterson, T. C. Belfast, 1*l.* 1*s.*; Dr. Jameson, Newtownards, 10*s.*; Dr. Malcomson, Banbridge, 10*s.*; Dr. Brownlow, do. 10*s.*; Surgeon Hawthorne, do. 5*s.*; Dr. H. S. Ferguson, Belfast, 1*l.* 1*s.*; Dr. H. Murney, do. 10*s.*; "Fines," do. 14*s.*; Surgeon Brown, R.N. do. 1*l.* 1*s.*; Dr. Robert Bryce, do. 5*s.*; Dr. Gordon, do. 1*l.* 1*s.*; Dr. Wheeler, do. 10*s.* Total, 38*l.* 2*s.* 6*d.*

**NORFOLK AND NORWICH PATHOLOGICAL SOCIETY.**—The fifth anniversary of the Norfolk and Norwich Pathological Society took place at the Hospital, on the 23rd instant. The annual business of the society having terminated, the following officers were elected for the ensuing year:—William Crowfoot, Esq., Beccles, president; Dr. Copeman, Norwich, vice-president; Dr. Ranking, Norwich, treasurer; Mr. F. Cross, Norwich, secretary; Mr. Gibson, surgeon, Bethel Hospital, the author of the "Retrospective Address," after which a very admirable address was delivered by Dr. Peter Eade, of Blofield, who gave a scientific detail of the result of the past year, which appeared most satisfactory. The members afterwards adjourned to the Royal Hotel, to a splendid dinner, prepared for them. Dr. Copeman, the vice-president, occupied the chair, and Dr. Eade the vice-chair. Amongst those present, we noticed Drs. Copeman, Ranking, Eade, Foote, and Goodwin; Surgeons Dalrymple, Firth, Goodwin, Cadge, Gibson, Landor, Cooper, Ransome, Drake, &c. After dinner the usual loyal toasts were pledged. The "Medical Officers of the Norfolk and Norwich Hospital" was given, and responded to by Mr. Archibald Dalrymple, the senior officer present, in a very efficient manner; and who spoke with much feeling of his late father, to whom this hospital appears to be greatly indebted. The "Norfolk and Norwich Pathological Society" was responded to by Dr. Ranking, the founder of the society, with much eloquence. The "Health of Dr. Copeman," the chairman, was drank with much applause. "Dr. Eade," the author of the "Retrospective Address," was well received, and answered by that gentleman in a praiseworthy manner. The charities of the city, including the "Eye Infirmary," the "Infirmary for Lying-in Women," and others, were responded to by Mr. Firth, surgeon to the Eye Infirmary; Mr. Crosse, surgeon to the Lying-in Charity, and Mr. Drake, one of the Union surgeons. "The County Members" was responded to by Mr. Ransome. "Dr. Foote, and the Norfolk County Lunatic Asylum," was answered by this gentleman, who expressed a wish that the study of Psychology should be more cultivated, and was willing to give every facility to any members of the



profession desirous of visiting the County Asylum. The meeting appears to have passed off with much good feeling, and exhibits the advantages of such scientific societies.

**APPOINTMENTS.**—Mr. G. F. Naylor, who filled the office of house-surgeon to the West Yorkshire Asylum, at Wakefield, with much credit for several years, and who lately succeeded Dr. Foote as assistant-medical-superintendent of the Wilts County Asylum, has been appointed superintendent of the Hants County Lunatic Asylum. Mr. Buck, officer of health of Leicester, has been appointed superintendent of the Leicester County Asylum. This gentleman had, for a short time previously, filled the office during the illness of Mr. Prosser, lately resigned, which appears to have secured the appointment for which many medical men, of considerable experience in psychology, were candidates. Dr. Chapman, assistant-physician to the Hawkfield Lunatic Asylum, Leith, has been appointed assistant medical superintendent to the Wilts County Lunatic Asylum.

**MR. TOYNBEE, F.R.S.**—At a general meeting of the Society of Arts, held on Friday, June 10, his Royal Highness Prince Albert, President, in the chair, the Society's Medal was awarded to Mr. Toynbee, F.R.S., aural surgeon to St. Mary's Hospital, for the invention of "the artificial membrana tympani in cases of deafness dependent upon perforation or destruction of the natural organ."

## Notices to Correspondents.

**OMICRON.**—Urea has been found in the fluids secreted by patients suffering under Bright's disease. Professor Kane, of Dublin, detected it in large quantity in the fluid drawn by tapping from the abdomen of a woman affected with ascites, combined with symptoms of granular degeneration of the kidneys. Simon says, that he has discovered it also in the blood of inflammation.

**W. B. R. T.**—To send petitions to the House of Commons at this period of the session, with the view of inducing the government to undertake the question of Medical Reform, is perfectly useless. All proceedings should be suspended until next session, at the commencement of which agitation of the subject might be attended with advantage.

*To the Editor of the "Medical Circular."*

**SIR,**—Your correspondent, an M.R.C.S. *only*, charges me with envious motives in writing my last letter. I can assure him that, whomsoever I may envy, I do not envy him, either his bad taste in attributing to envy an expression of just indignation at an abuse of authority, or that humiliating estimation of his own qualifications which would be content to submit to the decision of a Board of—as you call them—"butchers, bakers, and tallow-chandlers." The approbation of such a body, either for two years or twenty years, as a qualification for surgical office, could only be received as a jest. Perhaps an M.R.C.S. *only*, thinks it is quite as good as the diploma of his own College of Surgeons, in which I am disposed to agree with him. I remain, &c.,

AN M.R.C.S. ENG. & L.A.C.

**ERINENSIS.**—The Report of the Commissioners on the Medical Charities Act can be obtained, we presume, at the parliamentary publisher's-office, Great Turnstile.

**A STUDENT.**—The dispute now raging on the subject of the lectureship at the Charing-cross Hospital has attracted our attention. In the absence of any counter-statement from the Medical Board, Dr. Smith and the pupils do not appear to have been treated with due consideration.

**A PRACTITIONER (Tower Hamlets).**—We do not know what steps are necessary to procure an American degree.

**A CITY GENERAL PRACTITIONER.**—Your complaint should be made to the City Commissioners of Sewers or the Common Council. If, after your representation, the nuisance be not abated, we shall be happy to publish a letter on the subject.

**O. P. Q. (an Old Subscriber).**—The information can be obtained from the Directory. There is a Widows' Fund connected with the Edinburgh College of Surgeons, the benefits of which are,

however, limited to the widows and Fellows. The fines are heavy, and would constitute too severe a tax for general application.

**AN ASSISTANT.**—Suggestions have been offered for the formation of a society of medical assistants from a time beyond our recollection, and we have ourselves called professional attention to the subject on several occasions, but in vain. That anything will be done under the auspices referred to we do not believe; nor do we think that there is the least chance of any society being formed until a certain number of assistants meet together, and at once establish it. Let the principles be settled, the rules constructed, and then appeal for support. Action, action; this alone will secure success.

**MR. LITTLE.**—The subject shall have our attention.

**MR. ALLEN.**—1st, Yes; 2nd, Yes.

**A COUNTRY PRACTITIONER.**—We are not acquainted with the rules of the society in question. A penny-post letter to the secretary would have procured for you specific information, and saved time. We take this opportunity of remarking, that, although at all times pleased to return answers to the inquiries of our correspondents, yet our head is not a cyclopædia of general information. Questions are sometimes sent to us that require considerable research to discover suitable answers, and very often we hardly know where to seek the information; when, therefore, a piece of information like that required by a Country Practitioner on a mere matter of business is desired, our correspondents will save their time and our own by communicating directly with the officials. We have known some gentlemen exhibit so much inconsideration as to be angry with us, because we have not immediately answered, in the forthcoming number, questions which required much time for research previous to the publication of our reply.

**LECTOR.**—The foundation-stone of the New Medical Benevolent College will be laid by H.R.H. Prince Albert, on the 6th of July. We believe that the subscription list is increasing, and we hope that if the funds will allow, your views will be eventually realised.

*To the Editor of the "Medical Circular."*

**SIR,**—On Friday last a friend of mine, a Mr. Baker, was attacked with English cholera, and having a witness summons to attend the Bankruptcy Court, he sent a certificate from Dr. Drury, M.D., to that effect, which was only then received on an affidavit being sworn and annexed, that it was the certificate of Dr. Drury, who was a physician practising in Albion-street, and who was the regular attendant of Mr. Baker. A further summons was then granted for the Tuesday following, upon which occasion Dr. D.'s patient was much worse, and a certificate to the effect, that "Mr. B. was still suffering from English cholera, which was then complicated with dysentery," was sent to the Bankruptcy Court, which Commissioner Fonblanque *refused to take*, and actually granted the warrant for *arresting a man dangerously ill*, saying he would allow till 11 o'clock the following day for Dr. Drury to be brought up to swear to the truth of his own certificate and handwriting; an unnecessary attendance, highly inconvenient to the doctor, and expensive to my friend. Can, therefore, *medical certificates* be treated as a *nullity*? and is the above treatment the *law of the land*, or merely Commissioner Fonblanque's *CHRISTIAN practice of it*. If the latter, the sooner the Lord Chancellor alters it the better. —I am, sir, your obedient servant, A LOVER OF JUSTICE.—Shepherd's-bush, 22nd June, 1853.

**JUVENIS, DR. HYNES, CELSUS, W. C., DR. B. T. MOORE, DR. STEWART.**—Communications received.

**DR. FOOTE.**—Communication with enclosures received, with thanks.

**A. B. G.**—1st. We have no doubt that if you made a proper representation of your case to the authorities at the Hall, accompanied by the certificates referred to, they would admit you for examination. 2ndly. We do not think that the society would object on the ground stated, unless an injurious representation were made by other parties. On the supposition that all is fair and correct, the Hall would not be likely to offer obstacles.

\* \* \* (Charing-cross Hospital).—We find that, on account of the publication of our Index in the present Number, we are unable to insert the correspondence relating to the dissensions between the Medical Board and the students at this hospital.

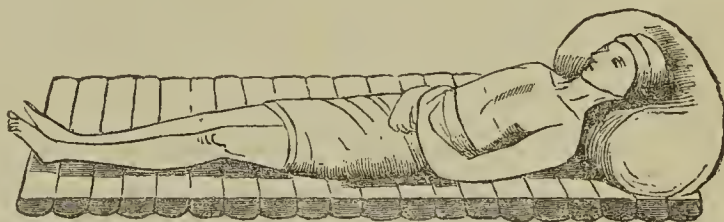


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# HOLLOWAY'S OINTMENT IN FRANCE. *Herak*

COURT OF COMMON PLEAS, WESTMINSTER—JAN. 27.

SILLEN v. HOLLOWAY. 1863

In this case Mr. Brandt showed cause against a rule obtained by Mr. Bovill, Q.C., and Mr. C. Pollock, calling on the plaintiff to show cause why the verdict for the plaintiff for £500 or £150, should not be set aside and be entered for the defendant.

The action was brought by Dr. Sillen, a Swedish physician, against Mr. Holloway, who called himself Professor Holloway, the proprietor of Holloway's ointment and Holloway's pills, to recover £500, on an agreement entered into by the plaintiff with the defendant, that if the plaintiff could obtain permission through some influence he had, for the sale of Holloway's ointment in France and her colonies, he was to have £500. Dr. Sillen went to France, saw Dr. Lamball, the physician of the Empress, but found he could do nothing without some specimen of the ointment and pills, and in answer to his application the defendant sent the plaintiff over two pots of his ointment and one box of pills, recommending the plaintiff to concentrate all his efforts to procure permission to sell the ointment, which the defendant represented to be wonderfully efficacious for the cure of old wounds, on which it should be rubbed "like salt on meat." The defendant's letter went on to state, "The pills (sic) a great purifier of the blood."

Mr. BOVILL—The pills are—

Mr. BRANDT—No; it is "the pills is" in the original letter. On the receipt of the ointment, the law of France prohibiting the sale of secret remedies, it was submitted to the authorised French chemists to be analysed, and it was found to contain butter, lard, Bordeaux turpentine, white wax, yellow wax, and nothing else. On finding these to be the constituents of the ointment, the fear of the French against secret remedies fled at once, and Dr. Sillen obtained a brevet or patent for the sale of the ointment. But it was objected that the patent was for "*pommade*," and not for ointment, the brevet being granted for "*Pommade dit Holloway*." If this was not Holloway's ointment, the learned counsel did not know what was. But Mr. Holloway said the patent was not what he wanted—he wanted a decree of the Emperor for the sale of his ointment, or he would not pay Dr. Sillen, which he would not be very likely to get. It was objected that a patent for the sale of "*pommade*" was not a patent for the sale of the ointment—that *pommade* meant pomatum, and that the patent ought to be for the sale of "*onguent*." Dr. Johnson's Dictionary, the folio edition, said "*unguent*," ointment, &c., which was "*onguent*," was unctuous matter, to smear anything.

"Life and long health that gracious ointment gave,  
And deadly wounds could heal, and rear again  
The senseless corpse appointed for the grave."—*Spenser*.

That was precisely what Professor Holloway said his ointment would do. (Laughter.) He then referred to the same authority for the meaning of pomatum, and he found—"Pomatum, an ointment. 'I gave him a little pomatum to dress the scab.'" The learned counsel then referred to French dictionaries and treatises on pharmacy, which gave the same definition of the words "*pommade*" and "*onguent*," and contended that "*pommade*" meant precisely the same thing as ointment, and was a pleasanter word. There was permission obtained to sell the ointment; it was not a secret remedy, and against the French law, because it had been analysed, and the analysis stamped with an official stamp was affixed to the brevet. If there were some subtle ingredients in it which could not be detected, it was the same thing as if they were not there so far as the French law was concerned. The learned counsel contended that having got the permission desired the plaintiff was entitled to the agreed reward of £500, or at all events to a *quantum meruit* of £150. The patent existed for 15 years, and had not expired by reason of the non-payment of fees.

Mr. Bovill's reply was adjourned at the rising of the Court Thursday.



